

**APPLICATION FOR REGISTRATION ON DATABASE OF
APPROVED SUPPLIERS**

SUBMISSION CODE: GTVETC/05/2019

All suppliers' information will be treated strictly confidential.

SECTION A: BUSINESS INFORMATION

1. Title (Prof/Dr/Mr/Ms) and Surname:
(If one-man concern)
2. Trading as (Name of business):
3. Registered name of Business:
4. Physical Address of Business0:
.....
5. Postal Address of Business:
.....
6. Telephone numbers of Business: Code: Number:
7. Fax number of Business: Code: Number:
8. Business e-mail:
9. Contact Person(s): Name: Tel:
Position: Cell:
10. Registration No of Business:
11. Tax number of Business:

12. VAT registration number of Business:

SECTION B: OWNERSHIP

Please provide the relevant information regarding the type of business and ownership

1.

Sole proprietor/One-man concern	
Partnership	
Close Corporation	
Private Company (Pty) LTD	
Public Company	
Bee share Holding	

2. List of owners/partners/directors (Attach profile)

2.1 Surname and Full names:

Identity number: Position:

2.2 Surname and Full names:

Identity number: Position:

2.3 Surname and Full names:

Identity number: Position:

2.4 Surname and Full names:

Identity number: Position:

SECTION C: BANK DETAILS OF BUSINESS

Please attach an original cancelled cheque or an original bank verification letter.

1. Bank: Branch:
Branch Code:

2. Bank Account Number:Account Type:

3. Payment transactions: Indicate your preferred method of payment with an X;
Surname and Full names:
Identity number:Position:.....

Payment by GoldfieldsTVET College cheque

Payment by EFT transfer

SECTION D: SERVICES

List not more than **THREE (3)** services or categories of services you are applying for;

- 1.
- 2.
- 3.

SECTION E: PROFILE

1. Type of Business (mark with X)

An Agent	
Contractor	
Consultant	
Distributor	
Manufacturer	

Other: specify:

Small		Micro		Medium	
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2. References: Name three (3) references of previous or existing clients or projects and provide their names and telephone numbers:

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3. Financial: Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt? (Yes/No)

If Yes please elaborate:

.....

SECTION F: HUMAN RESOURCES

1. Does your business have Employment equity plan?
2. Number of Employees
3. Category of skilled/professionally qualified/unskilled employees

Category	Black		White		Total
	Male	Female	Male	Female	
Professionally qualified					
Skilled					
unskilled					
TOTAL					

SECTION G: DOCUMENTATION REQUIRED

Please submit recently certified copies of the following documents:

- Company registration documents: Certificate of Incorporation and Shareholders certificates
- Identity documents of owners, partners and shareholders
- TAX clearance certificate
- BBBEE Certificate
- Any other certificate pertaining to your relevant industry

- Declaration of interest (annexure A)
- Any additional information to support your application.

I CONFIRM THAT THE INFORMATION PROVIDED IS CORRECT AT THE TIME OF COMPLETION AND THAT I HAVE THE APPROPRIATE AUTHORITY TO FURNISH THE ABOVE INFORMATION ON BEHALF OF THE EMPLOYER.

NAME: SIGNATURE

DESIGNATION: DATE:

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the principal, or persons having a kinship with persons employed by the principal, including a blood relationship, may make an offer or offers in terms of this invitation to quote. In view of possible allegations of favoritism, should the resulting quotation, or part thereof, be awarded to persons employed by the principal, or to persons connected with or related to them, it is required that the bidder or his/her authorized representative declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where-

- the bidder is employed by the principal; and/or

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

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quotation.

2.1 Are you or any person connected with the bidder,
employed by the principal? [TICK APPLICABLE BOX]

YES	NO

2.1.2 If so, state particulars. (Name and Section where person is working.)

.....
.....

2.2 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the principal and who may be involved with the evaluation and or adjudication of this quotation?

YES	NO

[TICK APPLICABLE BOX]

2.2.1 If so, state particulars

.....
.....

2.3 Are you, or any person connected with bidder, aware of any relationship (family, friend, other) between the bidder and any person employed by the evaluation and or adjudication of this quotation [TICK APPLICABLE BOX]

YES	NO

2.3.1 If so, state particulars

.....
.....
.....

DECLARATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.1 TO 2.3.1 ABOVE IS CORRECT. I ACCEPT THAT THE PRINCIPAL MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

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.....

Signature

Date

.....

.....

Position

Name of bidder