

**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: \_\_\_\_\_

	740.43.9 application_for_registration_on_database_of_approved_suppliers_and/or_service_level_agreements				Page 2 of 8	
Approved by:	Council	Issue Date:	12/03/2015	Rev:	8	16/07/2020

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):

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

<b>Civil Works:</b> Please specify field of expertise:	
Electricity,	
Tiling	
Plumbing	
Steelwork	
Brickwork	
Paving	
Painting	
Carpentry	
Roofing	

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

<b>Civil Works:</b> 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	
<b>Other</b>	

	740.43.9 application_for_registration_on_database_of_approved suppliers_and/or_service_level_agreements				Page 3 of 8	
Approved by:	Council	Issue Date:	12/03/2015	Rev:	8	16/07/2020


## SECTION E: PROFILE

1. Is your business (mark with X)

An Agent	Contractor	Consultant	Distributor	Manufacturer	
----------	------------	------------	-------------	--------------	--

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

Yes		No	
-----	--	----	--

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.

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

	740.43.9 application_for_registration_on_database_of_approved_suppliers_and/or_service_level_agreements				Page 4 of 8	
Approved by:	Council	Issue Date:	12/03/2015	Rev:	8	16/07/2020


## 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										

## 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 ( <b>compulsory</b> )			
7	B-BBEE certificate or EME status certificate ( <b>compulsory if the company is claiming points</b> )			
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)			

	740.43.9 application_for_registration_on_database_of_approved_suppliers_and/or_service_level_agreements	Page 6 of 8
Approved by:	Council	Issue Date: 12/03/2015 Rev: 8 16/07/2020

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 application_for_registration_on_database_of_approved_suppliers_and/or_service_level_agreements				Page 7 of 8	
Approved by:	Council	Issue Date:	12/03/2015	Rev:	8	16/07/2020

## 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 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: \_\_\_\_\_

	740.43.9 application_for_registration_on_database_of_approved_suppliers_and/or_service_level_agreements				Page 8 of 8	
Approved by:	Council	Issue Date:	12/03/2015	Rev:	8	16/07/2020