



**SUPPLIER DATABASE REGISTRATION**

*Community Work Programme*

NAME OF SERVICE PROVIDER : \_\_\_\_\_

COMPANY REGISTRATION NUMBER: \_\_\_\_\_

FOR OFFICIAL PURPOSES:

APPLICATION ACCEPTED		APPLICATION REJECTED	
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**Capturing:**

Captured by : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Verification:**

Captured by : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_



## SUPPLIER DATABASE REGISTRATION FORM

### IMPORTANT NOTES

Please read carefully before completion of registration form

1. To be completed by **all** vendors seeking registration as an approved supplier.
2. This is just a registration form for database and it does not guarantee any award of bid /contract.
3. The supplier registration form must be completed in **full** and be **signed** with all supporting documentation.
4. A **company profile** must accompany the registration form but will **not be accepted** as substitute for the application form – all fields on the application form **MUST** be completed by the applicant.
5. Request for quotations will be communicated via fax and/or email. The applicant **must** therefore submit an **operating fax number and/or email address**.

Information Checklist	Submitted	
	Yes	No
Telephone / Cell number as contact		
Physical address and Postal address		
Fax number or E-mail address		
Valid Tax Clearance Certificate		
Valid BBBEE certificate accredited by SANAS / Certified copy of Sworn Affidavit		
Central Supplier Database Report (CSD)		
Bank Letter with a bank stamp & Latest Letter of Good Standing from the bank		
Company / CC Registration Certificate (Issued by CIPC)		
Certified copy of identity documents (ID) of all Shareholders/Members/Directors, Trustees or Sole Traders		
A Business profile of not more than five (5) pages (Optional)		
Commodity listed only four (4) categories may be selected		
Location where goods and/or services may be required		
Fill all forms completely		
Sign all forms		

**1. SUPPLIER DETAILS (All fields are mandatory)**

<b>Company details:</b>	
Legal Name	
Trading Name	
Registration Number	
VAT Number	
<b>Company Contacts</b>	
Telephone Number	
E-mail Address	
Website Address	
Postal Address	
Physical Address	
<b>Main Contact:</b>	
Name	
Surname	
Position	
Telephone Number	
Cellular Number	
E-mail Address	



**2. SUPPLIER GROUPING DETAILS (Please mark with an X the relevant box)**

1. Public Company (LTD)	<input type="checkbox"/>	7. Foreign Company	<input type="checkbox"/>
2. Private Company (PTY) LTD	<input type="checkbox"/>	8. Joint Venture / Consortium	<input type="checkbox"/>
3. Closed Corporation (CC)	<input type="checkbox"/>	9. Section 21 Company	<input type="checkbox"/>
4. Sole Proprietor	<input type="checkbox"/>	10. Government / Parastatals	<input type="checkbox"/>
5. Partnership	<input type="checkbox"/>	11. Co-operative	<input type="checkbox"/>
6. Trust	<input type="checkbox"/>	12. Other (Please specify)	<input type="checkbox"/>

**3. BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) VENDOR PROFILE**

Full details of partners/directors/members/trustees/shareholders

Name and Surname	Identity number	Position	Citizenship

**Note:** Certified ID copies of partners, directors, members, trustees, shareholders or owners must be attached.

**BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) INFORMATION**

Please mark your **BBBEE Status credentials with an (X)**

B-BBEE Status	Mark with an (X)
Level 1 Contributor	<input type="checkbox"/>
Level 2 Contributor	<input type="checkbox"/>
Level 3 Contributor	<input type="checkbox"/>
Level 4 Contributor	<input type="checkbox"/>
Level 5 Contributor	<input type="checkbox"/>
Level 6 Contributor	<input type="checkbox"/>
Level 7 Contributor	<input type="checkbox"/>
Level 8 Contributor	<input type="checkbox"/>
Non-Compliant Contributor / Exempt contributor	<input type="checkbox"/>

**4. DECLARATION**

**Verification of information supplied in this document, including attached documents:**

I/We, the undersigned, warrant that he / she is duly authorised to do so on behalf of the supplier, certifies that the information supplied including the annexures, is correct and accurate and acknowledge that:

If I found that the information supplied is incorrect Themba lethu Development will disqualify and remove the supplier from the database.

**TERMS AND CONDITIONS**

- Themba lethu Development cannot guarantee business opportunities. All procurement will be subject to the Supply Chain Management Policies of the Department of Cooperative Governance, Themba lethu Development, the general conditions of contract, and applicable legislation.
- All suppliers will be subjected to regular performance service review and could be deregistered if service standards are not maintained.
- The validity period of service offer or quotation must be at least 30 (thirty) days.
- Certified documents: Please ensure that The Commissioner of Oath has certified your company registration documents, Identity Documents and other copies.
- The supplier agrees that verification of information supplied may be undertaken against third party sources such as BBBEE, CIPC, etc.
- Please notify Themba lethu Development immediately of any change to the provided information.
- Please ensure all fields are completed. Incomplete application forms will not be processed.

**Supplier Name** : \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorised Representative**

\_\_\_\_\_  
**Signatory Name in Print**

\_\_\_\_\_  
**Signatory Position:**

\_\_\_\_\_  
**Signatory ID Number:**

**Signed at** \_\_\_\_\_ **on this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**5. LOCATION WHERE GOODS AND/OR SERVICES MAY BE REQUIRED**

PROSPECTIVE SERVICE PROVIDERS MUST INDICATE BY MEANS OF AN X WHERE GOODS AND SERVICE CAN BE PROVIDED BASED ON THE LOCATION OF THEIR ENTITY. FAILING TO COMPLY WITH THIS CONDITION WILL INVALIDATE THE PROSPECTIVE SUPPLIERS APPLICATION.

**LIMPOPO:**

Location	Mark with X
<b>Mopani District</b>	
Ba-Phalaborwa	
Greater Tzaneen	
Greater Lethaba	
Maruleng	
Greater Giyani	
<b>Vhembe District</b>	
Collins Chabane	
Makhado	
Thulamela	
Musina	
<b>Sekhukhune District</b>	
Ellias Motswaledi	
Ephraim Mogale	
Fetakgomo/Greater Tubatse	
Makhuduthamaga	
<b>Capricorn District</b>	
Blouberg	
Molemole	

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Polokwane	
Lepelle-Nkumpi	



**6. LIST OF COMMODITIES**

All suppliers must select a maximum of four (4) categories for their respective service/goods for consideration and inclusion into the database. Should more than 4 categories be selected, only the first 4 will be considered.

Name		Select (X)
<b>Personal Protective Equipment</b>		
Conti-suits/overalls/dust coats T-Shirts Caps/Hats	Rain coats Safety boots Gumboots/Water boots	
Other: (describe)		
Name		Select (X)
<b>Tools and Materials</b>		
Picks & heads Hoes & heads Shovels Forks Rakes Lawn Mowers Bush cutters Tree cutters Saws Wheel barrows Watering cans Water tanks	Brooms Jeyes fluid Pine gel Degreaser Bleach Handy Andy Sanitizers Toilet papers Disposable nappies Vaseline Soap/liquid	
Other: (describe)		
Name		Select (X)
<b>Training and Technical Support</b>		



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Home-based Care (HBC) Health and safety	Agriculture Supply-chain
Handyman First Aid	Infrastructure
Other (describe):	