

KZN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT



agriculture
& rural development

Department:
agriculture
& rural development
PROVINCE OF KWAZULU-NATAL

VENDOR DATABASE REGISTRATION FORM

**PLEASE RETURN THE COMPLETED REGISTRATION FORM WITH THE
FOLLOWING ATTACHMENTS**

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

FOR OFFICE USE ONLY:

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|-------------------------------------|-------|-----------|
| 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:

| OFFICE | TELEPHONE | POSTAL ADDRESS | PHYSICAL ADDRESS |
|-----------------------------|-----------------|---|---|
| Cedara (Head Office) | 033 343 8111 | Private Bag X9059 Pietermaritzburg 3200 | 1 Cedara Road Cedara |
| Richards Bay (North Region) | 035 780 6700 | Private Bag X 1048 Richards Bay 3900 | 4 th Floor, ABSA Building Lake View Terrace Richards Bay |
| Hilton (South Region) | 033 343 8300 | Private Bag 6005 Hilton 3245 | 4 Pin Oak Avenue Hilton Quarry Hilton |
| Amajuba | 034 312 4614 | P.O. Box 170 Newcastle 2940 | Allen Street Central Building |
| Uthungulu | 035 473 0400/45 | Private Bag X 577 Eshowe 3815 | Ijuba Street King DiniZulu location Eshowe |
| Zululand | 035 831 0326 | Private Bag X 5079 Nongoma 3950 | Lord 64 Main Street Nongoma |
| Umzinyathi | 034 299 9661 | P.O. Box 125 Dundee 3000 | 64 Victoria Street Dundee |
| Umkhanyakude Mtubatuba | 035 550 0210 | Private Bag X 008 Mtubatuba 3935 | Hibiscus Avenue, back of Shoprite Mtubatuba |
| Ilembe | 032 552 5302 | Private Bag X 10691 Kwadukuza 4450 | Corner of Link and R102 |
| Umgungundlovu | 033 347 6200 | Private Bag X 9086 Pietermaritzburg 3200 | 458 Townbush Road Pietermaritzburg |
| Sisonke | 039 834 7600 | Private Bag X 504 Ixopo 3276 | FNB Building, 17 Margaret Street Ixopo |
| Ethekwini Durban Metro | 031 302 2800 | Private Bag X 54321 Durban 4000 | 353/ 363 Pixley Kaseme Street (West Street) SA Eagle Building, Murchies Passage, 15th Floor, Durban |
| Ugu | 039 682 2045 | Private Bag X 885 Port Shepstone 4240 | 1 Nelson Mandela Drive Old Laxey House Port Shepstone |
| Uthukela | 036 634 6323/00 | Private Bag X 9905 Ladysmith 3370 | Colenso Road, next to Caltex Garage, Pieters Industry |

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 Department of Agriculture and Rural Development has developed a vendor 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 Department 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 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**. Vendors with no KZN Number will not be considered for registration;
2. The registration form is to be **completed in full** and be **signed** by all vendors seeking registration on the departmental vendor database;
3. The Department reserves the right to **verify** any information on this registration form;
4. 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;
5. 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;
6. 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;
7. 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;
8. The Department will not be liable for any consequences whatsoever arising from the failure of the vendor to update their information on the database;
9. 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;
10. A company profile **will not** be accepted as a substitute for the registration form;
11. It should be noted that the KZN Department of Agriculture and Rural Development reserves the right to accept or reject any registration form
12. Successful registration on the Departmental Vendor/Supplier Database may not guarantee work with the Department; 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 | Registration Number <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 | Registered Name <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 | Trade Name <ul style="list-style-type: none"> ✓ The trade name field refers to name by which the business trades. ✓ The business trading 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 | Entity Type <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. |

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| 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 registration 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"> ✓ Upon registration on the KZN Provincial Treasury Database, an entity is allocated a KZN Database Number. ✓ If the applicant entity has a ZNT number (old KZN Provincial Treasury Database) or a Temporary KZN Provincial Treasury Database number, 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 (the previous database is obsolete). ✓ A vendor must be registered on the KZN Provincial Treasury Vendor/Supplier Database before applying for registration. ✓ Vendors with no KZN Number/Temporary KZN numbers will not be considered for registration. ✓ 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 | <input type="checkbox"/> | NATIONAL GOVERNMENT DEPARTMENT | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| PARTNERSHIP | <input type="checkbox"/> | PROVINCIAL GOVERNMENT DEPARTMENT | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| CLOSE CORPORATION | <input type="checkbox"/> | PUBLIC ENTITY | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| PRIVATE COMPANY | <input type="checkbox"/> | DISTRICT MUNICIPALITY | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| PUBLIC COMPANY | <input type="checkbox"/> | LOCAL MUNICIPALITY | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| TRUST | <input type="checkbox"/> | MUNICIPAL ENTITY | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| CO-OPERATIVE | <input type="checkbox"/> | WATER SERVICE AUTHORITY | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| JOINT VENTURE | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| NON-GOVERNMENTAL ORGANISATION | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 5. DATE OF INCORPORATION:* | | | | | | | | | | | | | | | | | | | | |
| YEAR | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | MONTH | <input type="text"/> | <input type="text"/> | DAY | <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| 6. DATE ENTITY COMMENCED TRADING ACTIVITIES:* | | | | | | | | | | | | | | | | | | | | |
| YEAR | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | MONTH | <input type="text"/> | <input type="text"/> | DAY | <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| 7. KZN PROVINCIAL TREASURY DATABASE REGISTRATION:* | | | | | | | | | | | | | | | | | | | | |
| CURRENT/NEW REGISTRATION (KZN) NO. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| TEMPORARY KZN NO. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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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 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 businesses 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 | Business Physical Address <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 | Local Municipality <ul style="list-style-type: none"> ✓ Applicants must complete the local municipality field with the relevant local 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 local municipality to be filled in would be the eThekweni Metro Municipality. ✓ This field is a mandatory field. |
| 3 | Province <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. |

