

APPLICATION FOR SUPPLIER REGISTRATION
DEPARTMENT OF ECONOMIC DEVELOPMENT AND
ENVIRONMENTAL AFFAIRS
EASTERN CAPE PROVINCE

THIS FORM MUST BE COMPLETED AND SUBMITTED TO
BY HAND/ BY POST: THE SUPPLY CHAIN MANAGEMENT OFFICES OF DEDEA AT

Bhisho	3 rd Floor Indwe House, Bhisho or Private Bag X 0054 Bhisho (Head Office)
Amathole District	Palm Square Building, Beacon Bay, East London
Alfred Nzo District	100 Main Street, Next to Gwiji Funeral Parlour, Kokstad
O R Tambo District	5th Floor, Botha Sigcau Building, Office No 539, Mthatha
Chris Hani District	Old Royal Hotel, Office No 2, Cathcart Road, Queenstown
Ukhahlamba District	10 Smith Street, Office No 8, Aliwal North
Cacadu District	Corner Belmont Terrace & Castle Hill, Port Elizabeth

ENQUIRIES: Suppliers Database Head Office Tel: 040 609 3203 (Bhisho)

For Official Purposes Only:

Name of Supplier: _____

Registration Number: _____

Documents attached:

- | | |
|--|--|
| <input type="checkbox"/> Business Registration (C C) | <input type="checkbox"/> Business Registration (Pty) |
| <input type="checkbox"/> Cheque/Bank Verification Letter | <input type="checkbox"/> ID of Owners |
| <input type="checkbox"/> SARS Tax Clearance Certificate | <input type="checkbox"/> Certificate - Catering |
| <input type="checkbox"/> Certificate - Accommodation | <input type="checkbox"/> Certificate - Security |
| <input type="checkbox"/> Certificate - Travel Agency | <input type="checkbox"/> Certificate - Electrical |
| <input type="checkbox"/> Certificate - Construction | <input type="checkbox"/> Certificate - Plumbing |
| <input type="checkbox"/> Certificate - Cleaning Services | |

Input by _____ Checked By _____ Approved by _____

Signature _____ Signature _____ Signature _____

Date _____ Date _____ Date _____

Introduction and Guidelines:

1. The supplier application form was specifically designed to provide for the registration of suppliers on the Department’s Suppliers Database. In order to ensure that suppliers are considered to be legitimate suppliers, it is imperative that the following guidelines are adhered to.

Applicants must complete pages 3 to 12 where applicable. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols “**N/A**” in the appropriate space. If the space provided is left blank it will be regarded as information that is still outstanding and you **WILL NOT** be registered.

Applicants are advised that only an original application form or PHOTOSTAT copies thereof will be processed. Any documents that have been retyped or redrafted will be disregarded and returned to the applicant.

It is imperative that only an application form with **ORIGINAL signatures** be submitted. Applications with copied signatures will not be considered. All signatures to the document must be commissioned by an **Authorized Commissioner of Oaths**. Failure to do so will result in the applicant not qualifying for registration.

A supplier registered on the Suppliers Database **MUST** notify the Supply Chain Management Office of any changes to information provided in the initial application form. **Failure** to do so may result in such a **supplier being removed from the Suppliers Database** and/or the **cancellation of contracts** awarded to the supplier, on the basis of **misrepresentation**.

Suppliers providing information incorrectly or fraudulently in their application will be **restricted** from tendering and **removed** from the Suppliers Database, in addition to any other action the Department may institute against such a supplier. Furthermore, in the event of the Department being prejudiced financially, it reserves the right to take legal action against the supplier.

Electronic forms are available on the website: www.dedea.gov.za

Instructions for filling out relevant sections of this form

- All relevant sections of this form must be completed by prospective suppliers only in **black ink**;
- Corrections can be made by drawing a line across the incorrect statement, writing in the correct details above the same, and subsequently endorsing the entry with the applicant’s signature.
- Please select applicable boxes by making a **tick (√)**, only make one selection unless otherwise specified; and indicate those which do not apply by writing **N/A** (not applicable);
- If the space provided is not sufficient, please note a reference to and include an annexure paper hereto, which complies with the specified format and numbering in this form, showing the additional details.

