



Northern Cape
Provincial Legislature

APPLICATION FOR REGISTRATION ON SUPPLIER DATABASE

THESE FORMS MUST BE COMPLETED AND SUBMITTED TO:

THE MANAGER: SUPPLY CHAIN MANAGEMENT
NORTHERN CAPE PROVINCIAL LEGISLATURE
GALESHEWE EXTENTION
GALESHEWE
8345

OR POSTED TO:

THE MANAGER: SUPPLY CHAIN MANAGEMENT
PRIVATE BAG X 5066
KIMBERLEY 8301

ENQUIRIES:

MR RONALD SEALIRA
DEMAND OFFICER
053-839 8052

FOR OFFICIAL PURPOSES ONLY

TRADING NAME OF SUPPLIER

CO REGISTRATION NUMBER

NCPL SUPPLIER NUMBER

CSD REGISTRATION NO

INTRODUCTION AND GUIDELINES

The registration application form was specifically designed for the registration of suppliers on the Northern Cape Provincial Legislature Supplier Database. In order to ensure that suppliers are considered legitimate, it is imperative that the following are adhered to. ***Registration on the CSD (Central Supplier Database) is still required.***

Applicants must complete pages 3 to 7. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "N/A" in the appropriate space. If the space provided is left blank, it will be regarded as information that is still outstanding and you WILL NOT be registered.

It is imperative that only documents with **SIGNED** documents be submitted.

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

Suppliers providing information incorrectly or fraudulently in their registration application form will be disqualified from tendering/bidding, quoting and removed from the Supplier Database, in addition to any other action the Northern Cape Provincial Legislature may institute against such a supplier. Further, in the event of the Northern Cape Provincial Legislature being prejudiced financially, it reserves the right to take to take legal action against the supplier.

1. MANDATORY DOCUMENTS

Prospective suppliers/service providers are requested to submit the following mandatory documents with their completed and signed applications. Failure to submit the mandatory documents shall disqualify your applications.

- 1. Copy of Tax Clearance Certificate / TAX Pin**
- 2. B-BBEE Verification Certificate**
- 3. Copy of Business Profile including details of current/previous work executed**
- 4. Copy of Business Registration Certificate**
- 5. Written confirmation from the relevant municipality/copy of municipal rates, taxes and services account;**
- 6. Copy of CIDB Registration Certificate, if applicable;**
- 7. Copy of registration Certificate with PSIRA, if applicable**
- 8. Copy Registration Certificate with NHBRC, if applicable**
- 9. Copy of Trade Certificate (Wiremans Licence, SAQCC GAS), if applicable; and**
- 10. Certified copies of Identity Documents of members/shareholders**
- 11. In case of partnership all partners to submit the above;**
- 12. Joint Ventures (JV's) to submit Mandatory documents per supplier/Company/CC etc.**

2. BUSINESS PARTICULARS:

TYPE OF BUSINESS (tick appropriate block):

| | | | | | | | | | |
|--------------------------|-----------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|-------|
| <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | Close Corporation | <input type="checkbox"/> | Company (PTY) Ltd | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Trust |
| <input type="checkbox"/> | Co-operative | <input type="checkbox"/> | NPO | <input type="checkbox"/> | NGO | <input type="checkbox"/> | Joint Venture | <input type="checkbox"/> | Other |

COMPANY DETAILS

Trading Name:

Registered Name:

VAT No (If Applicable):

CSD Number (If Applicable)

ADDRESS

| | | | |
|----------------------|---------------------------|----------------------|---------------------------|
| Physical: | | Postal: | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | Code <input type="text"/> | <input type="text"/> | Code <input type="text"/> |

CONTACT DETAILS

| | | | |
|--------|----------------------|---------|----------------------|
| Tel No | <input type="text"/> | Email 1 | <input type="text"/> |
| FAX | <input type="text"/> | Email 2 | <input type="text"/> |
| Mobile | <input type="text"/> | Website | <input type="text"/> |

OTHER INFO

| | | | |
|---------------|----------------------|--------------|----------------------|
| BEE Level | <input type="text"/> | BEE Verifier | <input type="text"/> |
| Income Tax No | <input type="text"/> | CO Reg No | <input type="text"/> |

CONTACTS PERSON(S)

| | | | | | | |
|----|---------------|----------------------|-----------|----------------------|------------|----------------------|
| 1. | Title | <input type="text"/> | Last Name | <input type="text"/> | First Name | <input type="text"/> |
| | Department | <input type="text"/> | | | Function | <input type="text"/> |
| | Email Address | <input type="text"/> | | | Mobile | <input type="text"/> |
| 2. | Title | <input type="text"/> | Last Name | <input type="text"/> | First Name | <input type="text"/> |
| | Department | <input type="text"/> | | | Function | <input type="text"/> |
| | Email Address | <input type="text"/> | | | Mobile | <input type="text"/> |

3. PREVIOUS BUSINESS INFORMATION

3.1 Did your business exist under a previous name? Yes No

3.2 If “yes” what was the previous business name?

3.3 Why was the name changed?

3.4 Who were the owners, partners, members or shareholders?

| NAME | TITLE |
|------|-------|
| | |
| | |
| | |

4. CLASSIFICATION OF BUSINESS

4.1 CLASSIFICATION FOR NCPL SUPPLIER DATABASE (MANDATORY)

In order to assist with the classification process, a short summary of your core business and key products and services must be provided.