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| 4 | Business Postal Address <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. |
| 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. ✓ At least one contact person's details are mandatory. |

12. CONTACT PERSON/S:

PRIMARY CONTACT: *

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ALTERNATE CONTACT:

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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 | Banking Details <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 | Tax Information <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 | Tax Clearance Certificate Information <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:*

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

2.1. IS YOUR BUSINESS REGISTERED FOR INCOME TAX?*

YES

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NO

☐

REFERENCE NO.: (ONLY IF YES ABOVE)

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2.2. IS YOUR BUSINESS REGISTERED FOR VAT?*

YES

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NO

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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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SECTION D: OWNERSHIP INFORMATION

Applicants who wish to be successfully registered on the KZN Department of Agriculture and Rural Development 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. |
| 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>SA Citizen before 27 April 1994</p> <ul style="list-style-type: none"> ✓ Applicants must indicate whether each owner was a South African citizen 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 a 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) | | SA CITIZEN BEFORE 27 APRIL 1994 (YES/ NO) | |
|-----|---------------------------------|-----------------------------|--|---|--|-----------------------------|--------------|---------------------------|---|--|---|
| 1 | INDIVIDUAL | THULANI MAGEBA ZULU | 7201105054088 | MEMBER | 25% | M | F | X | N | X | N |
| 2 | INDIVIDUAL | CLAUDIA JACOBS | 8702143002088 | MEMBER | 25% | M | F | X | N | X | N |
| 3 | INDIVIDUAL | EDITH SMITH | 8001291567083 | MEMBER | 25% | M | F | X | N | X | N |
| 4 | INDIVIDUAL | PRAVESH NAIDOO | 8202277982088 | MEMBER | 25% | M | F | X | N | X | 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 |
| | | | | | 100% | | | | | | |



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 in the supplier database registration form, applicants are urged to follow the example provided.

| Field/Column No. | Instructions and/or Guidelines |
|------------------|---|
| 1 | Number (NO.) <ul style="list-style-type: none">✓ Applicants must provide the Department with the ownership percentages in terms of BBBEE 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 | BBBEE Ownership Percentage Information <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 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 | | | | | | | | | | | | |
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| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
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| 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 Department of Agriculture and Rural Development vendor 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 | SMME Status Table <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 | SMME Status <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 | Annual Turnover <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 | Number of Permanently Employed Paid Employees <ul style="list-style-type: none"> ✓ Applicants are requested to provide the number of permanently employed paid employees within the applicants business. |
| 5 | Total Gross Asset Value (Excluding Fixed Property) <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 |

R

7

R

KZN DEPARTMENT OF AGRICULTURE & ENVIRONMENTAL AFFAIRS
VENDOR DATABASE REGISTRATION FORM



SECTION F: BBBEE STATUS LEVEL OF CONTRIBUTOR

Applicants who are applying for registration on the KZN Department of Agriculture and Rural Development vendor 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 | Qualifying Exempted Micro Enterprise <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 | Letter/Certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency Submitted <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 |



| Field No. | Instructions and/or Guidelines |
|-----------|--|
| | non-compliant contributor. ✓ This field is a mandatory field. |
| 3 | Valid BBBEE Certificate issued by an Accredited Verification Agency Submitted ✓ 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 | BBBEE Certificate Number ✓ Applicants must provide the BBBEE Certificate number if such certificate has been submitted. This number will be indicated on the certificate. |
| 5 | BBBEE Certificate Date ✓ 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 | BBBEE Certificate Expiry Date ✓ 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 | Procurement Recognition Level ✓ 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 | BBBEE Status Level of Contributor ✓ 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 |

| Field No. | Instructions and/or Guidelines |
|-----------|---|
| | <p>Registered Auditor, Accounting Officer or Accredited Verification Agency must select the Non-compliant Contributor Level.</p> <ul style="list-style-type: none"> ✓ 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 <i>mandatory</i> field. |

3. INFORMATION TO BE COMPLETED

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|-------|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|-------|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>1. IS YOUR BUSINESS A QUALIFYING EXEMPTED MICRO ENTERPRISE? <i>(PLEASE MARK THE APPROPRIATE BOX WITH AN (X), *</i></p> <p>YES <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> NO <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. IF YES IN (1) ABOVE, DID YOU SUBMIT A CERTIFICATE FROM A REGISTERED AUDITOR, ACCOUNTING OFFICER OR ACCREDITED VERIFICATION AGENCY? <i>(PLEASE MARK THE APPROPRIATE BOX WITH AN (X), *</i></p> <p>YES <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> NO <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. IF NO IN (1) ABOVE, DID YOU SUBMIT A VALID BBBEE CERTIFICATE ISSUED BY AN ACCREDITED VERIFICATION AGENCY? <i>(PLEASE MARK THE APPROPRIATE BOX WITH AN (X), *</i></p> <p>YES <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> NO <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. BBBEE CERTIFICATE NUMBER</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td></tr> <tr><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td></tr> <tr><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td><td style="width: 20px; height: 25px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>5. BBBEE CERTIFICATE DATE</p> <table style="width: 100%;"> <tr> <td style="width: 100px;">YEAR</td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 100px;">MONTH</td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 100px;">DAY</td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | YEAR | | | | | MONTH | | | DAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR | | | | | MONTH | | | DAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



6. BBBEE CERTIFICATE EXPIRY DATE

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7. PROCUREMENT RECOGNITION LEVEL

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8. BBBEE STATUS LEVEL OF CONTRIBUTOR (*PLEASE MARK THE RELEVANT STATUS WITH AN X*):*

LEVEL 1

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LEVEL 2

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LEVEL 3

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LEVEL 7

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LEVEL 8

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NON-COMPLIANT CONTRIBUTOR

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* 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 and are able to offer their services 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

See table that follows on page 32.



| | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| ETHEKWINI METROPOLITAN MUNICIPALITY | <input type="checkbox"/> | <input type="checkbox"/> | ZULULAND DISTRICT MUNICIPALITY | <input type="checkbox"/> | <input type="checkbox"/> |
| ETHEKWINI METROPOLITAN | | | ABAQULUSI LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| UGU DISTRICT MUNICIPALITY | <input type="checkbox"/> | <input type="checkbox"/> | EDUMBE LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| EZINQOLENI 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 DISTRICT MUNICIPALITY | <input type="checkbox"/> | <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 DISTRICT MUNICIPALITY | <input type="checkbox"/> | <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 DISTRICT MUNICIPALITY | <input type="checkbox"/> | <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 DISTRICT MUNICIPALITY | <input type="checkbox"/> | <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 DISTRICT MUNICIPALITY | <input type="checkbox"/> | <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 DISTRICT MUNICIPALITY | <input type="checkbox"/> | <input type="checkbox"/> | NDWEDWE LOCAL MUNICIPALITY | | <input type="checkbox"/> |
| ENDUMENI LOCAL MUNICIPALITY | | <input type="checkbox"/> | SISONKE DISTRICT MUNICIPALITY | <input type="checkbox"/> | <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 DISTRICT MUNICIPALITY | <input type="checkbox"/> | <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.

1. REQUIRED DOCUMENTATION

Where possible, applicants may supply the Department with a price list/catalogue of the goods and/or services offered by the applicant.

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 a maximum of four (4) products and services categories can be selected. If the applicant selects more than four (4) products and services categories, only the first four (4) will be selected. The applicant may however, choose multiple items within each selected products and services category. ✓ Products and services groupings are indicated in bold. ✓ This field is a mandatory field. |

3. INFORMATION TO BE COMPLETED

See tables that follow on pages 34 to 49.



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|--------------------------|--------------------------|
| ACCOMODATION (B&B, CAMPS, HOTELS, ETC.) | <input type="checkbox"/> | <input type="checkbox"/> |
| DOMESTIC ACCOMODATION | | <input type="checkbox"/> |
| FOREIGN ACCOMODATION | | <input type="checkbox"/> |
| ADVERTISING | <input type="checkbox"/> | <input type="checkbox"/> |
| ADVERTISING: WRITTEN MEDIA AUCTIONS ADVERTISEMENTS | | <input type="checkbox"/> |
| ADVERTISING: WRITTEN MEDIA BURSARIES ADVERTISEMENTS | | <input type="checkbox"/> |
| ADVERTISING: WRITTEN MEDIA MARKETING ADVERTISEMENTS | | <input type="checkbox"/> |
| ADVERTISING: WRITTEN MEDIA RECRUITMENT ADVERTISEMENTS | | <input type="checkbox"/> |
| ADVERTISING: WRITTEN MEDIA TENDERS ADVERTISEMENTS | | <input type="checkbox"/> |
| ADVERTISING BOARDS GREATER THAN R5000 | | <input type="checkbox"/> |
| ADVERTISING BOARDS LESS THAN R5000 | | <input type="checkbox"/> |
| AGENCY & SUPPORT/OUTSOURCED SERVICES | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATION & SUPPORT STAFF | | <input type="checkbox"/> |
| MEDICAL SERVICES (EG. SPECIALISTS) | | <input type="checkbox"/> |
| PERSONNEL & LABOUR | | <input type="checkbox"/> |
| PROFESSIONAL STAFF | | <input type="checkbox"/> |
| RESEARCHER | | <input type="checkbox"/> |
| VETERINARY SERVICES | | <input type="checkbox"/> |
| AIRCONDITIONING PRODUCTS AND SERVICES | <input type="checkbox"/> | <input type="checkbox"/> |
| CENTRAL AIRCON SYSTEM GREATER THAN R5000 | | <input type="checkbox"/> |
| CENTRAL AIRCON SYSTEM LESS THAN R5000 | | <input type="checkbox"/> |
| INDIVIDUAL AIRCON SYSTEM GREATER THAN R5000 | | <input type="checkbox"/> |
| INDIVIDUAL AIRCON SYSTEM LESS THAN R5000 | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|--------------------------|--------------------------|
| AUDIO & VISUAL EQUIPMENT | <input type="checkbox"/> | |
| AUDIO & VISUAL EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| AUDIO & VISUAL EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| BAGS | <input type="checkbox"/> | |
| BAGS GREATER THAN R5000 | | <input type="checkbox"/> |
| BAGS LESS THAN R5000 | | <input type="checkbox"/> |
| BIOLOGICAL ASSETS | <input type="checkbox"/> | |
| ANIMALS FOR BREEDING GREATER THAN R5000 | | <input type="checkbox"/> |
| ANIMALS FOR BREEDING LESS THAN R5000 | | <input type="checkbox"/> |
| CATTLE | | <input type="checkbox"/> |
| FEATHERED ANIMALS | | <input type="checkbox"/> |
| FRUIT TREES GREATER THAN R5000 | | <input type="checkbox"/> |
| FRUIT TREES LESS THAN R5000 | | <input type="checkbox"/> |
| OTHER ANIMALS GREATER THAN R5000 | | <input type="checkbox"/> |
| OTHER ANIMALS LESS THAN R5000 | | <input type="checkbox"/> |
| VINES GREATER THAN R5000 | | <input type="checkbox"/> |
| VINES LESS THAN R5000 | | <input type="checkbox"/> |
| BUILDING & CONSTRUCTION MATERIAL | <input type="checkbox"/> | |
| CONSTRUCTION & MAINTENANCE SUPPORT MATERIAL | | <input type="checkbox"/> |
| NOTICE BOARDS & SIGN BOARDS | | <input type="checkbox"/> |
| OTHER BUILDING MATERIAL & SUPPLIES | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|--|--------------------------|--------------------------|
| CAMPING, OUTDOOR EQUIPMENT & ACCESSORIES | <input type="checkbox"/> | |
| CAMPING, OUTDOOR EQUIPMENT & ACCESSORIES GREATER THAN R5000 | | <input type="checkbox"/> |
| CAMPING, OUTDOOR EQUIPMENT & ACCESSORIES LESS THAN R5000 | | <input type="checkbox"/> |
| CATERING | <input type="checkbox"/> | |
| CATERING SERVICES FOR DEPARTMENTAL ACTIVITIES | | <input type="checkbox"/> |
| CATERING SERVICES FOR TRAINING COLLEGES | | <input type="checkbox"/> |
| CHEMICALS | <input type="checkbox"/> | |
| CHEMICALS (EG. SOLVENTS, ETC.) | | <input type="checkbox"/> |
| CLEANING MATERIALS | <input type="checkbox"/> | |
| BROOMS, BRUSHES, MOPS AND CLEANING UTENSILS | | <input type="checkbox"/> |
| TOILETRIES (EG. HAND SOAP) | | <input type="checkbox"/> |
| WASHING & CLEANING DETERGENTS (EG. BLEACH) | | <input type="checkbox"/> |
| CLEANING SERVICES | <input type="checkbox"/> | |
| CLEANING SERVICES (BARGAINING COUNCIL REGISTERED) ¹ | | <input type="checkbox"/> |
| COLLEGE & LIBRARY MATERIALS, EQUIPMENT & SERVICES | <input type="checkbox"/> | |
| COLLEGE CONSUMABLE MATERIALS | | <input type="checkbox"/> |
| COLLEGE LIBRARY MEDIA & FILM MATERIALS | | <input type="checkbox"/> |
| COLLEGE TEXT BOOKS & PRESCRIBED TEXT | | <input type="checkbox"/> |
| LIBRARY BOOKS | | <input type="checkbox"/> |
| LIBRARY MATERIALS | | <input type="checkbox"/> |
| COMMERCIAL & INDUSTRIAL GAS CYLINDERS | <input type="checkbox"/> | |
| COMMERCIAL & INDUSTRIAL GAS CYLINDERS GREATER THAN R5000 | | <input type="checkbox"/> |
| COMMERCIAL & INDUSTRIAL GAS CYLINDERS LESS THAN R5000 | | <input type="checkbox"/> |