Tick (√)	Checklist: All applicable documents listed below must be attached to all registration forms.
	Certified copies of Business Registration Certificate where applicable (mandatory).
	An original valid SARS Tax Clearance Certificate (mandatory) and VAT Registration Certificate where applicable.
	An original cancelled Cheque and bank verification letter (mandatory)
	Any other relevant independent agency ratings, industry endorsements, accreditation certificates where applicable, such as CIDB, PSIRA and NHBRC).
	Certified copies of Identity documents of ALL Owners/Shareholders(mandatory)

SUPPLIER REGISTRATION FORM

New Supplier

Re-registration

Existing Supplier
Registration Number

A - 1 BASIC SUPPLIER INFORMATION

Registered name of Business			
Trading Name of Business if different from Registered name			
Company Registration Number			
Year of Registration		Years in Operation	
Business Type <i>(Tick box)</i>	<input type="checkbox"/> Public Company Ltd	Attach Certified copy of Incorporation (CM3)	
	<input type="checkbox"/> Private Company (Pty) Ltd	Attach Certified copy of Incorporation (CM3)	
	<input type="checkbox"/> Close Corporation CC	Attach Certified copy of (CK1 or CK2)	
	<input type="checkbox"/> Sole Proprietor	Attach Certified copy of ID Document	
	<input type="checkbox"/> Partnership	Attach Certified copy of Partnership Agreement	
	<input type="checkbox"/> Trust	Attach Certified copy of Trust Document	
	<input type="checkbox"/> Co-operative	Attach Certified copy of Co-Op Registration	
	<input type="checkbox"/> Community Based Organization (CBO)	Attach Certified copies of all Members IDs	
	<input type="checkbox"/> Voluntary Associations	Attach Certified copy of Constitution	
<input type="checkbox"/> Foreign Company	Attach Certified copy of Incorporation		
Supplier Classification <i>(Tick all that apply)</i>	<input type="checkbox"/> ISO Rated	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributer
	<input type="checkbox"/> Sales	<input type="checkbox"/> Services	<input type="checkbox"/> Repair
	<input type="checkbox"/> Importer	<input type="checkbox"/> Exporter	

A - 2 CONTACT DETAILS

POSTAL Address:		P O Box/Bag	
		Suburb/Town	
		City	Province Postcode
PHYSICAL Address: <i>Please indicate Country if not RSA -</i>		Building	Floor
_____		Street	
		Suburb/Town	
		City	Province Postcode
District Municipality		Local Municipality	
Contact Details (for receipt of Tenders and Quotes): <i>(Circle Title below)</i> Mr. / Mrs. / Ms. / Miss. Other _____ <i>(Specify)</i>		Name:	
		Designation:	
		Telephone:	Fax:
		Cell:	ID No :
		Email:	
Website Address:			

Branch Office Physical Address:		Street		
		Suburb/Town		
		City	Province	Postcode
District Municipality			Local Municipality	
Alternative Contact Details(if available): <i>(Circle Title below)</i> Mr. / Mrs. / Ms. / Miss. Other _____ <i>(Specify)</i>		Person:		
		Designation:		
		Telephone:	Fax:	
		Cell:	I D No :	
		Email:		
<i>(Specify the Office)</i> Located at:				

A - 3 BANKING INFORMATION *(N.B. - Attach Bank Verification letter from your Bank to this application)*

Bank Details for this office: Official Bank Stamp AFFIX OFFICIAL BANK STAMP HERE <i>(Attach a copy or original bank statement not older than 60 days).</i>	Bank Name:				
	Bank Location:				
	Branch Name:				
	Branch Code:				
	Account Holder:				
	Account Number:				
	Account Type: <i>(Tick One)</i>	<input type="checkbox"/> Cheque/Current	<input type="checkbox"/> Transmission	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bank Official Name:	Designation:	Signature:			

A - 4 TAX INFORMATION *(N.B. - Attach an original valid Tax Clearance Certificate to this application)*

SARS Tax Reference Number <i>(Insert personal tax number if a one person business (Sole Proprietor) or Personal Income Tax numbers of all partners in a partnership.)</i>	
VAT Registration Number	
RSC Registration Number	
Supplier's SARS Office and Telephone contact number where tax file is held	

