

KWAZULU – NATAL OFFICE OF THE PREMIER



premier

Department:
Office Of The Premier
PROVINCE OF KWAZULU-NATAL

VENDOR DATABASE REGISTRATION FORM

PLEASE RETURN THE COMPLETED REGISTRATION FORM WITH THE FOLLOWING ATTACHMENTS

| | |
|--------------------------|---|
| <input type="checkbox"/> | ORIGINAL TAX CLEARANCE CERTIFICATE |
| <input type="checkbox"/> | EXEMPTED MICRO ENTERPRISES (EME) - CERTIFIED COPY OF BBBEE VERIFICATION LETTER FROM REGISTERED AUDITOR, ACCOUNTING OFFICER OR ACCREDITED VERIFICATION AGENCY (Where Applicable) |
| <input type="checkbox"/> | NON-EXEMPTED MICRO ENTERPRISE - CERTIFIED COPY OF BBBEE VERIFICATION CERTIFICATE (Where Applicable) |
| <input type="checkbox"/> | COMPLETED ENTITY FORM (ANNEXURE A) |
| <input type="checkbox"/> | CERTIFIED COPY/COPIES OF IDENTITY DOCUMENTS/PASSPORTS/HOLDING BUSINESS ENTITY REGISTRATION DOCUMENTS/TRUST DEEDS |
| <input type="checkbox"/> | CERTIFIED COPY OF REGISTERING ENTITY/BUSINESS REGISTRATION DOCUMENTS |
| <input type="checkbox"/> | BANK STATEMENT |
| <input type="checkbox"/> | PROOF OF BUSINESS ADDRESS (i.e. Electricity Bill/Water Bill/Telephone Bill/Councillors letter) |
| <input type="checkbox"/> | CERTIFIED COPY OF CIDB CERTIFICATE (Where Applicable) |
| <input type="checkbox"/> | CERTIFIED COPY OF BARGAINING COUNCIL CERTIFICATES (Where Applicable) |
| <input type="checkbox"/> | CERTIFIED COPY OF PSIRA CERTIFICATE (Where Applicable) |



FOR OFFICE USE ONLY:

| | | |
|-------------------------------------|-------|-----------|
| Vendor Name | | |
| Vendor KZN Number | | |
| Departmental Vendor Database Number | | |
| Received by | Name: | Comments: |
| | Sign: | |
| | Date: | |
| Captured by | Name: | Comments: |
| | Sign: | |
| | Date: | |
| Approved by | Name: | Comments: |
| | Sign: | |
| | Date: | |



DELIVERY ADDRESS:

Supply Chain Management
KwaZulu Natal Office of the Premier
Moses Mabhida Building
300 Langalibalele Street
Pietermaritzburg
3201

Or Posted To:

Supply Chain Management
KwaZulu Natal Office of the Premier
Private Bag X9037
Pietermaritzburg
3200

Enquiries:

Tel: 033 341 3314 / 033 341 4770

INTRODUCTION

In order to comply with the procedures set out in the Supply Chain Management Guidelines, as referred to in the Public Finance Management Act, Act No. 1 of 1999; the KwaZulu-Natal Office of the Premier has developed a vendor/supplier database to be used by the Supply Chain Management section. The purpose of the database is to assist the Department in developing a central source of information of vendors from whom it can procure goods and/or services and to assist in ensuring transparency, equality and fairness by giving all prospective vendors an opportunity to submit quotations and/or bids to the Department. The vendor database also assists the Department in the identification of SMME's and co-operatives, thereby promoting Local Economic Development.

Attached please find an official registration form to assist us in establishing our database according to the relevant legislation. It is imperative that vendors **read** the registration document carefully, **complete it in full, sign** and have it **commissioned** by an authorized Commissioner of Oaths. The relevant attachments **must** be included and should be the original document or certified copies as stipulated (see cover). Only **original** entity forms will be accepted and **must** contain a bank verification stamp. Failure to do so will result in the applicant not qualifying for registration.

It is imperative that only documents with an original signature be submitted. A vendor registered on the vendor database **must** notify the Department of any changes to the information supplied on the initial registration form as soon as it becomes available. A new registration form must be completed and submitted whenever the details of a registered vendor changes. However, only the relevant sections that apply to the changed information should be completed on the registration form. **It is the responsibility of the vendor to ensure that his/her information is updated on the vendor database as soon as any changes occur.** The Department will not be held responsible when a vendor is not appointed in respect of a bid or quotation due to outdated information on the vendor database.

The KwaZulu-Natal Office of the Premier reserves the right to conduct a vetting of the information provided by vendors through the database application process. The Department may, in addition to any other action, remove a vendor/supplier from the vendor database should that entity be found guilty of providing fraudulent information.

GENERAL INSTRUCTIONS

1. All applicants must be registered on the KZN Provincial Treasury Vendor/Supplier Database and **must have a KZN Number, or Temporary KZN Number**. Vendors without a KZN Number or Temporary KZN Number will not be considered for registration;
2. Applicants **must** supply the Department with their **company profile**;
3. The registration form is to be **completed in full** and be **signed** by all vendors seeking registration on the departmental vendor/supplier database;
4. The Department reserves the right to **verify** any information on this registration form;
5. All vendors may be subjected to the internal audit vetting process. Should any discrepancies arise, the vendor may not be included on the departmental database;
6. All fields on the registration form **must** be completed by the applicant; any alterations made by the applicant on this registration form **must** be initialed. The use of correction fluids is not permitted;
7. Vendors **must** comply with all the registration criteria for registration to be finalised, failure to do so may result in the application not being processed, pending compliance with the registration requirements;
8. Applicants will be contacted telephonically or via fax and therefore it is in their best interest to submit **correct** contact details, i.e. mobile, telephone, email and/or fax number; failure to comply will result in your application not being processed pending compliance with the registration requirements;
9. The Department will not be liable for any consequences whatsoever arising from the failure of the vendor to update their information on the database;
10. The **onus shall rest upon the vendor** to inform the Department of any changes to the status of the service provider's business, in which case certified proof together with a new database application form will be required in order to effect the changes;
11. A company profile **will not** be accepted as a substitute for the registration form;
12. It should be noted that the KwaZulu-Natal Office of the Premier reserves the right to accept or reject any registration form; and
13. All applicants **must** complete the certificate of correctness of information (Section M) on this vendor database registration form and ensure that the form is commissioned by a commissioner of oaths.

SECTION A: BUSINESS REGISTRATION INFORMATION

Information required in this section relates to the applicants business registration with the appropriate authority. In addition, details of the applicant's registration on the KwaZulu-Natal Provincial Treasury Vendor/Supplier Database are required.

1. REQUIRED DOCUMENTATION

Applicants must submit, as an attachment to this vendor database registration form, certified copy/copies of the applicant's business registration documents. Below is a table of each entity type and the applicable business registration documents per entity type which would need to be submitted:

| Entity Type | Business Registration Document/s Required |
|-------------------------------|--|
| Sole Proprietor | Certified copy of Identity Document |
| Partnership | Certified copy of Partnership Agreement |
| Public Company (Ltd) | Certified copy of CM1 (Certificate of Incorporation), CM2, CM22, CM29/CM29/2 |
| Private Company (Pty) Ltd | Certified copy of CM1 (Certificate of Incorporation), CM2, CM22, CM29/CM29/2 |
| Close Corporation (CC) | Certified copy of CK1 and CK2 (if applicable) |
| Trust | Certified copy of Trust Deed |
| Co-operative | Certified copy of Proof of Registration with the Directorate Co-operatives |
| Joint Venture | Certified copy of the Joint Venture Agreement |
| Non-Governmental Organisation | Certified copy of the NPO registration document |