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



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|--------------------------|--------------------------|
| COMMUNICATIONS DEVICES, ACCESSORIES & SERVICES | <input type="checkbox"/> | |
| CELLULAR PHONES GREATER THAN R5000 | | <input type="checkbox"/> |
| CELLULAR PHONES LESS THAN R5000 | | <input type="checkbox"/> |
| CELLULAR PHONE & 3G DONGLE CONTRACTS | | <input type="checkbox"/> |
| COMMUNICATION DEVICES | | <input type="checkbox"/> |
| COURIER & DELIVERY SERVICES | | <input type="checkbox"/> |
| POSTAGE, STAMPS & FRANKING MACHINE | | <input type="checkbox"/> |
| PRIVATE BAG & POST BOX RENTAL | | <input type="checkbox"/> |
| RADIO & TV TRANSMISSION SERVICE | | <input type="checkbox"/> |
| SATELLITE SIGNALS (EG. SUBSCRIPTIONS: DSTV) | | <input type="checkbox"/> |
| TELEPHONE INSTALLATION | | <input type="checkbox"/> |
| TELEPHONE, FAX, TELEGRAPH & TELEX SERVICES | | <input type="checkbox"/> |
| COMPUTER EQUIPMENT, ACCESSORIES & SERVICES | <input type="checkbox"/> | |
| COMPUTER CONSUMABLES | | <input type="checkbox"/> |
| COMPUTER PERIPHERALS GREATER THAN R5000 | | <input type="checkbox"/> |
| COMPUTER PERIPHERALS LESS THAN R5000 | | <input type="checkbox"/> |
| DESKTOP PC'S GREATER THAN R5000 | | <input type="checkbox"/> |
| DESKTOP PC'S LESS THAN R5000 | | <input type="checkbox"/> |
| LAPTOP PC'S GREATER THAN R5000 | | <input type="checkbox"/> |
| LAPTOP PC'S LESS THAN R5000 | | <input type="checkbox"/> |
| MULTIPLE CONNECTION PRINTING EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| MULTIPLE CONNECTION PRINTING EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| OFFICE AUTOMATION SUITES LESS THAN R5000 | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|----------|------|
| OPERATING SYSTEM SOFTWARE GREATER THAN R5000 | | |
| OPERATING SYSTEM SOFTWARE LESS THAN R5000 | | |
| PATENT & LICENCE METHOD LESS THAN R5000 | | |
| IT SECURITY EQUIPMENT, SYSTEMS & MATERIALS GREATER THAN R5000 | | |
| IT SECURITY EQUIPMENT, SYSTEMS & MATERIALS LESS THAN R5000 | | |
| SECURITY SOFTWARE LESS THAN R5000 | | |
| SERVER COMPUTERS GREATER THAN R5000 | | |
| SERVER COMPUTERS LESS THAN R5000 | | |
| SINGLE CONNECTION PRINTING EQUIPMENT GREATER THAN R5000 | | |
| SINGLE CONNECTION PRINTING EQUIPMENT LESS THAN R5000 | | |
| TABLET PC'S GREATER THAN R5000 | | |
| TABLET PC'S LESS THAN R5000 | | |
| UTILITY SOFTWARE LESS THAN R5000 | | |
| EXTERNAL COMPUTER SERVICES: DATA LINES INSTALLATION & RENTAL | | |
| EXTERNAL COMPUTER SERVICES: MAINFRAME TIME | | |
| EXTERNAL COMPUTER SERVICES: OFFICE AUTOMATION SUITE LICENCE | | |
| CONSTRUCTION & MAINTENANCE EQUIPMENT | | |
| CONSTRUCTION & MAINTENANCE EQUIPMENT GREATER THAN R5000 | | |
| CONSTRUCTION & MAINTENANCE EQUIPMENT LESS THAN R5000 | | |