B - 1 OWNERSHIP/SHAREHOLDING

<p>List all persons who are OWNERS (Proprietors/Shareholder/Partners/Sole Proprietors/Trustees/Beneficiaries) in the business or Trust being registered and indicate their involvement in the management/operations of the business/Trust. IN THE CASE OF HANDICAPPED, PROOF OF DISABILITY PROVIDED BY A RECOGNIZED RELATED INSTITUTION MUST BE ATTACHED If insufficient space, NB: kindly attach a copy/copies of the following page to this application form, signed by the same person who signs on behalf of the business/Trust</p>	N.B. % Ownership should add up to 100%
	SA Citizen before 27/4/1994
	Handicapped = Yes - attach proof.
	Race – W hite, B lack, I ndian, C oloured, O ther
	% Time spent in the daily activities of this business

B - 2 Owners' Information (Circle choice or fill in the required information.)												Regarding Owners and Trusts			
(1) Full Name:										Trustee?	Y	N	Owner?	Y	N
ID Number:					Designation:										
Address:															
Own Interest in Another Business					Y	N	<i>Specify in Section B - 3</i>			Nationality:					<i>(Attach ID)</i>
% Ownership		South African? - Before 27/4/1994				Gender:		Handicapped:		Race			% Time Spent		
	Y	N	Y	N	M	F	Y	N	W B I C Other						
(2) Full Name:										Trustee?	Y	N	Owner?	Y	N
ID Number:					Designation:										
Address:															
Own Interest in Another Business					Y	N	<i>Specify in Section B - 3</i>			Nationality:					<i>(Attach ID)</i>
% Ownership		South African? - Before 27/4/1994				Gender:		Handicapped:		Race			% Time Spent		
	Y	N	Y	N	M	F	Y	N	W B I C Other						
(3) Full Name:										Trustee?	Y	N	Owner?	Y	N
ID Number:					Designation:										
Address:															
Own Interest in Another Business					Y	N	<i>Specify in Section B - 3</i>			Nationality:					<i>(Attach ID)</i>
% Ownership		South African? - Before 27/4/1994				Gender:		Handicapped:		Race			% Time Spent		
	Y	N	Y	N	M	F	Y	N	W B I C Other						
(4) Full Name:										Trustee?	Y	N	Owner?	Y	N
ID Number:					Designation:										
Address:															
Own Interest in Another Business					Y	N	<i>Specify in Section B - 3</i>			Nationality:					<i>(Attach ID)</i>
% Ownership		South African? - Before 27/4/1994				Gender:		Handicapped:		Race			% Time Spent		
	Y	N	Y	N	M	F	Y	N	W B I C Other						

(Please copy this page and add to Application if more space is needed)

B - 3 LIST ANY OWNER WHO HAVE AN OWNERSHIP INTEREST IN ANOTHER BUSINESS														
Name:										Position:				
Name of Other Business:														
Type of Business:										% Held:				
Name:										Position:				
Name of Other Business:														
Type of Business:										% Held:				
Name:										Position:				
Name of Other Business:														
Type of Business:										% Held:				

B - 4 DECLARATION OF CONFLICT OF INTEREST BY PROSPECTIVE SUPPLIER

Are any owners of the company employed by the State (State means any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the PFMA (Act No 1 of 1999 or any municipality or municipal entity or provincial legislature or national assembly or national council of provinces or parliament. If so, please indicate by declaring such interest/association in the space below	Yes	No

Do any owners of the company have relatives employed by the state, including blood relatives? If so, please indicate by declaring such interest/association in the space below. Please refer to the previous paragraph for the meaning of "State"	Yes	No

B - 5 FINANCIAL CLAIMS AGAINST PROSPECTIVE SUPPLIER

Have your organization / parent company / former company with the same principals ever been liquidated? If "Yes" please give details below.	Yes	No
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Date of Liquidation

Has the Liquidation been resolved? Date Resolved:

Who was appointed as Trustee?

What was the reason for Liquidation?

Have your organization / parent company / former company with the same principals ever been restricted for Government Tenders? If "Yes" please give details below.	Yes	No
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When did Restriction commence and until what date? From: To:

Which institution invoked the restriction?