2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section A:

| Field No. | Instructions and/or Guidelines |
|-----------|---|
| 1 | <p>Registration Number</p> <ul style="list-style-type: none">✓ The registration number field refers to the number allocated to a business entity by the relevant registering authority.✓ The business registration number can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc.✓ Sole Proprietors need to provide the ID number of the owner/proprietor of the business.✓ This field is mandatory. |
| 2 | <p>Registered Name</p> <ul style="list-style-type: none">✓ The registered name field refers to the legal name of the business.✓ The business registered name can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc.✓ This field is mandatory. |
| 3 | <p>Trade Name</p> <ul style="list-style-type: none">✓ The trade name field refers to name by which the business trades.✓ The business trade name can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc.✓ Where the trade name is the same as the registered name, the registered name must be completed in this field also.✓ This field is mandatory. |
| 4 | <p>Entity Type</p> <ul style="list-style-type: none">✓ The entity type field refers to the applicant's business type, i.e. Close Corporation, Private Company, etc.✓ The business entity type can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc.✓ Select the relevant field by marking the appropriate box with an X.✓ Only one entity type can be selected.✓ This field is mandatory. |



| Field No. | Instructions and/or Guidelines |
|-----------|--|
| 5 | <p>Date of Incorporation</p> <ul style="list-style-type: none">✓ This field refers to the date the business entity was registered by the relevant registering authority.✓ The date of incorporation can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc.✓ This field is mandatory. |
| 6 | <p>Date Entity Commenced Trading Activities</p> <ul style="list-style-type: none">✓ This field refers to the date the business entity began trading/operations.✓ The date the entity commenced business can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc.✓ This field is mandatory. |
| 7 | <p>KZN Provincial Treasury Database Number</p> <ul style="list-style-type: none">✓ A vendor must be registered on the KZN Provincial Treasury Vendor/Supplier Database before applying for registration. This number must be completed in the relevant field.✓ Vendors with no KZN Number or Temporary KZN Number will not be considered for registration.✓ Upon registration on the KZN Provincial Treasury Database, an entity is allocated a KZN Database Number or a Temporary KZN Database Number.✓ If the applicant entity has a ZNT number (old KZN Provincial Treasury Database), it is advised that the entity immediately contact the KZN Provincial Treasury and register on the new KZN Provincial Treasury Database to obtain a KZN Database Number or Temporary KZN Database Number (the previous database is obsolete).✓ Applicants who are applying for registration on the KwaZulu-Natal Office of the Premier Vendor/Supplier Database using a Temporary KZN Database Number must provide the official KZN Database Number to the Department when allocated.✓ This field is mandatory. |



3. INFORMATION TO BE COMPLETED

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| 1. REGISTRATION NO:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. REGISTERED NAME:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. TRADE NAME:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. ENTITY TYPE: (PLEASE MARK THE APPROPRIATE BOX WITH AN (X), * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOLE PROPRIETOR | | | | NATIONAL GOVERNMENT DEPARTMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTNERSHIP | | | | PROVINCIAL GOVERNMENT DEPARTMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOSE CORPORATION | | | | PUBLIC ENTITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE COMPANY | | | | DISTRICT MUNICIPALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUBLIC COMPANY | | | | LOCAL MUNICIPALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUST | | | | MUNICIPAL ENTITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO-OPERATIVE | | | | WATER SERVICE AUTHORITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOINT VENTURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-GOVERNMENTAL ORGANISATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. DATE OF INCORPORATION:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR | <input type="text"/> | | | | MONTH | <input type="text"/> | | DAY | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. DATE ENTITY COMMENCED TRADING ACTIVITIES:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR | <input type="text"/> | | | | MONTH | <input type="text"/> | | DAY | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. KZN PROVINCIAL TREASURY DATABASE REGISTRATION:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT/NEW REGISTRATION (KZN) NO. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>K</td><td>Z</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | K | Z | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TEMPORARY REGISTRATION (KZN) NO. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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* Mandatory Field

SECTION B: BUSINESS CONTACT INFORMATION

Information required in this section includes the contact details of the applicant. This information is important to the Department for contacting prospective vendors/suppliers to submit quotations/bids for goods and/or services required, the development of sourcing strategies and identifying areas where the Department has indirectly contributed to local economic development, job creation, etc.

1. REQUIRED DOCUMENTATION

Applicants must ensure that a certified copy of a utility bill or letter from a Local Councillor is submitted as proof of address. The Department may choose to conduct a site visit to your business's physical address during the pre-screening and vetting process.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section B:

| Field No. | Instructions and/or Guidelines |
|------------------|---|
| 1 | <p>Business Physical Address</p> <ul style="list-style-type: none"> ✓ Applicants must complete the business physical address field with the address of the physical location of the business, i.e. the premises from which the entity operates. ✓ This field is mandatory. |
| 2 | <p>District Municipality</p> <ul style="list-style-type: none"> ✓ Applicants must complete the district municipality field with the relevant district municipality name within which the business entity's physical address is located, e.g. if the applicants business is located within the Durban city, the applicable district municipality to be filled in would be the eThekweni Metro Municipality. ✓ This field is a mandatory field. |
| 3 | <p>Province</p> <ul style="list-style-type: none"> ✓ Applicants must complete the province field with the relevant province name within which the business entity's physical address falls in, e.g. if the applicants business is located within the Durban city, the applicable province to be filled in would be KwaZulu-Natal. ✓ This field is a mandatory field. |
| 4 | <p>Business Postal Address</p> <ul style="list-style-type: none"> ✓ Applicants must complete the business postal address field with the postal address of the business, i.e. the address at which any notices, etc. may be sent to. ✓ This field is mandatory. |



| Field No. | Instructions and/or Guidelines |
|-----------|--|
| 5 | Telephone Number <ul style="list-style-type: none">✓ Applicants are requested to provide the telephone contact number of the entity.✓ Applicants are urged to complete this information so that the Department may contact the prospective supplier to request quotations.✓ This field is mandatory. |
| 6 | Alternate Telephone Number <ul style="list-style-type: none">✓ Applicants are requested to provide an alternative telephone contact number of the entity, if applicable. |
| 7 | Fax Number <ul style="list-style-type: none">✓ Applicants are requested to provide the fax contact number of the entity.✓ Applicants are urged to complete this information so that the Department may send faxed request for quotations to a prospective supplier.✓ This field is mandatory. |
| 8 | Mobile Number <ul style="list-style-type: none">✓ Applicants are requested to provide a mobile (cellular) telephone contact number for the entity, if applicable. |
| 9 | Email Address <ul style="list-style-type: none">✓ Applicants are requested to provide an email address for the entity, if applicable. |
| 10 | Website Address <ul style="list-style-type: none">✓ Applicants are requested to provide a website address for the entity, if applicable. |
| 11 | Preferred Method of Contact <ul style="list-style-type: none">✓ Select a preferred method of communication, i.e. via telephone, fax, email or sms, by marking the appropriate box with an X.✓ This field is mandatory. |
| 12 | Contact Person/s <ul style="list-style-type: none">✓ Applicants are requested to provide a contact person/s for the entity.✓ The name and capacity, i.e. designation/position, for each contact person must be completed.✓ At least one contact person's details are mandatory. |



12. CONTACT PERSON/S:

PRIMARY CONTACT: *

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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CAPACITY: *

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ALTERNATE CONTACT:

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CAPACITY:

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* Mandatory Field

SECTION C: BANKING & TAX INFORMATION

Applicants are requested to provide the Department with information regarding their banking details and taxation information by completing this section.

1. REQUIRED DOCUMENTATION

A completed Entity Form (ANNEXURE A) and a certified copy of the applicant's latest bank statement must be attached to the applicants vendor database registration form. In addition, a valid original tax clearance certificate issued by the South African Revenue Service (SARS) is a mandatory requirement and must be attached to this vendor database registration form.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section C:

| Field No. | Instructions and/or Guidelines |
|-----------|--|
| 1 | <p>Banking Details</p> <ul style="list-style-type: none"> ✓ Applicants must provide the Department with the banking details of the business, including the Banking Institution (i.e. Name of the Bank), Branch Name, Branch Code, Name of the Account Holder, the Account Number and the type of Bank Account (i.e. Savings, Current, Cheque, etc). ✓ This field is mandatory. |
| 2 | <p>Tax Information</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide details of their tax registration information, including Income Tax Registration, VAT Registration, PAYE Registration, SDL Registration and UIF Registration. ✓ For each tax type, applicants must indicate if they are registered or not by marking the appropriate box (Yes/No) with an X, and provide a reference number if "Yes" is selected. ✓ Applicants will be able to find this information on the applicant's Tax Clearance Certificate. ✓ This field is a mandatory field. |
| 3 | <p>Tax Clearance Certificate Information</p> <ul style="list-style-type: none"> ✓ Applicants must complete the relevant fields with the necessary information in addition to providing the Department with a valid original Tax Clearance Certificate, i.e. the Tax Clearance Certificate number, approval date and expiry date. ✓ The relevant information to be completed can be found on the applicants Tax Clearance Certificate. ✓ The Department may choose to verify the authenticity of the certificate during its pre-screening and vetting process. ✓ This field is a mandatory field. |



3. INFORMATION TO BE COMPLETED

1. BANKING DETAILS:*

| | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| INSTITUTION | | | | | | | | | | | | | | | | | | | | |
| BRANCH NAME | | | | | | | | | | | | | | | | | | | | |
| BRANCH CODE | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT HOLDER | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT TYPE | | | | | | | | | | | | | | | | | | | | |