| GOODS AND SERVICES | CATEGORY | ITEM |
|--|--------------------------|--------------------------|
| CONSTRUCTION SERVICES | <input type="checkbox"/> | |
| MAINTENANCE & REPAIR OF NON-INFRASTRUCTURAL ASSETS (CIDB REGISTERED CONTRACTORS) ² | | <input type="checkbox"/> |
| MAINTENANCE & REPAIR OF OTHER INFRASTRUCTURAL ASSETS (CIDB REGISTERED CONTRACTORS) ² | | <input type="checkbox"/> |
| NEW BUILDINGS & OTHER FIXED STRUCTURES (CIDB REGISTERED CONTRACTORS) ² | | <input type="checkbox"/> |
| REFURBISH & REHABILITATE BUILDINGS & OTHER FIXED STRUCTURES (CIDB REGISTERED CONTRACTORS) ² | | <input type="checkbox"/> |
| UPGRADES & ADDITIONS TO BUILDINGS & OTHER FIXED STRUCTURES (CIDB REGISTERED CONTRACTORS) ² | | <input type="checkbox"/> |
| CONSUMABLE SUPPLIES | <input type="checkbox"/> | |
| DISPOSABLE PAPER & PLASTIC ITEMS | | <input type="checkbox"/> |
| GARDENING SUPPLIES | | <input type="checkbox"/> |
| MAGAZINES, NEWSPAPERS & JOURNALS | | <input type="checkbox"/> |
| TUBELIGHTS & LIGHTBULBS | | <input type="checkbox"/> |
| WATER | | <input type="checkbox"/> |
| WOOD & COAL | | <input type="checkbox"/> |
| CONSULTANCY & PROFESSIONAL SERVICES | <input type="checkbox"/> | |
| ACCOUNTANTS & AUDITORS | | <input type="checkbox"/> |
| AGRICULTURAL ENGINEERING SERVICES | | <input type="checkbox"/> |
| AGRICULTURAL LABORATORY SERVICES | | <input type="checkbox"/> |
| AGRICULTURAL SERVICES | | <input type="checkbox"/> |
| ARCHITECTS & QUANTITY SURVEYOR SERVICES | | <input type="checkbox"/> |
| CHEMICAL ENGINEERING SERVICES | | <input type="checkbox"/> |
| CIVIL ENGINEERING SERVICES | | <input type="checkbox"/> |
| COMMUNICATION STRATEGY CONSULTANTS | | <input type="checkbox"/> |

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



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|----------------------|----------------------|
| ELECTRICAL ENGINEERING SERVICES | | <input type="text"/> |
| EMPLOYEE QUALIFICATION VERIFICATION CONSULTANTS | | <input type="text"/> |
| FINANCIAL MANAGEMENT CONSULTANTS | | <input type="text"/> |
| GEOLOGICAL SERVICES | | <input type="text"/> |
| HUMAN RESOURCE MANAGEMENT CONSULTANTS | | <input type="text"/> |
| OCCUPATIONAL SAFETY & HEALTH CONSULTANTS | | <input type="text"/> |
| PRIVATE FIRM: LEGAL ADVICE | | <input type="text"/> |
| PROJECT MANAGEMENT CONSULTANTS | | <input type="text"/> |
| RESEARCH & ADVISORY CONSULTANTS | | <input type="text"/> |
| STATE ATTORNEY: LEGAL ADVICE | | <input type="text"/> |
| STATE ATTORNEY: MESSENGER OF THE COURT | | <input type="text"/> |
| STRUCTURAL ENGINEERING SERVICES | | <input type="text"/> |
| WATER LABORATORY SERVICES | | <input type="text"/> |
| CONTAINERS | <input type="text"/> | |
| CONTAINERS GREATER THAN R5000 | | <input type="text"/> |
| CONTAINERS LESS THAN R5000 | | <input type="text"/> |
| CONTRACTORS | <input type="text"/> | |
| AERIAL PHOTOGRAPHY | | <input type="text"/> |
| ARTISTS & PERFORMERS | | <input type="text"/> |
| AUCTIONEERING SERVICES | | <input type="text"/> |
| AUDIO-VISUAL SERVICES | | <input type="text"/> |
| BORE WATERHOLE DRILLING | | <input type="text"/> |
| CASUAL LABOURERS | | <input type="text"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|----------|------|
| EMPLOYEE WELLNESS PROGRAM | | |
| EVENT PROMOTERS | | |
| FIRE FIGHTING SERVICES | | |
| INTERIOR DECORATORS | | |
| MEDICAL SERVICES (EG. NURSE, AMBULANCE) | | |
| PHOTOGRAPHER | | |
| SPORT & RECREATIONAL SERVICES | | |
| STAGE & SOUND CREW | | |
| TRACING AGENTS & DEBT COLLECTIONS | | |
| TRANSPORT/RELOCATION CONTRACTORS | | |
| DÉCOR & DÉCOR SERVICES | | |
| PAINTINGS, SCULPTURES & ORNAMENTS | | |
| PLANTS, FLOWERS & OTHER DECORATIONS | | |
| WORKPLACE DÉCOR | | |
| DOCUMENT MANAGEMENT SERVICES | | |
| DOCUMENT MANAGEMENT SERVICES (EG. FILING SYSTEM) | | |
| DOMESTIC EQUIPMENT | | |
| DOMESTIC EQUIPMENT GREATER THAN R5000 (EG. GENERATORS, FOOD WARMERS, ETC) | | |
| DOMESTIC EQUIPMENT LESS THAN R5000 (EG. BATTERIES, FANS, HEATERS, ETC.) | | |
| DOMESTIC FURNITURE | | |
| DOMESTIC FURNITURE GREATER THAN R5000 (EG. BEDS, ETC) | | |
| DOMESTIC FURNITURE LESS THAN R5000 (EG. MATTRESSES, ETC) | | |