What was the reason for the restriction?

B - 6 LITIGATION / JUDGMENT HISTORY

Nature of Claim / Judgment		Start Date
Cause of Dispute		
Parties Involved in Dispute		
Status of Claim		End Date
Claim Financial Implications		
Nature of Claim / Judgment		Start Date
Cause of Dispute		
Parties Involved in Dispute		
Status of Claim		End Date
Claim Financial Implications		

(Please copy this page and add to Application if more space is needed)

B - 7 Previous Business Information

Did your business exist under a previous name?		Yes	No
If "Yes" what previous name(s)?		Year:	
		Year:	
Why was the name changed?			
Previous Suppliers Database number?			
Owners, partners, members or shareholders now de-registered:			
Name	Title	ID Number	

B - 8 Business Information:

The following table must be completed to establish whether a business can be classified as an **SMME** in terms of the National Small Business Act 102 of 1996. Select the Sector and tick the appropriate blocks in Column 2, 3 and 4.

Column 1	Column 2 (tick applicable)	Column 3 (tick applicable)	Column 4 (tick applicable)
Sector or subsectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees	Total annual turnover	Total Gross Asset Value (fixed property excluded)
Agriculture	More than 100	More than R 5m	More than R 5m
	Less than 100	Less than R 5m	Less than R 5m
Mining and Quarrying	More than 200	More than R 39m	More than R 23m
	Less than 200	Less than R 39m	Less than R 23m
Manufacturing	More than 200	More than R 51m	More than R 19m
	Less than 200	Less than R 51m	Less than R 19m
Electricity, Gas and Water	More than 200	More than R 51m	More than R 19m
	Less than 200	Less than R 51m	Less than R 19m
Construction	More than 200	More than R 26m	More than R 5m
	Less than 200	Less than R 26m	Less than R 5m
Retail, Motor Trade and Repair Services	More than 100	More than R 39m	More than R 6m
	Less than 100	Less than R 39m	Less than R 6m
Wholesale Trade, Commercial Agents and Allied Services	More than 100	More than R 64m	More than R 10m
	Less than 100	Less than R 64m	Less than R 10m
Catering, Accommodation & other trade	More than 100	More than R 13m	More than R 3m
	Less than 100	Less than R 13m	Less than R 3m
Transport, Storage and Communications	More than 100	More than R 26m	More than R 6
	Less than 100	Less than R 26m	Less than R 6m
Finance and Business Services	More than 100	More than R 26m	More than R 5m
	Less than 100	Less than R 26m	Less than R 5m
Community, Social and Personal Services	More than 100	More than R 13m	More than R 6m
	Less than 100	Less than R 13m	Less than R 6m

C - 1 COMMODITIES WHERE MANDATORY CERTIFICATION IS REQUIRED

Commodity	Mandatory certificate
Catering	Registration with the Local Municipality for certificate of acceptability of premises for food preparation
Accommodation	South African Tourism Grading Council
	Registration with the Local Municipality for certificate of acceptability of premises for food preparation <u>if</u> catering service is also provided
Travel Agency	Certification from ASATA (This certification is not mandatory)
Security Services	Security Officers Board (SOB) Certification
Construction	Construction Industry Development Board (CIDB) Certification
Plumbing	Construction Industry Development Board (CIDB) Certification
Electrical Work	Electrical Corporation Board (ECD)
Cleaning Services	Bargaining Council for the Contract Cleaning Services Industry (Certificate of Registration)

C - 2 PLEASE INDICATE THE SERVICES/GOODS THAT YOUR BUSINESS CAN PROVIDE BY USING THE FOLLOWING COMMODITY CATEGORIES. You are required to indicate ONLY THREE (3) types of goods or service. NOTE – Services mentioned in C 1 will not be considered if the relevant certification is not provided.