2. TAX INFORMATION: (PLEASE MARK THE APPROPRIATE BOX WITH AN (X),*

2.1. IS YOUR BUSINESS REGISTERED FOR INCOME TAX?*

YES NO

REFERENCE NO.: (ONLY IF YES ABOVE)

| | | | | | | | | | | | | | | | | | | | | |
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2.2. IS YOUR BUSINESS REGISTERED FOR VAT?*

YES NO

REFERENCE NO.: (ONLY IF YES ABOVE)

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

2.3. IS YOUR BUSINESS REGISTERED FOR PAYE?*

YES NO

REFERENCE NO.: (ONLY IF YES ABOVE)

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

2.4. IS YOUR BUSINESS REGISTERED FOR SDL?*

YES NO

REFERENCE NO.: (ONLY IF YES ABOVE)

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

2.5. IS YOUR BUSINESS REGISTERED FOR UIF?*

YES NO

REFERENCE NO.: (ONLY IF YES ABOVE)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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3. TAX CLEARANCE CERTIFICATE INFORMATION:*

3.1. TAX CLEARANCE CERTIFICATE NO.:*

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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3.2. TAX CLEARANCE CERTIFICATE APPROVAL DATE:*

YEAR MONTH DAY

3.3 TAX CLEARANCE CERTIFICATE EXPIRY DATE:*

YEAR MONTH DAY

* Mandatory Field

SECTION D: OWNERSHIP INFORMATION

Applicants who wish to be successfully registered on the KZN Office of the Premier's database must provide the Department with ownership information of their business entity, including percentage shareholding information in terms of Broad Based Black Economic Empowerment.

1. REQUIRED DOCUMENTATION

This section of the vendor database registration form is mandatory for all applicants. Certified copy/copies of each shareholders/members/owners/partners/trustees/beneficiaries Identity Document/s must be attached. Where the shareholder/member/owner/partner/trustee/beneficiary is an entity other than an individual person, the registration documentation of such entity must be attached. In addition, proof of disability for any disabled shareholders must be attached.

2. HOW TO COMPLETE THE NEXT TABLE

The table which follows provides descriptions/guidelines/instructions for the completion of each field contained in the table on page 19. An example is provided on page 18 of this application form, applicants are urged to follow the example provided.

| Field/Column No. | Instructions and/or Guidelines |
|------------------|--|
| 1 | <p>Number (NO.)</p> <ul style="list-style-type: none"> ✓ Applicants must provide the Department with the ownership details of each owner in the business using a sequential numbering format (this numbering format will be used as a reference for each owner in the percentage ownership table), i.e. 1, 2, 3, etc. ✓ This field is mandatory. |
| 2 | <p>Type</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the type of owner for each owner. Please note that owners can be two types only, i.e. Individual or Entity. ✓ This field is a mandatory field. |
| 3 | <p>Full Name/Name of Business</p> <ul style="list-style-type: none"> ✓ Applicants must provide the full name of the owner (for individual owner types) and/or the name of the business (for entity owner types). ✓ This field is a mandatory field. |
| 4 | <p>SA Identity Number/Business Registration Number</p> <ul style="list-style-type: none"> ✓ Applicants must provide the identity number of the owner (for individual owner types) and/or the business registration number of the business (for entity owner types). ✓ This field is a mandatory field. |



| Field/Column No. | Instructions and/or Guidelines |
|------------------|--|
| 5 | <p>Capacity</p> <ul style="list-style-type: none">✓ Applicants must provide the capacity of the owner/owners within the business.✓ Proprietor should be used for Sole Proprietors.✓ Member should be used for Close Corporations.✓ Partner should be used for Partnerships.✓ Shareholder should be used for Companies.✓ Trustee and/or Beneficiary should be used for Trusts.✓ This field is a mandatory field. |
| 6 | <p>Ownership %/Member/Partnership/Trust Interest</p> <ul style="list-style-type: none">✓ Applicants must provide the ownership percentage or interest in the business for each owner.✓ The percentage ownership/interest must sum, i.e. add up, to 100%.✓ This field is a mandatory field. |
| 7 | <p>Gender</p> <ul style="list-style-type: none">✓ Applicants must provide the gender of each owner by selecting the appropriate box, i.e. Male (M) or Female (F).✓ Where the owner type is an entity, this field is not applicable.✓ This field is a mandatory field where the owner type is an individual. |
| 8 | <p>SA Citizen</p> <ul style="list-style-type: none">✓ Applicants must indicate whether each owner is a South African citizen (for individual owner types) or South African Incorporated business entity (for entity owner types) by selecting the appropriate box, i.e. Yes (Y) or No (N).✓ This field is a mandatory field. |
| 9 | <p>Voting Rights before 27 April 1994</p> <ul style="list-style-type: none">✓ Applicants must indicate whether each owner had Voting Rights before 27 April 1994 (for individual owner types) or South African incorporated business entity (for entity owner types) by selecting the appropriate box, i.e. Yes (Y) or No (N).✓ This field is a mandatory field. |

EXAMPLE

The example illustrated below can be used as guide when completing the table on page 19 of this database application form.

- ✓ A close corporation is registered in the ownership of 4 individuals, i.e. Thulani Mageba Zulu (Black Male), ID Number: 7201105054088, 25% Membership; Claudia Jacobs (Coloured Female), ID Number: 8702143002088, 25% Membership; Edith Smith (White Female), disabled, ID Number: 8001291567083, 25% Membership; Pravesh Naidoo (Indian Male), ID Number: 8202277982088, 25% Membership. The entry will be as follows:

| NO. | TYPE (INDIVIDUAL /ENTITY) | FULL NAME/NAMES OF BUSINESS | SA IDENTITY NUMBER/ BUSINESS REGISTRATION NUMBER | CAPACITY (PROPRIETOR/ MEMBER/ PARTNER/ SHAREHOLDER/ TRUSTEE/ BENEFICIARY) | OWNERSHIP % MEMBER/ PARTNERSHIP/ TRUST/ INTEREST | GENDER (MALE/ FEMALE) | | SA CITIZEN (YES/NO) | | VOTING RIGHTS BEFORE 27 APRIL 1994 (YES/ NO) | |
|-----|---------------------------------|-----------------------------|---|---|--|-----------------------------|--------------|------------------------|---|---|--------------|
| | | | | | | | | | | | |
| 1 | INDIVIDUAL | THULANI MAGEBA ZULU | 7201105054088 | MEMBER | 25% | M | F | X | N | Y | X |
| 2 | INDIVIDUAL | CLAUDIA JACOBS | 8702143002088 | MEMBER | 25% | M | F | X | N | Y | X |
| 3 | INDIVIDUAL | EDITH SMITH | 8001291567083 | MEMBER | 25% | M | F | X | N | X | N |
| 4 | INDIVIDUAL | PRAVESH NAIDOO | 8202277982088 | MEMBER | 25% | M | F | X | N | Y | X |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | 100% | | | | | | |

3. INFORMATION TO BE COMPLETED



| NO. | TYPE (INDIVIDUAL /ENTITY) | FULL NAME/NAMES OF BUSINESS | SA IDENTITY NUMBER/ BUSINESS REGISTRATION NUMBER | CAPACITY (PROPRIETOR/ MEMBER/ PARTNER/ SHAREHOLDER/ TRUSTEE/ BENEFICIARY) | OWNERSHIP % MEMBER/ PARTNERSHIP/ TRUST/ INTEREST | GENDER (MALE/ FEMALE) | | SA CITIZEN (YES/NO) | | VOTING RIGHTS BEFORE 27 APRIL 1994 (YES/ NO) | |
|-----|---------------------------------|-----------------------------|---|---|--|-----------------------------|---|------------------------|---|---|---|
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |
| | | | | | | M | F | Y | N | Y | N |

**SECTION D: OWNERSHIP INFORMATION (CONTINUED)****4. HOW TO COMPLETE THE NEXT TABLE**

The table which follows provides descriptions/guidelines/instructions for the completion of each field contained in the table on page 22. An example is provided on page 21 of this supplier database registration form, applicants are urged to follow the example provided.

| Field/Column No. | Instructions and/or Guidelines |
|------------------|---|
| 1 | <p>Number (NO.)</p> <ul style="list-style-type: none">✓ Applicants must provide the Department with the ownership percentages in terms of the BBBEE categories for each owner in the business using the same sequential numbering format as the previous table, i.e. the percentage ownership information for owner no. 1 must be completed for owner no. 1 in the previous table.✓ This field is mandatory. |
| 2 - 9 | <p>BBBEE Ownership Percentage Information</p> <ul style="list-style-type: none">✓ Applicants are requested to provide the percentage ownership for each owner according to the following demographic categories; African Male, African Female, Coloured Male, Coloured Female, Indian Male, Indian Female, White Male, White Female, Youth, Disabled, Co-operative and/or Other.✓ Please ensure you provide a total per category by adding up each owner's percentage for each applicable category.✓ This field is a mandatory field. |

EXAMPLE

The example illustrated below can be used as guide when completing the table on page 22 of this database application form.