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|--------------------------|--------------------------|
| ELECTRICAL MATERIALS & SUPPLIES | <input type="checkbox"/> | |
| ELECTRICAL SUPPLIES | | <input type="checkbox"/> |
| ELECTRICAL WIRE & POWER DISTRIBUTION GREATER THAN R5000 (EG. CABLING) | | <input type="checkbox"/> |
| ELECTRICAL WIRE & POWER DISTRIBUTION LESS THAN R5000 (EG. CABLING) | | <input type="checkbox"/> |
| EMPLOYMENT AGENCIES & SERVICES | <input type="checkbox"/> | |
| EMPLOYMENT AGENCIES & SERVICES | | <input type="checkbox"/> |
| FARMING & AGRICULTURAL EQUIPMENT | <input type="checkbox"/> | |
| FARMING & AGRICULTURAL EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| FARMING & AGRICULTURAL EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| FARMING SUPPLIES | <input type="checkbox"/> | |
| ANIMAL FEED (EG. HAY, CHICKEN FEED, PIG FEED, ETC.) | | <input type="checkbox"/> |
| FERTILIZER, PLANT NUTRIENTS & HERBICIDES | | <input type="checkbox"/> |
| INSECTICIDES | | <input type="checkbox"/> |
| IRRIGATION MATERIALS | | <input type="checkbox"/> |
| LIVESTOCK & PLANTS FOR CONSUMPTION | | <input type="checkbox"/> |
| OTHER FARMING SUPPLIES (EG. PACKETS FOR SEEDS) | | <input type="checkbox"/> |
| SEEDS, BULBS, SEEDLINGS & CUTTINGS | | <input type="checkbox"/> |
| FIRE FIGHTING EQUIPMENT & SERVICES | <input type="checkbox"/> | |
| FIRE FIGHTING EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| FIRE FIGHTING EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| FIRE PROTECTION SERVICES (EG. SERVICE OF FIRE EXTINGUISHER) | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|--------------------------|--------------------------|
| FOOD SUPPLIES | <input type="checkbox"/> | |
| BREAD, BAKERY & SWEET PRODUCTS | | <input type="checkbox"/> |
| EGGS & EGG PRODUCTS | | <input type="checkbox"/> |
| FRUITS, VEGETABLES, NUTS & SEEDS | | <input type="checkbox"/> |
| GROCERIES | | <input type="checkbox"/> |
| MEAT, POULTRY & SEA FOOD | | <input type="checkbox"/> |
| MILK & MILK PRODUCTS (EG. CHEESE) | | <input type="checkbox"/> |
| FUEL, GASES, OIL & LUBRICANTS | <input type="checkbox"/> | |
| FUEL, OIL & LUBRICANTS | | <input type="checkbox"/> |
| MEDICAL GAS | | <input type="checkbox"/> |
| FUMIGATION | <input type="checkbox"/> | |
| FUMIGATION SERVICES | | <input type="checkbox"/> |
| GARDEN EQUIPMENT | <input type="checkbox"/> | |
| GARDEN EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| GARDEN EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| GARDENING SERVICES | <input type="checkbox"/> | |
| GARDENING SERVICES | | <input type="checkbox"/> |
| GIFTS & AWARDS | <input type="checkbox"/> | |
| GIFTS & AWARDS (EG. TROPHIES) | | <input type="checkbox"/> |
| HARDWARE MATERIAL & SUPPLIES | <input type="checkbox"/> | |
| HARDWARE MATERIAL & SUPPLIES (EG. FENCING, PAINT) | | <input type="checkbox"/> |
| INDUSTRIAL REFRIGERATION EQUIPMENT | <input type="checkbox"/> | |
| INDUSTRIAL REFRIGERATION EQUIPMENT | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|--|--------------------------|--------------------------|
| INSTITUTIONAL FOOD SERVICES EQUIPMENT | <input type="checkbox"/> | |
| INSTITUTIONAL FOOD SERVICES EQUIPMENT | | <input type="checkbox"/> |
| IRRIGATION EQUIPMENT | <input type="checkbox"/> | |
| IRRIGATION EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| IRRIGATION EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| KITCHEN APPLIANCES | <input type="checkbox"/> | |
| KITCHEN APPLIANCES (EG. FRIDGE) | | <input type="checkbox"/> |
| KITCHEN EQUIPMENT (EG. CROCKERY) | | <input type="checkbox"/> |
| LABORATORY SUPPLIES & EQUIPMENT | <input type="checkbox"/> | |
| AGRICULTURAL LABORATORY EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| AGRICULTURAL LABORATORY EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| LABORATORY CHEMICALS | | <input type="checkbox"/> |
| LABORATORY SUPPLIES (EG. FILTER PAPER) | | <input type="checkbox"/> |
| MEDICAL LABORATORY EQUIPMENT | | <input type="checkbox"/> |
| LAUNDRY EQUIPMENT | <input type="checkbox"/> | |
| LAUNDRY EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| LAUNDRY EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| MEDICAL PRODUCTS | <input type="checkbox"/> | |
| ANIMAL MEDICINE | | <input type="checkbox"/> |
| ANIMAL VACCINES | | <input type="checkbox"/> |
| BANDAGES & DRESSINGS | | <input type="checkbox"/> |
| FIRST AID KITS | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|--|----------------------|----------------------|