Our core business is:

Services: 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

5. PREVIOUS EXPERIENCE (IF APPLICABLE)

List the last 4 contracts awarded to you (the supplier) or other previous experience related to your core business.

| EMPLOYER/ DEPARTMENT | CONTACT PERSON & TELEPHONE NUMBERS | CONTRACT VALUE IN RAND | COMPLETED SUCCESSFULLY YES/NO | YEAR |
|-------------------------|---------------------------------------|------------------------------|-------------------------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. DECLARATION OF INTEREST

8.1 Any legal person, including persons employed by the Northern Cape Provincial Legislature, or persons who act on behalf of the Northern Cape Provincial Legislature or persons having a kinship with persons employed by the Northern Cape Provincial Legislature, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the Northern Cape Provincial Legislature, or to persons who act on behalf of the Northern Cape Provincial Legislature, or to persons connected with or related to them, it is required that the bidder or his authorised representative shall declare his position *vis-à-vis* the evaluating authority and/or take an oath declaring his interest, where –

The bidder is employed by the Northern Cape Provincial Legislature or acts on behalf of the Northern Cape Provincial Legislature; and/or

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

In order to give effect to the above, the following questionnaire shall be completed and submitted with the bid.

8.1.1 Are you; as the bidder or any other person connected with the bid have a relationship (brother/sister/family/friend/other) with someone employed by the Northern Cape Provincial Legislature.

YES/NO

If so, state particulars.

.....

8.1.2 Do you, or any person connected with the bidder, have any relationship (brother, sister/family, friend, other) with a person employed by the Northern Cape Provincial Legislature concerned and who may be involved with the evaluation or adjudication of this bid?

YES/NO

If so, state particulars

.....

8.1.3 Are you, as the bidder or any other person connected with the bid involved with the evaluation or adjudication of bids within the Northern Cape Provincial Legislature?

YES/NO

If so, state particulars

.....

8.2 **DECLARATION OF TRUTH**

I, _____, identity number, _____, declare that to my best knowledge, all the information provided by me in this document is the truth and that no omission is made purposefully on my part. I regard this declaration as binding on my conscience.

Signed at _____ on this _____ day of _____ 20_____.

Signed: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____



NORTHERN CAPE PROVINCIAL LEGISLATURE

ENTITY MAINTENANCE FORM

PART 1: ENTITY DETAILS (please print clearly)

Company's Full Trading Name (must be same as account name):

| <i>Trading Name to be filled in here</i> | Year | Number | Type |
|--|------|--------|------|
| Business Registration Number or SMME Number | | | |
| VAT Number | | | |
| Identity/Passport/Persal Number | | | |

PART 2: INFORMATION

1. I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
2. I/We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund 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.)
3. I/We also understand that a payment advice will be supplied by the Northern Cape Provincial Legislature in the normal way, and that it will indicate the date on which funds will be available in my/our account.
4. This authority may be cancelled by me/us by giving thirty day's notice by pre-paid/registered post.
5. I/We will not hold the Northern Cape Provincial Legislature liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment.

.....
Initials and Surname
Signature (Entity/CFO)
Date

DETAILS OF BANK ACCOUNT:

| | |
|-----------------------|---|
| Name of Bank | |
| Name of Branch | |
| Branch Code | |
| Account Name | |
| Account Number | |
| Account Type* | If Cheque Account, attach a blank, cancelled cheque |

*Please enter numeric value: 1= Cheque Account 2= Savings Account 3= Transmission Account
 4= Bond Account 5= (Not in Use) 6= Subscription Account

FOR COMPLETION BY BANK OFFICIAL:

Bank account details are hereby certified as being correct:

| | | | |
|------------------------|--|-------------------|--------------------|
| Name | | Bank | DATE STAMP OF BANK |
| ID Number | | Official's | |
| Signature | | Detail | |
| Account no | | Entity's | |
| Branch Code | | Detail | |
| Type of account | | | |

FOR OFFICE USE ONLY

CAPTURED BY: _____
 DATE: _____

VERIFIED BY: _____
 DATE: _____