- ✓ A close corporation is registered in the ownership of 4 individuals, i.e. Thulani Mageba Zulu (Black Male), ID Number: 7201105054088, 25% Membership; Claudia Jacobs (Coloured Female), ID Number: 8702143002088, 25% Membership; Edith Smith (White Female), disabled, ID Number: 8001291567083, 25% Membership; Pravesh Naidoo (Indian Male), ID Number: 8202277982088, 25% Membership. The entry will be as follows:

| INDIVIDUAL NO. | % AFRICAN | | % COLOURED | | % INDIAN | | % WHITE | | % YOUTH | % DISABLED | % CO-OPERATIVE | % OTHER |
|----------------|------------|--------|------------|------------|------------|--------|---------|------------|------------|------------|----------------|---------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | | | | |
| 1 | 25% | | | | | | | | | | | |
| 2 | | | | 25% | | | | | 25% | | | |
| 3 | | | | | | | | 25% | 25% | 25% | | |
| 4 | | | | | 25% | | | | 25% | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| TOTAL | 25% | | | 25% | 25% | | | 25% | 75% | 25% | | |

5. **INFORMATION TO BE COMPLETED**

| NO. | % AFRICAN | | % COLOURED | | % INDIAN | | % WHITE | | % YOUTH | % DISABLED | % CO-OPERATIVE | % OTHER |
|--------------|-----------|--------|------------|--------|----------|--------|---------|--------|---------|------------|----------------|---------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |

SECTION E: SMALL, MEDIUM & MICRO ENTERPRISE INFORMATION

All qualifying Small, Medium and Micro Enterprises (SMME's) applying for registration on the KZN Office of the Premier vendor/supplier database must complete this section.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 2 of section E:

| Field No. | Instructions and/or Guidelines |
|-----------|--|
| 1 | <p>SMME Status Table</p> <ul style="list-style-type: none"> ✓ The first column (A) within this table, i.e. Sector, indicates each industrial sector. ✓ Column B, which indicates the number of full time paid employees within the applicants business, must be completed by the applicant by selecting the appropriate box for each criteria within column B (i.e. Medium, Small, Very Small and Micro) for the applicants applicable sector in Column A. ✓ Column C, which indicates the annual turnover in millions of the applicants business, must be completed by the applicant by selecting the appropriate box for each criteria within column C (i.e. Medium, Small, Very Small and Micro) for the applicants applicable sector in Column A. ✓ Column D, which indicates the total gross asset value (excluding fixed property) in millions of the applicants business, must be completed by the applicant by selecting the appropriate box for each criteria within column D (i.e. Medium, Small, Very Small and Micro) for the applicants applicable sector in Column A. |
| 2 | <p>SMME Status</p> <ul style="list-style-type: none"> ✓ Applicants are requested to indicate the appropriate SMME Status of the applicant using the SMME Status Table completed as a guide by marking the appropriate box with an X. |
| 3 | <p>Annual Turnover</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the annual turnover of the business in rand value (R) for the last financial year. ✓ This field is a mandatory field. |
| 4 | <p>Number of Permanently Employed Paid Employees</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the number of permanently employed paid employees within the applicants business. |
| 5 | <p>Total Gross Asset Value (Excluding Fixed Property)</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the total gross asset value excluding fixed property in rand value (R) of the applicants business. |

2. INFORMATION TO BE COMPLETED

- ✓ All fields in this section are mandatory and must be completed in full.
- ✓ Please mark the appropriate indicator in columns B, C & D for the relevant sector (column A) within which your business falls with an X.

1. Complete the table below.

| A. SECTOR | B. FULL TIME PAID EMPLOYEES | | | | C. ANNUAL TURNOVER (MILLIONS) | | | | D. TOTAL GROSS ASSET VALUE (FIXED PROPERTY EXCLUDED) (MILLIONS) | | | |
|----------------------------|-----------------------------|-------|------------|-------|-------------------------------|---------------|--------------|--------------|---|--------------|--------------|--------------|
| | MEDIUM | SMALL | VERY SMALL | MICRO | MEDIUM | SMALL | VERY SMALL | MICRO | MEDIUM | SMALL | VERY SMALL | MICRO |
| AGRICULTURE | < 100 | < 50 | < 10 | < 5 | < R 4.00m | < R 2.00m | < R 0.40m | < R 0.15m | < R 4.00m | < R 2.00m | < R 0.40m | < R 0.10m |
| MINING AND QUARRYING | < 200 | < 50 | < 20 | < 5 | < R 30.00m | < R 7.50m | < R 3.00m | < R 0.15m | < R 18.00m | < R 4.50m | < R 1.80m | < R 0.10m |
| MANUFACTURING | < 200 | < 50 | < 20 | < 5 | < R 40.00m | < R 10.00m | < R 4.00m | < R 0.15m | < R 15.00m | < R 3.75m | < R 1.50m | < R 0.10m |
| CONSTRUCTION | < 200 | < 50 | < 20 | < 5 | < R 20.00m | < R 5.00m | < R 2.00m | < R 0.15m | < R 4.00m | < R 1.00m | < R 0.40m | < R 0.10m |
| RETAIL & MOTOR TRADE | < 100 | < 50 | < 10 | < 5 | < R 30.00m | < R 15.00m | < R 3.00m | < R 0.15m | < R 5.00m | < R 2.50m | < R 0.50m | < R 0.10m |
| WHOLESALE TRADE | < 100 | < 50 | < 10 | < 5 | < R 50.00m | < R 25.00m | < R 5.00m | < R 0.15m | < R 8.00m | < R 4.00m | < R 0.50m | < R 0.10m |
| CATERING AND ACCOMMODATION | < 100 | < 50 | < 10 | < 5 | < R 10.00m | < R 5.00m | < R 1.00m | < R 0.15m | < R 2.00m | < R 1.00m | < R 0.20m | < R 0.10m |



| A. SECTOR | B. FULL TIME PAID EMPLOYEES | | | | C. ANNUAL TURNOVER (MILLIONS) | | | | D. TOTAL GROSS ASSET VALUE (FIXED PROPERTY EXCLUDED) (MILLIONS) | | | |
|-------------------------------|-----------------------------|-------|------------|-------|-------------------------------|---------------|--------------|--------------|---|--------------|--------------|--------------|
| | MEDIUM | SMALL | VERY SMALL | MICRO | MEDIUM | SMALL | VERY SMALL | MICRO | MEDIUM | SMALL | VERY SMALL | MICRO |
| TRANSPORT & STORAGE | < 100 | < 50 | < 10 | < 5 | < R 20.00m | < R 10.00m | < R 2.00m | < R 0.15m | < R 5.00m | < R 2.50m | < R 0.50m | < R 0.10m |
| FINANCE & BUSINESS SERVICES | < 100 | < 50 | < 10 | < 5 | < R 20.00m | < R 10.00m | < R 2.00m | < R 0.15m | < R 4.00m | < R 2.00m | < R 0.40m | < R 0.10m |
| REPAIR / ALLIED SERVICES | < 100 | < 50 | < 10 | < 5 | < R 30.00m | < R 15.00m | < R 3.00m | < R 0.15m | < R 5.00m | < R 2.50m | < R 0.50m | < R 0.10m |
| COMMUNICATIONS | < 100 | < 50 | < 10 | < 5 | < R 20.00m | < R 10.00m | < R 2.00m | < R 0.15m | < R 5.00m | < R 2.50m | < R 0.50m | < R 0.10m |
| OTHER TRADE | < 100 | < 50 | < 10 | < 5 | < R 10.00m | < R 5.00m | < R 1.00m | < R 0.15m | < R 2.00m | < R 1.00m | < R 0.20m | < R 0.10m |
| COMMERCIAL AGENTS | < 100 | < 50 | < 10 | < 5 | < R 50.00m | < R 25.00m | < R 5.00m | < R 0.15m | < R 8.00m | < R 4.00m | < R 0.50m | < R 0.10m |
| COMMUNITY AND SOCIAL SERVICES | < 100 | < 50 | < 10 | < 5 | < R 10.00m | < R 5.00m | < R 1.00m | < R 0.15m | < R 5.00m | < R 2.50m | < R 0.50m | < R 0.10m |
| PERSONAL SERVICES | < 100 | < 50 | < 10 | < 5 | < R 10.00m | < R 5.00m | < R 1.00m | < R 0.15m | < R 5.00m | < R 2.50m | < R 0.50m | < R 0.10m |
| ELECTRICITY, GAS AND WATER | < 200 | < 50 | < 20 | < 5 | < R 40.00m | < R 10.00m | < R 4.00m | < R 0.15m | < R 15.00m | < R 3.75m | < R 1.50m | < R 0.10m |

2. SMME Status (PLEASE MARK THE RELEVANT STATUS WITH AN (X), BASED ON THE INFORMATION PROVIDED IN THE TABLE ABOVE):

MEDIUM

SMALL

VERY SMALL

MICRO

3. ANNUAL TURNOVER (R)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. NUMBER OF PERMANENTLY EMPLOYED PAID EMPLOYEES

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

5. TOTAL GROSS ASSET VALUE (EXCLUDING FIXED PROPERTY) (R)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

* Mandatory Field



SECTION F: BBBEE STATUS LEVEL OF CONTRIBUTOR

Applicants who are applying for registration on the KZN Office of the Premier vendor/supplier database are urged to provide the Department with their BBBEE status information. This information is critical for the evaluation of quotations and/or bids in accordance with the guidelines issued in terms of the Preferential Procurement Regulations, 2011.

