

**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 | |
|------------|--|----------------|--|-----------------|--|

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 | |
|-----|--|----|--|

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 | |

| | |
|--|--|
| | |
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|---------------------------|
| SECTION E: PROFILE |
|---------------------------|

1. Is your business (mark with X)

| | | | | | | | | | |
|----------|--------------------------|------------|--------------------------|------------|--------------------------|-------------|--------------------------|--------------|--------------------------|
| An Agent | <input type="checkbox"/> | Contractor | <input type="checkbox"/> | Consultant | <input type="checkbox"/> | Distributor | <input type="checkbox"/> | Manufacturer | <input type="checkbox"/> |
|----------|--------------------------|------------|--------------------------|------------|--------------------------|-------------|--------------------------|--------------|--------------------------|

2. Is your business an **Exempted Micro Enterprise (EME)**? :

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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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4. **References:** Name a minimum of three (3) references of previous or existing clients and **relevant** projects and provide the names and contact details for verification.

| COMPANY NAME | CONTACT PERSON | CONTACT NUMBER | E-MAIL | SERVICES RENDERED | TIME PERIOD |
|--------------|----------------|----------------|--------|-------------------|-------------|
| | | | | | |
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740.43.9 Apply Database P11/24HC Kit

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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 |
|-----|----|

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 |
|-----|----|

6.2. Does your business comply with the Compensation of Occupational Injuries and Diseases Act?

| | |
|-----|----|
| YES | NO |
|-----|----|

7. Human Resources:

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

| | |
|-----|----|
| YES | NO |
|-----|----|

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 |
|--|

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 | | | |

740.43.9 Apply Dbase P11/24 HC Kit

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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: _____