Code	Commodity Category Description	Can Supply (Y/N)	Code	Commodity Category Description	Can Supply (Y/N)
90101200	Accommodation Services		42101600	Medical Equipment and Accessories and Supplies	
21101500	Agricultural and forestry and landscape machinery		44101700	Office Equipment	
90101300	Catering Services		56101500	Office Furniture	
47101600	Cleaning Materials		44101500	Office Stationery	
76101600	Cleaning Services		31101600	Outdoor Equipment and Accessories	
17101700	Communication Devices and Accessories		76101700	Pest Control Services	
82101500	Communication Services		16101500	Postal and Courier services	
91101600	Community and Social Services		45101800	Printing and Binding Services	
43101500	Computer Equipments and Accessories		80101500	Professional and Consulting Services	
72101400	Construction and Maintenance Services		53101600	Promotional Material	
52101500	Domestic Equipment and Appliances		30101500	Property Management Services	
86101600	Education and Training Services		46101700	Protective Clothing and Accessories	
26101600	Electrical Services and Accessories		17101500	Published Products	
83101500	Event Management Services		16101700	Resettlement Services	
43101800	Exhibition Services		46101500	Security Services and Accessories	
15101500	Fuel and Lubricants		55101500	Signage, Labels and Tags	
44101800	Government Print Forms		16101600	Transportation Services	
50101300	Groceries		90101500	Travel and Accommodation for the Office of the MEC/HOD	

85101500	Health Services		90101600	Travel Arrangement Services	
43101600	Information Technology		90101700	Venues and Facilities	
72101700	Locksmith Accessories and Services		45101500	Video and Photographic Services	
31101500	Manufactured Goods and Supplies		76101500	Waste Management Services	

C - 3 ACCREDITATION / CERTIFICATION (CIDB, NHBRC, PSIRA, etc.) *(N.B. - Attach a copy of Accreditations / Add Pages for more space)*

Registration Number:		Issue Date:	
Issuing Organization:		Expiry Date:	
Name of Certificate:		Grading:	
Type of Certification:		Membership Period:	

C - 4 GOODS AND SERVICES SUPPLIED BY YOUR BUSINESS

In order to assist with the classification process, a short summary of your core business and key products and services must be provided. **You are required to indicate ONLY THREE (3) types of goods or services**

Our Core Business Is:

PLEASE SELECT AN INDUSTRIAL SECTOR FROM C – 3 ABOVE AS A HEADING FOR THE GOODS/SERVICES SUPPLIED BY THE BUSINESS AND INDICATE THE ACTUAL SERVICES/GOODS THAT THE COMPANY PROVIDES.
NOTE – Services mentioned in C 1 will not be considered if the relevant certification is not provided.

Description:

Sector :	
Sector	
Sector	

(Please copy this page and add to Application if more space is needed)

D CURRENT OR PREVIOUS SUPPLY CONTRACTS WITH GOVERNMENT DEPARTMENTS			
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service

F DECLARATION

VERIFICATION OF INFORMATION SUPPLIED IN THIS APPLICATION FORM, INCLUDING INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR:

I/we, the undersigned, warrants that he/she is duly authorized to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the annexure/s with additional information, is correct and accurate and I/we acknowledge that:

The supplier/applicant, which is the signatory hereto, will be required to furnish documentary proof of the information relating to preferences, if required to do so.

If the information supplied in this form is found to be incorrect then the Department may, in addition to any remedies it may have:

- a. Disqualify the supplier/applicant for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/applicant;
- b. Recover from the supplier/applicant all costs, losses or damages incurred or sustained by the Department as a result of breach of the contract;
- c. Cancel the contract and claim any damages which the Department may suffer by having to make less favorable arrangements after such cancellation; and/or
- d. De-register the supplier registered on the Supplier Database

SIGNED BEFORE THE COMMISSIONER OF OATHS ON THIS _____, DAY OF _____, 20_____

SUPPLIER'S NAME: _____

—

SIGNATORY NAME IN BLOCK LETTERS _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

SIGNATORY ID NUMBER _____

SIGNATORY CAPACITY _____

Signed and affirmed to, before me at _____ on this _____ day of _____ 20____, by the deponent who has acknowledged that he/she knows and understands the contents of this document, and he/she has acknowledged that he/she has no objection to affirming that he/she regards the affirmation to be binding on his/her conscience.

Commissioner of Oaths: Signature

Commissioner of Oaths: Full Name

Business Address _____

Capacity _____

Area _____

Official Stamp