1. REQUIRED DOCUMENTATION

Applicants are urged to submit a valid certified copy of their businesses BBBEE Certificate issued by an Accredited Verification Agency. For those applicants who qualify as an Exempted Micro Enterprise (i.e. Entities with an annual turnover of less than R 5 000 000.00 per annum), a letter/certificate stating such from the applicants Registered Auditor, Accounting Officer or Accredited Verification Agency must be provided. Failure to submit the relevant documentation will result in your business being registered as a Non-Compliant Contributor.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section F:

| Field No. | Instructions and/or Guidelines |
|-----------|--|
| 1 | <p>Qualifying Exempted Micro Enterprise</p> <ul style="list-style-type: none"> ✓ Applicants must indicate whether their business is a Qualifying Exempted Micro Enterprise, i.e. if the business has an annual turnover which is below R 5 000 000, 00 per annum, by marking the appropriate box with an X. ✓ This is a mandatory field. |
| 2 | <p>Letter/Certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency Submitted</p> <ul style="list-style-type: none"> ✓ Applicants, who qualify as Exempted Micro Enterprises and have answered “Yes” in 1 above, must indicate if they have submitted a letter/certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency. ✓ Failure to submit the required certification will result in the entity being registered as a non-compliant contributor. ✓ This field is a mandatory field. |



| | |
|---|---|
| 3 | <p>Valid BBBEE Certificate issued by an Accredited Verification Agency Submitted</p> <ul style="list-style-type: none">✓ Applicants, who have answered “No” in 1 above and are Non-Exempted Micro Enterprises, must indicate if they have submitted a valid BBBEE Certificate from an Accredited Verification Agency.✓ Failure to submit the required certification will result in the entity being registered as a non-compliant contributor.✓ This field is a mandatory field. |
| 4 | <p>BBBEE Certificate Number</p> <ul style="list-style-type: none">✓ Applicants must provide the BBBEE Certificate number if such certificate has been submitted. This number will be indicated on the certificate. |
| 5 | <p>BBBEE Certificate Date</p> <ul style="list-style-type: none">✓ Applicants must provide the date of issue of the BBBEE Certificate, if such a certificate has been submitted. This date will be indicated on the certificate. |
| 6 | <p>BBBEE Certificate Expiry Date</p> <ul style="list-style-type: none">✓ Applicants must provide the date that the BBBEE Certificate expires, if such a certificate has been submitted. This date will be indicated on the certificate. |
| 7 | <p>Procurement Recognition Level</p> <ul style="list-style-type: none">✓ Applicants must provide the BBBEE Procurement Recognition Level of the business entity indicated on the BBBEE Certificate, if such a certificate has been submitted. This percentage will be indicated on the certificate. |
| 8 | <p>BBBEE Status Level of Contributor</p> <ul style="list-style-type: none">✓ Applicants must provide the BBBEE level of the business, i.e. level 1, level 2, level 3, level 4, level 5, level 6, level 7, level 8 or Non-Compliant Contributor, by marking the appropriate level with an X.✓ Only one level can be selected.✓ Non-exempted Micro Enterprises who have not submitted a valid BBBEE Certificate issued by an Accredited Verification Agency must select the Non-Compliant Contributor level.✓ Qualifying Exempted Micro Enterprises who have not submitted a letter/certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency must select the Non-Compliant Contributor level.✓ Exempted Micro Enterprises who have submitted a letter/certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency are deemed to have a level 4 status.✓ In instances where an Exempted Micro Enterprise is more than 50% black owned such an entity will be deemed to have a level 3 status.✓ This field is a mandatory field. |



SECTION G: AREAS OF OPERATION

Applicants are required to indicate the areas within which their businesses are able to operate, i.e. the geographical areas which your business is able to serve. For purposes of the Department, the areas have been classified into the District and Local Municipalities within the KwaZulu-Natal Province. Applicants are urged to complete this section with due care. Site visits and periodic reviews of supplier performance may be instituted to ensure the information provided in this section is accurate.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 2 of section G:

| Field No. | Instructions and/or Guidelines |
|-----------|---|
| 1 | <p>Areas of Operation</p> <ul style="list-style-type: none">✓ Applicants must indicate the areas within which their businesses operate by marking the appropriate box with an X.✓ If an applicant indicates a Local Municipality within which their business operates, the applicable District Municipality must be selected as well.✓ The District Municipalities are indicated in bold.✓ This is a mandatory field. |



2. INFORMATION TO BE COMPLETED

| | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| ETHEKWINI METROPOLITAN MUNICIPALITY | <input type="checkbox"/> | | ZULULAND MUNICIPALITY | <input type="checkbox"/> | |
| ETHEKWINI METROPOLITAN MUNICIPALITY | | <input type="checkbox"/> | ABAQULUSI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UGU MUNICIPALITY | <input type="checkbox"/> | | EDUMBE LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| IZINGOLENI LOCAL MUNICIPALITY | | <input type="checkbox"/> | NONGOMA LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| HIBISCUS COAST LOCAL MUNICIPALITY | | <input type="checkbox"/> | ULUNDI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMDONI LOCAL MUNICIPALITY | | <input type="checkbox"/> | UPHONGOLO LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMUZIWABANTU LOCAL MUNICIPALITY | | <input type="checkbox"/> | UMKHANYAKUDE MUNICIPALITY | <input type="checkbox"/> | |
| UMZUMBE LOCAL MUNICIPALITY | | <input type="checkbox"/> | HLABISA LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| VULAMEHLO LOCAL MUNICIPALITY | | <input type="checkbox"/> | JOZINI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMGUNGUNDLOVU MUNICIPALITY | <input type="checkbox"/> | | MTUBATUBA LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| IMPENDLE LOCAL MUNICIPALITY | | <input type="checkbox"/> | THE BIG FIVE FALSE BAY LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| MKHAMBATHINI LOCAL MUNICIPALITY | | <input type="checkbox"/> | UMHLABUYALINGANA LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| MPOFANA LOCAL MUNICIPALITY | | <input type="checkbox"/> | UTHUNGULU MUNICIPALITY | <input type="checkbox"/> | |
| MSUNDUZI LOCAL MUNICIPALITY | | <input type="checkbox"/> | MBONAMBI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| RICHMOND LOCAL MUNICIPALITY | | <input type="checkbox"/> | MTHONJANENI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMNGENI LOCAL MUNICIPALITY | | <input type="checkbox"/> | NKANDLA LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMSHWATHI LOCAL MUNICIPALITY | | <input type="checkbox"/> | NTAMBANANA LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UTHUKELA MUNICIPALITY | <input type="checkbox"/> | | UMHLATHUZE LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| EMNAMBITHI LOCAL MUNICIPALITY | | <input type="checkbox"/> | UMLALAZI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| IMBABAZANE LOCAL MUNICIPALITY | | <input type="checkbox"/> | ILEMBE MUNICIPALITY | <input type="checkbox"/> | |
| INDAKA LOCAL MUNICIPALITY | | <input type="checkbox"/> | KWADUKUZA LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| OKHAHLAMBA LOCAL MUNICIPALITY | | <input type="checkbox"/> | MANDENI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMTSHEZI LOCAL MUNICIPALITY | | <input type="checkbox"/> | MAPHUMULO LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMZINYATHI MUNICIPALITY | <input type="checkbox"/> | | NDWEDWE LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| ENDUMENI LOCAL MUNICIPALITY | | <input type="checkbox"/> | SISONKE MUNICIPALITY | <input type="checkbox"/> | |
| MSINGA LOCAL MUNICIPALITY | | <input type="checkbox"/> | GREATER KOKSTAD LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| NQUTHU LOCAL MUNICIPALITY | | <input type="checkbox"/> | INGWE LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UMVOTI LOCAL MUNICIPALITY | | <input type="checkbox"/> | KWASANI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| AMAJUBA MUNICIPALITY | <input type="checkbox"/> | | UBUHLEBEZWE LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| DANNHAUSER LOCAL MUNICIPALITY | | <input type="checkbox"/> | UMZIMKHULU LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| EMADLANGENI LOCAL MUNICIPALITY | | <input type="checkbox"/> | | | |
| NEWCASTLE LOCAL MUNICIPALITY | | <input type="checkbox"/> | | | |

SECTION H: GOODS AND/OR SERVICES OFFERED

Applicants must complete this section by indicating the relevant goods and/or services offered by their businesses to indicate their **CORE** business function.

1. REQUIRED DOCUMENTATION

Applicants **must** supply the department with their **company profile**. A **price list/catalogue** of the goods and/or services offered by the applicant may be submitted to the Department, where applicable.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section H:

| Field No. | Instructions and/or Guidelines |
|-----------|---|
| 1 | <p>Goods and/or Services</p> <ul style="list-style-type: none"> ✓ Applicants must indicate the goods and/or services offered by the applicant by marking the appropriate box with an X. ✓ Please note that applicants must select a product and/or service that are their core business function at a Grouping Level. The applicant may not choose multiple Grouping Levels. ✓ Products and services groupings are indicated in bold. ✓ This field is a mandatory field. |



3. INFORMATION TO BE COMPLETED

| GOODS AND SERVICES | GROUP | ITEM |
|---|--------------------------|--------------------------|
| ACCOMODATION (B&B, CAMPS, HOTELS, ETC.) | <input type="checkbox"/> | |
| DOMESTIC ACCOMODATION | | <input type="checkbox"/> |
| FOREIGN ACCOMODATION | | <input type="checkbox"/> |
| ADVERTISING | <input type="checkbox"/> | |
| ADVERT PLACEMENTS | | <input type="checkbox"/> |
| ADVERTISING: PROMOTIONAL ITEMS | | <input type="checkbox"/> |
| ADVERTISING: WRITTEN MEDIA RECRUITMENT ADVERTISEMENTS | | <input type="checkbox"/> |
| ADVERTISING: WRITTEN MEDIA TENDERS ADVERTISEMENTS | | <input type="checkbox"/> |
| AGENCY & SUPPORT/OUTSOURCED SERVICES | <input type="checkbox"/> | |
| BURIAL SERVICES | | <input type="checkbox"/> |
| PERSONNEL AND LABOUR | | <input type="checkbox"/> |
| AIRCONDITIONING SUPPLY AND MAINTENANCE | <input type="checkbox"/> | |
| AIRCONDITIONING SUPPLY AND MAINTENANCE | | <input type="checkbox"/> |
| AUDIO & VISUAL EQUIPMENT | <input type="checkbox"/> | |
| AUDIO VISUAL EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| AUDIO VISUAL EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| AUDIO VISUAL CONSUMABLES | | <input type="checkbox"/> |
| AUDIO VISUAL SERVICES | | <input type="checkbox"/> |
| CATERING | <input type="checkbox"/> | |
| CATERING FOR DEPARTMENTAL ACTIVITIES | | <input type="checkbox"/> |
| CATERING FOR TRAINING COLLEGES | | <input type="checkbox"/> |
| CLEANING SERVICES | <input type="checkbox"/> | |
| CLEANING SERVICES (BARGANING COUNCIL REGISTERED) ¹ | | <input type="checkbox"/> |

¹ REFER TO SECTION I: ACCREDITATION INFORMATION, NUMBERS 5 AND 6



| GOODS AND SERVICES | GROUP | ITEM |
|---|--------------------------|--------------------------|
| CLOTHING AND UNIFORMS | <input type="checkbox"/> | |
| CLOTHING AND UNIFORMS | | <input type="checkbox"/> |
| COMMUNICATIONS DEVICES, ACCESSORIES & SERVICES | <input type="checkbox"/> | |
| CELLULAR PHONES GREATER THAN R5000 | | <input type="checkbox"/> |
| CELLULAR PHONES LESS THAN R5000 | | <input type="checkbox"/> |
| CELL CONTRACTS (SUBSCRIPTIONS AND CALLS) | | <input type="checkbox"/> |
| COMMUNICATION ACCESSORIES | | <input type="checkbox"/> |
| COURIER AND DELIVERY SERVICES | | <input type="checkbox"/> |
| POST BOX RENTAL | | <input type="checkbox"/> |
| POSTAGE STAMPS AND FRANKING MACHINERY | | <input type="checkbox"/> |
| RADIO AND TV TRANSMISSIONS | | <input type="checkbox"/> |
| SATTELITE SIGNALS | | <input type="checkbox"/> |
| TELEPHONE AND FAXES | | <input type="checkbox"/> |
| COMPUTER EQUIPMENT, ACCESSORIES & SERVICES | <input type="checkbox"/> | |
| DESKTOP PC'S | | <input type="checkbox"/> |
| LAPTOP PC'S | | <input type="checkbox"/> |
| COMPUTER SERVICES: DATA LINES | | <input type="checkbox"/> |
| COMPUTER SERVICES: INTERNET CHARGES | | <input type="checkbox"/> |
| COMPUTER SERVICES: MAINFRAME TIME | | <input type="checkbox"/> |
| SERVER / MAINFRAME SYSTEMS | | <input type="checkbox"/> |
| SPECIALISED COMPUTER SERVICES | | <input type="checkbox"/> |
| SYSTEM DEVELOPERS | | <input type="checkbox"/> |



| GOODS AND SERVICES | GROUP | ITEM |
|--|--------------------------|--------------------------|
| CONSULTANCY & PROFESSIONAL SERVICES | <input type="checkbox"/> | |
| ACCOUNTANTS AND AUDITORS | | <input type="checkbox"/> |
| FINANCIAL MANAGEMENT CONSULTANTS | | <input type="checkbox"/> |
| LEGAL ADVICE: ATTORNEY | | <input type="checkbox"/> |
| LEGAL ADVICE: FIRM | | <input type="checkbox"/> |
| MESSANGER OF THE COURT | | <input type="checkbox"/> |
| PROJECT MANAGEMENT CONSULTANTS | | <input type="checkbox"/> |
| QUALIFICATION VERIFICATION CONSULTANTS | | <input type="checkbox"/> |
| RESEARCH AND ADVISORY CONSULTANTS | | <input type="checkbox"/> |
| TRANSLATION AND TRANSCRIPTION CONSULTANTS | | <input type="checkbox"/> |
| CONSUMABLE SUPPLIES | <input type="checkbox"/> | |
| DISPOSABLE PAPER AND PLASTIC | | <input type="checkbox"/> |
| FIRST AID KIT | | <input type="checkbox"/> |
| GIFTS | | <input type="checkbox"/> |
| GROCERY SUPPLIES | | <input type="checkbox"/> |
| LINEN, CROCKERY AND CUTLERY | | <input type="checkbox"/> |
| MAGAZINES AND NEWSPAPERS | | <input type="checkbox"/> |
| CONTRACTORS | <input type="checkbox"/> | |
| CASUAL LABOURERS | | <input type="checkbox"/> |
| PLANTS AND FLOWERS | | <input type="checkbox"/> |
| EMPLOYEE WELLNESS PROGRAMS | | <input type="checkbox"/> |
| EVENT MANAGEMENT | | <input type="checkbox"/> |
| MEDICAL SERVICES | | <input type="checkbox"/> |
| PERFORMING ARTS (MUSICIANS, DJS, STAGE PERFORMERS) | | <input type="checkbox"/> |



| GOODS AND SERVICES | GROUP | ITEM |
|--|--------------------------|--------------------------|
| PHOTOGRAPHERS | | <input type="checkbox"/> |
| SOUND AND STAGE EQUIPMENT: HIRE (EG PA SYSTEMS,ETC) | | <input type="checkbox"/> |
| TRACING AGENTS AND DEBT COLLECTORS | | <input type="checkbox"/> |
| TRANSPORT CONTRACTOR | | <input type="checkbox"/> |
| CROCKERY & CUTLERY | <input type="checkbox"/> | |
| CROCKERY AND CUTLERY | | <input type="checkbox"/> |
| DOMESTIC EQUIPMENT | <input type="checkbox"/> | |
| DOMESTIC EQUIPMENT LESS THAN R5000 (EG. BATTERIES, FANS, HEATERS, ETC.) | | <input type="checkbox"/> |
| DOMESTIC EQUIPMENT GREATER THAN R5000 (EG. GENERATORS, FOOD WARMERS, ETC) | | <input type="checkbox"/> |
| GARDENING SERVICES | <input type="checkbox"/> | |
| GARDENING SERVICES | | <input type="checkbox"/> |
| LIBRARY BOOKS | <input type="checkbox"/> | |
| LIBRARY BOOKS | | <input type="checkbox"/> |
| MAINTENANCE & REPAIRS | <input type="checkbox"/> | |
| CONTRACTED MAINTENANCE | | <input type="checkbox"/> |
| MAINTENANCE & REPAIRS INFRASTRUCTURE ASSETS (CIDB ACCREDITED) ² | | <input type="checkbox"/> |
| OFFICE EQUIPMENT | <input type="checkbox"/> | |
| OFFICE EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| OFFICE EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| OFFICE FURNITURE | <input type="checkbox"/> | |
| OFFICE FURNITURE GREATER THAN R5000 | | <input type="checkbox"/> |
| OFFICE FURNITURE LESS THAN R5000 | | <input type="checkbox"/> |

² REFER TO SECTION I: ACCREDITATION INFORMATION, NUMBERS 1 AND 2



| GOODS AND SERVICES | GROUP | ITEM |
|---|--------------------------|--------------------------|
| PERSONNEL AGENCIES | <input type="checkbox"/> | |
| PERSONNEL AGENCIES | | <input type="checkbox"/> |
| PEST CONTROL SERVICES | <input type="checkbox"/> | |
| PEST CONTROL SERVICES | | <input type="checkbox"/> |
| PHOTOGRAPHIC EQUIPMENT | <input type="checkbox"/> | |
| PHOTOGRAPHIC EQUIPMENT | | <input type="checkbox"/> |
| SCULPTURES | <input type="checkbox"/> | |
| SCULPTURES | | <input type="checkbox"/> |
| SECURITY SERVICES | <input type="checkbox"/> | |
| SECURITY AND FENCING SERVICES (AT EVENTS) | | <input type="checkbox"/> |
| SECURITY SERVICES (PSIRA ACCREDITED) ³ | | <input type="checkbox"/> |
| SPORTS EQUIPMENT | <input type="checkbox"/> | |
| SPORTS EQUIPMENT | | <input type="checkbox"/> |
| STATIONERY | <input type="checkbox"/> | |
| OFFICE STATIONERY | | <input type="checkbox"/> |
| PRINTER CARTRIDGES | | <input type="checkbox"/> |
| PRINTING PAPER | | <input type="checkbox"/> |
| TRAINING & DEVELOPMENT SERVICES | <input type="checkbox"/> | |
| TRAINING AND DEVELOPMENT: EMPLOYEES | | <input type="checkbox"/> |
| TRAINING AND DEVELOPMENT: MATERIAL | | <input type="checkbox"/> |
| TRANSPORT ASSETS & ACCESSORIES | <input type="checkbox"/> | |
| MOTOR VEHICLES | | <input type="checkbox"/> |
| TRANSPORT FOR PUBLIC EVENTS | <input type="checkbox"/> | |
| TRANSPORT FOR PUBLIC EVENTS | | <input type="checkbox"/> |

³ REFER TO SECTION I: ACCREDITATION INFORMATION, NUMBERS 3 AND 4



| GOODS AND SERVICES | GROUP | ITEM |
|---|--------------------------|--------------------------|
| VENUES AND CONFERENCE FACILITIES | <input type="checkbox"/> | |
| VENUES AND CONFERENCE FACILITIES | | <input type="checkbox"/> |
| WEAVING KNITTING AND BEADWORK | <input type="checkbox"/> | |
| WEAVING, KNITTING AND BEADWORK | | <input type="checkbox"/> |

SECTION I: ACCREDITATION INFORMATION

The Department requires mandatory certification/registration/accreditation for the following categories and/or items selected in Section H:

- ✓ Construction Services (CIDB Registered Contractors);
- ✓ Security Services (PSIRA Accredited); and
- ✓ Cleaning Services (Bargaining Council Registered).

In addition to the above mandatory certification/registration/accreditation, applicants are urged to provide information of any other applicable certification/registration/accreditation which the entity has.

1. REQUIRED DOCUMENTATION

Certified copy/copies of the relevant accreditation/registration certificates must be submitted.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section I:

| Field No. | Instructions and/or Guidelines |
|-----------|--|
| 1 | <p>CIDB Accredited</p> <ul style="list-style-type: none"> ✓ Applicants who selected the goods and/or services item Construction Services (CIDB Registered Contractors) must complete this field by marking the appropriate box with an X. ✓ This field is a mandatory field. |
| 2 | <p>CIDB Accreditation Information</p> <ul style="list-style-type: none"> ✓ Applicants who indicated “Yes” in 1 above must complete this field. ✓ Applicants are requested to provide the Accreditation Number and CIDB Number. ✓ Applicants must indicate their relevant CIDB grade and category by marking the appropriate boxes with an X. |
| 3 | <p>PSIRA Accredited</p> <ul style="list-style-type: none"> ✓ Applicants who selected the goods and/or services item Security Services (PSIRA Accredited) must complete this field by marking the appropriate box with an X. ✓ This field is a mandatory field. |



| | |
|---|--|
| 4 | <p>PSIRA Accreditation Information</p> <ul style="list-style-type: none">✓ Applicants who indicated “Yes” in 3 above must complete this field.✓ Applicants are requested to provide the PSIRA Registration Number and Certificate Number. |
| 5 | <p>Bargaining Council Registered</p> <ul style="list-style-type: none">✓ Applicants who selected the goods and/or services item Cleaning Services (Bargaining Council Registered) must complete this field by marking the appropriate box with an X.✓ This field is a mandatory field. |
| 6 | <p>Bargaining Council Registration Information</p> <ul style="list-style-type: none">✓ Applicants who indicated “Yes” in 5 above must complete this field.✓ Applicants are requested to provide the type of Bargaining Council Registration, Registration Number and Certificate Number. |
| 7 | <p>Other Accreditations</p> <ul style="list-style-type: none">✓ Applicants must indicate if they have any other applicable accreditations by marking the appropriate box with an X.✓ This field is a mandatory field. |
| 8 | <p>Other Accreditation Information</p> <ul style="list-style-type: none">✓ Applicants who indicated “Yes” in 7 above must complete this field.✓ Applicants are requested to provide the name of the Accreditation Institution, Registration Number and Certificate Number. |



3. INFORMATION TO BE COMPLETED

1. IS YOUR BUSINESS CIDB ACCREDITED? * Yes No

2. IF YES IN (1) ABOVE, PLEASE COMPLETE THE FOLLOWNG DETAILS:

| | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ACCREDITATION NUMBER: | | | | | | | | | | | | | | | | | | | | |
| CIDB NUMBER: | | | | | | | | | | | | | | | | | | | | |

GRADES: (PLEASE MARK THE RELEVANT STATUS WITH AN(X)):

| | | | | | |
|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| GRADE 1 | <input type="checkbox"/> | GRADE 2 | <input type="checkbox"/> | GRADE 3 | <input type="checkbox"/> |
| GRADE 4 | <input type="checkbox"/> | GRADE 5 | <input type="checkbox"/> | GRADE 6 | <input type="checkbox"/> |
| GRADE 7 | <input type="checkbox"/> | GRADE 8 | <input type="checkbox"/> | GRADE 9 | <input type="checkbox"/> |

CATEGORY: (PLEASE MARK THE RELEVANT STATUS WITH AN (X)):

| | | | | | |
|----|--------------------------|----|--------------------------|-------|--------------------------|
| CE | <input type="checkbox"/> | EB | <input type="checkbox"/> | EP | <input type="checkbox"/> |
| GB | <input type="checkbox"/> | ME | <input type="checkbox"/> | SB | <input type="checkbox"/> |
| SC | <input type="checkbox"/> | SD | <input type="checkbox"/> | SE | <input type="checkbox"/> |
| SF | <input type="checkbox"/> | SG | <input type="checkbox"/> | SH | <input type="checkbox"/> |
| SI | <input type="checkbox"/> | SJ | <input type="checkbox"/> | SK | <input type="checkbox"/> |
| SL | <input type="checkbox"/> | SM | <input type="checkbox"/> | SN | <input type="checkbox"/> |
| SO | <input type="checkbox"/> | SQ | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |

3. IS YOUR BUSINESS PSIRA ACCREDITED? * Yes No

4. IF YES IN (3) ABOVE, PLEASE COMPLETE THE FOLLOWNG DETAILS:

| | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| REGISTRATION NUMBER: | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE NUMBER: | | | | | | | | | | | | | | | | | | | | |

5. IS YOUR BUSINESS ACCREDITED BY A BARGAINING COUNCIL? * Yes No



6. IF YES IN (5) ABOVE, PLEASE COMPLETE THE FOLLOWNG DETAILS:

| | | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TYPE OF BARGAINING COUNCIL: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| REGISTRATION NUMBER: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE NUMBER: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

7. IS YOUR BUSINESS ACCREDITED WITH OTHER INSTITUTIONS? * Yes No

8. IF YES IN (7) ABOVE, PLEASE COMPLETE THE FOLLOWNG DETAILS:

| | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME OF INSTITUTION: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| REGISTRATION NUMBER: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE NUMBER: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME OF INSTITUTION: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| REGISTRATION NUMBER: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE NUMBER: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

* Mandatory Field



SECTION J: PREVIOUS BUSINESS REGISTRATION INFORMATION

Applicants whose business entities have existed under a different name previously are required to provide such information.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 2 of section J:

| Field No. | Instructions and/or Guidelines |
|-----------|---|
| 1 | Did the Business Previously Exist Under a Different Name <ul style="list-style-type: none">✓ Applicants must complete this field by marking the appropriate box with an X.✓ This field is a mandatory field. |
| 2 | Previous Business Name <ul style="list-style-type: none">✓ Applicants who indicated “Yes” in 1 above must complete this field.✓ Applicants are requested to provide the previous business name under which the business traded. |
| 3 | Previous Business Registration Number <ul style="list-style-type: none">✓ Applicants who indicated “Yes” in 1 above must complete this field.✓ Applicants are requested to provide the previous business registration number issued by the relevant registration authority of the business. |
| 4 | Previous KZN Provincial Treasury Registration Number <ul style="list-style-type: none">✓ Applicants who indicated “Yes” in 1 above must complete this field.✓ Applicants are requested to provide the previous KZN Provincial Treasury database registration number of the business, if applicable. |



2. INFORMATION TO BE COMPLETED

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--------------------------|----|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|
| 1. PREVIOUSLY DID YOUR BUSINESS EXIST UNDER A DEFFERENT NAME?* | | | | | | | | | | | | | | | | | | | | | |
| YES | | | | | <input type="checkbox"/> | NO | | | | | <input type="checkbox"/> | | | | | | | | | | |
| 2. IF YES IN (1) ABOVE, WHAT WAS THE PREVIOUS BUSINESS NAME? | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 3. IF YES IN (1) ABOVE, WHAT WAS THE PREVIOUS BUSINESS REGISTRATION NUMBER? | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 4. IF YES IN (1) ABOVE, WHAT WAS THE PREVIOUS KZN DATABASE REGISTRATION NUMBER? | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

* Mandatory Field

**SECTION K: PREVIOUS BUSINESS EXPERIENCE**

Applicants are requested to provide details of any previous business experience, where applicable.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 2 of section K:

| Field No. | Instructions and/or Guidelines |
|-----------|--|
| 1 | Has the Business Conducted Business with a Public Sector Institution Before <ul style="list-style-type: none">✓ Applicants must complete this field by marking the appropriate box with an X.✓ This field is a mandatory field. |
| 2 | Previous Business Name <ul style="list-style-type: none">✓ Applicants who indicated “Yes” in 1 above must complete this field.✓ Applicants are requested to provide the details of at least one (1) but not more than three (3) references.✓ For each reference, the Institution’s name that awarded the applicant work, the order number, the order date, the value of the contract and a short description of the work completed is required. |
| 3 | Previous Core Business Experience <ul style="list-style-type: none">✓ Applicants who indicated “No” in 1 above must complete this field.✓ Applicants are requested to provide adequate details of any previous experience of the business related to its core operations. |



2. INFORMATION TO BE COMPLETED

1. HAS YOUR ENTERPRISE EVER CONDUCTED ANY BUSINESS WITH ANY PUBLIC SECTOR INSTITUTION?*

YES

NO

2. IF YES IN (1) ABOVE, PLEASE COMPLETE THE TABLE BELOW. *

REFERENCE 1

| | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| INSTITUTION NAME: | | | | | | | | | | | | | | | | | | | |
| ORDER NUMBER: | | | | | | | | | | | | | | | | | | | |
| ORDER DATE: | | | | | | | | | | | | | | | | | | | |
| VALUE: | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION: | | | | | | | | | | | | | | | | | | | |

REFERENCE 2

| | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| INSTITUTION NAME: | | | | | | | | | | | | | | | | | | | |
| ORDER NUMBER: | | | | | | | | | | | | | | | | | | | |
| ORDER DATE: | | | | | | | | | | | | | | | | | | | |
| VALUE: | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION: | | | | | | | | | | | | | | | | | | | |

REFERENCE 3

| | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| INSTITUTION NAME: | | | | | | | | | | | | | | | | | | | |
| ORDER NUMBER: | | | | | | | | | | | | | | | | | | | |
| ORDER DATE: | | | | | | | | | | | | | | | | | | | |
| VALUE: | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION: | | | | | | | | | | | | | | | | | | | |

3. IF NO IN (1) ABOVE, PLEASE INDICATE PREVIOUS EXPERIENCE RELATED TO YOUR CORE BUSINESS?*

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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* Mandatory Field



SECTION L : DECLARATION OF INTEREST

All fields in this section are mandatory and must be completed in full.

1) Any legal person, including persons employed by the state*, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2) In order to give effect to the above, the following questionnaire must be completed.

2.1 Full Name of bidder or his or her representative: _____

2.2 Identity Number: _____

2.3 Position occupied in the Company (director, shareholder etc): _____

2.4 Company Registration Number: _____

2.5 Tax Reference Number: _____

2.6 VAT Registration Number: _____



* "State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

2.7 Are you or any person connected with the bidder YES / NO
 presently employed by the state?

2.7.1 If so, furnish the following particulars:

Name of person / director / shareholder/ member: _____

Name of state institution to which the person is connected: _____

Position occupied in the state institution: _____

Any other particulars:

2.8 Did you or your spouse, or any of the company's directors / YES / NO
 shareholders / members or their spouses conduct business
 with the state in the previous twelve months?



2.8.1 If so, furnish particulars:

2.9 Do you, or any person connected with the bidder, have any relationship YES / NO
(family, friend, other) with a person employed by the state and who may
be involved with the evaluation and or adjudication of this bid?

2.9.1 If so, furnish particulars.

2.10 Are you, or any person connected with the bidder, YES / NO
aware of any relationship (family, friend, other) between
The bidder and any person employed by the state who may
be involved with the evaluation and or adjudication of this bid?

2.10.1 If so, furnish particulars.



2.11 Do you or any of the directors /shareholders/ members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES / NO

2.11.1 If so, furnish particulars:

DECLARATION

I, THE UNDERSIGNED (NAME) _____

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.1 TO 2.11.1 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

Position

Name of bidder



SECTION M : CERTIFICATION OF CORRECTNESS OF INFORMATION

Certification of correctness of information supplied in this document relating to preferences that the applicant (business) may apply for.

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

1. The vendor/supplier will be required to furnish documentary proof of the information relating to preference points, if requested to do so.
2. If the information supplied is found to be incorrect then the Province may, in addition to any remedies it may have:
 - i. Disqualify the vendor/supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the vendor/contractor;
 - ii. Recover from the vendor/supplier/contractor all costs, losses or damages incurred or sustained by the Province as a result of the award of a contract;
 - iii. Cancel the contract and claim any damages which the Province may suffer by having to make less favourable arrangements after such cancellation; and/or
 - iv. De-register the vendor registration on the Vendor Database.

Signed on this.....day of.....20.....at..... before the Commissioner of Oaths.

.....
 Signature of vendor/supplier or duly authorised representative

.....
 Name in block letters

Signed and affirmed, before me at.....on this.....day of..... year....., by the deponent who has acknowledged that he/she knows and understands, the contents of the document, and he/she has acknowledged that he/she had no objection to affirming, that he/she regards the affirmation to be binding on his/her conscience. NB: Kindly initial each page in confirmation that the dependant understands the contents of the document and affirms that the information supplied is true and correct.

.....
 COMMISSIONER OF OATHS
 FULL NAME:
 BUSINESS ADDRESS:
 CAPACITY:
 AREA:

ANNEXURE: A

ENTITY FORM