| MEDICAL GLOVES & DISPOSABLE SUNDRIES (EG. SWABS) | | <input type="text"/> |
| MEDICAL STERILIZATION PRODUCTS (EG. HAND GEL) | | <input type="text"/> |
| OTHER MEDICINE (EG. ANTIHISTAMINE) | | <input type="text"/> |
| SURGICAL PRODUCTS | | <input type="text"/> |
| SYRINGES & NEEDLES | | <input type="text"/> |
| NEEDLEWORK ACCESSORIES | <input type="text"/> | |
| NEEDLEWORK ACCESSORIES (EG. NEEDLES, THREAD) | | <input type="text"/> |
| OFFICE EQUIPMENT | <input type="text"/> | |
| LEARNING AND TRAINING MATERIALS GREATER THAN R5000 (EG. WHITE BOARDS, PROJECTORS, ETC) | | <input type="text"/> |
| LEARNING AND TRAINING MATERIALS LESS THAN R5000 (EG. WHITE BOARDS, PROJECTORS, ETC) | | <input type="text"/> |
| LINEN & SOFT FURNISHINGS | | <input type="text"/> |
| OFFICE EQUIPMENT GREATER THAN R5000 | | <input type="text"/> |
| OFFICE EQUIPMENT LESS THAN R5000 | | <input type="text"/> |
| OFFICE FURNITURE | <input type="text"/> | |
| OFFICE FURNITURE GREATER THAN R5000 | | <input type="text"/> |
| OFFICE FURNITURE LESS THAN R5000 | | <input type="text"/> |
| PACKAGING | <input type="text"/> | |
| PACKAGING MATERIALS (EG. BOXES) | | <input type="text"/> |
| WRAPPING & PACKAGING EQUIPMENT | | <input type="text"/> |
| PEST CONTROL SERVICES | <input type="text"/> | |
| PEST CONTROL SERVICES | | <input type="text"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|--|--------------------------|--------------------------|
| PHOTOGRAPHIC CONSUMABLES & EQUIPMENT | <input type="checkbox"/> | |
| PHOTOGRAPHIC CONSUMABLES | | <input type="checkbox"/> |
| PHOTOGRAPHIC EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| PHOTOGRAPHIC EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| PREFABRICATED STRUCTURES & ACCESSORIES | <input type="checkbox"/> | |
| PREFABRICATED STRUCTURES & ACCESSORIES (EG. WALL, CARPORT) | | <input type="checkbox"/> |
| PRINTING & PUBLICATION SERVICES | <input type="checkbox"/> | |
| GOVERNMENT PRINTING | | <input type="checkbox"/> |
| PRINTING & PUBLICATION SERVICES | | <input type="checkbox"/> |
| PROMOTIONAL ITEMS | <input type="checkbox"/> | |
| PROMOTIONAL ITEMS (EG. LANYARDS) | | <input type="checkbox"/> |
| PROPERTY MAINTENANCE | <input type="checkbox"/> | |
| PROPERTY MAINTENANCE SERVICES | | <input type="checkbox"/> |
| PUMPING, PLUMBING, PURIFICATION, SANITISATION, WASTE EQUIPMENT AND SERVICES | <input type="checkbox"/> | |
| PUMPING, PLUMBING, PURIFICATION, SANITISATION & WASTE EQUIPMENT | | <input type="checkbox"/> |
| RADIO EQUIPMENT | <input type="checkbox"/> | |
| RADIO EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| RADIO EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| RENTAL & HIRING | <input type="checkbox"/> | |
| OPERATING LEASES – INFRASTRUCTURE | | <input type="checkbox"/> |
| OPERATING LEASES – NON-INFRASTRUCTURE | | <input type="checkbox"/> |
| RENTAL & HIRING | | <input type="checkbox"/> |
| ROAD CONSTRUCTION SUPPLIES | <input type="checkbox"/> | |
| ROAD CONSTRUCTION SUPPLIES (EG. TAR) | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|--|--------------------------|--------------------------|
| SECURITY EQUIPMENT, SYSTEMS & MATERIALS | <input type="checkbox"/> | |
| FIXED SECURITY EQUIPMENT, SYSTEMS & MATERIALS GREATER THAN R5000 | | <input type="checkbox"/> |
| FIXED SECURITY EQUIPMENT, SYSTEMS & MATERIALS LESS THAN R5000 | | <input type="checkbox"/> |
| MOVABLE SECURITY EQUIPMENT, SYSTEMS & MATERIALS GREATER THAN R5000 | | <input type="checkbox"/> |
| MOVABLE SECURITY EQUIPMENT, SYSTEMS & MATERIALS LESS THAN R5000 | | <input type="checkbox"/> |
| SECURITY SERVICES | <input type="checkbox"/> | |
| SECURITY SERVICES (PSIRA CERTIFICATION) ³ | | <input type="checkbox"/> |
| SPARES & ACCESSORIES | <input type="checkbox"/> | |
| MACHINERY EQUIPMENT SPARES & ACCESSORIES | | <input type="checkbox"/> |
| SPORT & RECREATION CONSUMABLES | <input type="checkbox"/> | |
| SPORT & RECREATION CONSUMABLES (EG. EAR PLUGS) | | <input type="checkbox"/> |
| SPORTS EQUIPMENT & ACCESSORIES | <input type="checkbox"/> | |
| SPORTS EQUIPMENT & ACCESSORIES | | <input type="checkbox"/> |
| STATIONERY | <input type="checkbox"/> | |
| MEDIA COLLECTIONS | | <input type="checkbox"/> |
| OFFICE STATIONERY | | <input type="checkbox"/> |
| PRINTER CARTRIDGES | | <input type="checkbox"/> |
| PRINTING PAPER | | <input type="checkbox"/> |
| SURVEY EQUIPMENT | <input type="checkbox"/> | |
| SURVEY EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| SURVEY EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |

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



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|--------------------------|--------------------------|
| TRAINING & DEVELOPMENT SERVICES | <input type="checkbox"/> | |
| TRAINING & DEVELOPMENT: EMPLOYEES | | <input type="checkbox"/> |
| TRAINING & DEVELOPMENT: MATERIALS & MANUALS | | <input type="checkbox"/> |
| TRAINING & DEVELOPMENT: NON-EMPLOYEES | | <input type="checkbox"/> |
| TRANSPORT ASSETS & ACCESSORIES | <input type="checkbox"/> | |
| BICYCLES | | <input type="checkbox"/> |
| BUSES | | <input type="checkbox"/> |
| MOTOR BIKES | | <input type="checkbox"/> |
| MOTOR VEHICLES | | <input type="checkbox"/> |
| TRANSPORT ACCESSORIES & TRAILERS GREATER THAN R5000 | | <input type="checkbox"/> |
| TRANSPORT ACCESSORIES & TRAILERS LESS THAN R5000 | | <input type="checkbox"/> |
| TRUCKS | | <input type="checkbox"/> |
| TRANSPORT FOR PUBLIC EVENTS | <input type="checkbox"/> | |
| TRANSPORT FOR PUBLIC EVENTS | | <input type="checkbox"/> |
| TRAVEL AGENCIES | <input type="checkbox"/> | |
| TRAVEL AGENCIES | | <input type="checkbox"/> |
| UNIFORMS & PROTECTIVE CLOTHING | <input type="checkbox"/> | |
| UNIFORMS & PROTECTIVE CLOTHING | | <input type="checkbox"/> |
| VENUES & FACILITIES | <input type="checkbox"/> | |
| VENUES & FACILITIES | | <input type="checkbox"/> |
| WASTE & REFUSE REMOVAL | <input type="checkbox"/> | |
| WASTE & REFUSE REMOVAL | | <input type="checkbox"/> |



| GOODS AND SERVICES | CATEGORY | ITEM |
|---|--------------------------|--------------------------|
| WOODWORK MACHINERY & EQUIPMENT | <input type="checkbox"/> | |
| WOODWORK MACHINERY & EQUIPMENT GREATER THAN R5000 | | <input type="checkbox"/> |
| WOODWORK MACHINERY & EQUIPMENT LESS THAN R5000 | | <input type="checkbox"/> |
| WORKSHOP EQUIPMENT, TOOLS & SUPPLIES | <input type="checkbox"/> | |
| WORKSHOP EQUIPMENT, TOOLS & SUPPLIES GREATER THAN R5000 | | <input type="checkbox"/> |
| WORKSHOP EQUIPMENT, TOOLS & SUPPLIES LESS THAN R5000 | | <input type="checkbox"/> |



SECTION I: ACCREDITATION INFORMATION

The Department requires mandatory certification/registration/accreditation for the following goods and/or services 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 | CIDB Accredited <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 | CIDB Accreditation Information <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 | PSIRA Accredited <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 | PSIRA Accreditation Information <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 | Bargaining Council Registered <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 | Bargaining Council Registration Information <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 | Other Accreditations <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 | Other Accreditation Information <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 | | | | | | | | | | <input type="checkbox"/> | | | | | No | | | | | <input type="checkbox"/> | | | | | | | | | |
| 2. IF YES IN (1) ABOVE, PLEASE COMPLETE THE FOLLOWING 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 | | | | | | | | | | <input type="checkbox"/> | | | | | No | | | | | <input type="checkbox"/> | | | | | | | | | |
| 4. IF YES IN (3) ABOVE, PLEASE COMPLETE THE FOLLOWING DETAILS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. |



2. INFORMATION TO BE COMPLETED

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

We, the undersigned, who warrants that he/she is duly authorized to do so on behalf of the vendor certifies that the information supplied in terms of this document (Vendor Database Registration Form), including any annexure(s) with additional information, is correct and accurate and also acknowledge the following:

1. Are you, or any other person who holds an interest in your business, a close family member (i.e. related by birth, marriage, domestic partnership, adoption, guardianship or the like) or an associate (i.e. a friend, rival, business partner, neighbour, etc) an employee of the state?

Y/N _____

If yes, state particulars. (Name and position held must be included)

2. If you, or any other person who holds an interest in your business, are presently employed by the state, was the appropriate authority obtained to undertake remunerative work outside employment in the public sector?

Y/N _____

If yes, is proof of such authority attached to the database application form?

Y/N _____

If no, furnish reason for non-submission of such proof.

3. Have you, or any other person who holds an interest in your business, given a business courtesy or received a business courtesy from a Departmental/ Municipal employee and/or director over the last 12 (twelve) months?

Y/N _____



If yes, state particulars.

4. Did you or your spouse, or any of the company's directors /trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

Y/N _____

If yes, state particulars.

5. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies?

Y/N _____

If yes, state particulars.

6. Is your business currently engaged in defending any legal proceedings which have been instituted against it (including against any of its directors / members / partners), or has your business (including any directors / members / partners) either been charged with or been convicted of any criminal act, or has any judgment or decision been made against it by any administrative or regulatory body?

Y/N _____

If yes, state particulars.



SECTION M : CERTIFICATION OF CORRECTNESS OF INFORMATION

Certification of correctness of information supplied in this document relating to the registration that the applicant (business).

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



ENTITY MAINTENANCE

DEPARTMENT NAME

OFFICE

Number Detail

☐

New entity information

☐

Update entity information

Number Type:

☐

Department Number

☐

Persal Number

☐

ID Number

☐

Supplier VAT Number

☐

Passport Number

☐

Other (Specify)

Number

Personal Details

Entity Type:

☐

Employee

☐

Department

☐

Supplier

☐

Other (Specify)

Surname/ Business Name/
Department Name

Title

First Name

Initials

Payment Type:

Daily :

☐

Weekly :

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

(If supplier)

Monthly:

☐

Beginning

☐

Middle

☐

End

Comment

Address Detail

Postal Address

(Compulsory if Supplier)

Postal Code

System Users Only

Captured By:

Date Captured:

Authorised By:

Date Authorised:

Point of
Capture:

Reference No. :

(If applicable)



ENTITY MAINTENANCE

Bank Details

The Director General : Department of _____

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC FUND TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

| |
|-----------------------------|
| |
| Initials and Surname |

| |
|-----------------------------|
| |
| Authorised Signature |

| | | | | | | | | | | | |
|------------------------|--|--|---|--|--|--|---|--|--|--|--|
| | | | / | | | | / | | | | |
| Date dd/mm/yyyy | | | | | | | | | | | |

Name of Account Holder

Name of Bank

Name of Branch

Branch Code

Account Number

Type of Account ☐ Current Account ☐ Other (please specify)

☐ Savings Account

☐ Transmission Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT

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

BANK OFFICIAL

NAME:

SIGNATURE:
