

**APPLICATION FOR REGISTRATION ON DATABASE OF
APPROVED SUPPLIERS AND/OR SERVICE LEVEL
AGREEMENTS**

**APPLICATION FOR REGISTRATION ON DATABASE OF APPROVED SUPPLIERS
AND/OR SERVICE LEVEL AGREEMENTS**

All supplier information will be treated strictly confidential

(For office use only)

Vetted by:		Date accepted:		Vendor # issued	
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SECTION A: BUSINESS INFORMATION

1. Title + Surname: *(only if one-man concern)* _____
2. Trading as: (name of business): _____
3. Registered name of business: _____
4. Physical address of business: _____
 _____ Code _____
5. Postal address of business: _____
 _____ Code _____
6. Telephone number of business: _____
7. Fax number of business: _____
8. Cell phone number: _____
9. Business e-mail: _____
10. Contact details
 - 10.1. Name: _____
 - 10.2. Designation: _____
11. Tax number of business: _____
12. VAT registration number of business: _____

SECTION B: OWNERSHIP

Please provide the relevant information regarding the type of business and ownership

1. Type of business *(Mark with X)*

Sole proprietor / One-man concern	Partnership
Close Corporation	Private company (Pty) Ltd
Public Company Ltd	

2. List of owners / partners / directors

2.1. Surname and full names: _____

Identity Number: _____

Position: _____ % Shareholding _____

2.2. Surname and full names: _____

Identity Number: _____

Position: _____ % Shareholding _____

2.3. Surname and full names: _____

Identity Number: _____

Position: _____ % Shareholding _____

2.4 Are there more than 3 owners / partners / directors?
If "Yes", please attach a separate list

Yes		No	
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3. Herewith the owners / partners / directors grant permission that the College may obtain financial statements from the business if required. (Provide at least 1 signature from a designated person within the business)

3.1 Surname and full names: _____

Identity Number: _____

Position: _____ Signature _____

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3.2 Surname and full names: _____

Identity Number: _____

Position: _____ Signature _____

3.3 Surname and full names: _____

Identity Number: _____

Position: _____ Signature _____

SECTION C: BANK INFORMATION

Please attach completed (Form 740.41.4) as well as the official letter from the bank confirming the information

SECTION D: SERVICE

Tick the categories of goods and/or services that you are applying for (only 2 commodities):

Goods Related Commodities	
Access Control Equipment	
Cartridges	
Cleaning Equipment and Supplies	
Computer Equipment and Software	
Corporate Attire	
Furniture	
Hardware Supplies and Equipment	
Protective Clothing	
Stationery	

Goods Related Commodities	
Accommodation	
Air Conditioners	
Attorney/Legal services	
Auditing + Accounting services	
Blinds	
Building Projects – complete structure with value <R500 000	
Catering	
Corporate attire and printing	

Civil Works: Please specify field of expertise:	
Electricity,	
Tiling	
Plumbing	
Steelwork	
Brickwork	
Paving	
Painting	
Carpentry	
Roofing	
Gardening	
Information Technology Services	
Security	
Short Term Insurance	
Textbooks	
Training	
Transport	
Travel Agent	
Weeds + Pest Control	
Other	

SECTION E: PROFILE

1. Is your business (mark with X)

An Agent		Contractor		Consultant		Distributor		Manufacturer	
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2. Is your business an **Exempted Micro Enterprise (EME)**? :

Yes		No	
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If your annual total revenue is R10 million or less you qualify as EME in terms of the Broad-Based Black Economic Empowerment Act, and must submit a certificate issued by a registered auditor, accounting office as contemplated in section 60(4) of the close Corporation Act, 1984 (Act no. 69 of 1984) or an accredited verification agency

3. **B-BBEE** certificate

Suppliers other than EME's must submit their original and valid B-BBEE status level verification certificate issued by an institution accredited by SANAS or IRBA or a certified copy thereof, substantiating their B-BBEE rating.

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5. Financial:

Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt?

YES	NO
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If yes, please elaborate:

6. Safety

6.1. Does your business have a Occupational Health + Safety Policy complying with the Occupational Health + Safety Act?

YES	NO
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6.2. Does your business comply with the Compensation of Occupational Injuries and Diseases Act?

YES	NO
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7. Human Resources:

7.1. Does your business have and Employment Equity Policy and Plan in place?

YES	NO
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7.2. **Employee information: Equity:**

(Indicate amount per category)

Category	Black		Coloured		Indian		White		Total	
	M	F	M	F	M	F	M	F	M	F
Professional										
Skilled										
Semiskilled										

Unskilled										
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SECTION F: DOCUMENTATION REQUIRED
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Please submit certified copies (not older than 6 months) of the following documents:

		SUBMITTED		
		Yes	No	N/A
1	Close Corporation registration documents			
2	Company registration documents: Certificate of Incorporation and shareholders certificates			
3	Identity documents of owners, partners, shareholders			
4	Partnership agreement, if applicable + available			
5	VAT certificate where applicable			
6	Valid Tax PIN (compulsory)			
7	B-BBEE certificate or EME status certificate (compulsory if the company is claiming poins)			
8	Latest municipal account (to confirm address + existence of provider, and any indebtedness to the state)			
9	Declaration of interest (Form 740.42.6)			
10	Banking details (Form 740.41.4)			
11	Certification of Quality Management system			
12	PSIRA (security related services)			
13	CIDB certificate (construction related services)			
14	Wireman's license (electrical related services)			
15	Proof of registration with SETA / SAQA (training related services)			
16	Any other certificates pertaining to your relevant industry			
17	Any additional information to support your application			
18	Registration at Central Supplier Database for Government – full report			

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SECTION G: SETA INFORMATION

THIS SECTION IS COMPULSORY IF YOU APPLIED TO BE LISTED AS A TRAINER IN SECTION D (Service - Training)

SETA INFORMATION			
Name of SETA / Accrediting Body			
Please indicate accreditation status with a <input checked="" type="checkbox"/> in the correct space:			
Full accreditation	<input type="checkbox"/>	Provisional accreditation	<input type="checkbox"/>
Accreditation number			

SECTION H: DECLARATION

I CONFIRM THAT THE INFORMATION IS CORRECT AT THE TIME OF COMPLETION AND THAT I HAVE THE APPROPRIATE AUTHORITY TO FURNISH THE ABOVE INFORMATION ON BEHALF OF MY EMPLOYER.

NAME: _____ SIGNATURE: _____

DESIGNATION: _____ DATE: _____