

**APPLICATION FOR REGISTRATION AS A SUPPLIER OF
GOODS AND SERVICES ONTO KHA RI GUDE/ SAB&T
DATABASE OF SERVICE PROVIDERS**

Name of Entity: _____
Applicant Name: _____
Contact Person: _____
Contact Person Tel. No: _____

For office use only

Received on: DD _____ MM _____ YY _____

Received by (print full name)

Signature: _____

Supplier Registration Code: _____

Terms of Reference for Registration onto the KHA RI GUDE/SAB&T Suppliers Database

1) TERMS OF REFERENCE

1.1) KHA RI GUDE/SAB&T Suppliers Registration Policy

KHA RI GUDE SAB&T has implemented a Supplier Register to ensure that they have sufficient appropriately qualified suppliers to provide goods and services as and when required to the Kha Ri Gude Mass Literacy campaign.

1.2) Supplier(s) Registration onto the Suppliers Database

Suppliers that wish to register onto the Suppliers Database should complete the following:

- The Application Form (Application for Registration as a Supplier of Goods and Services onto the Suppliers Database)
- List of Provinces where represented
- Goods and Services Categories
- Suppliers Maintenance and Banking details
- Returnable Documents (Refer to 10.7)
- **Suppliers must complete a separate application form for each branch if the Firm has more than one branch.**

1.2.1) *What does it mean to be registered on the Supplier Database?*

Suppliers that have been registered onto the Suppliers Database may have the opportunity to bid or quote on KHA RI GUDE/SAB&T's acquisition requirements. Registration onto the Suppliers Database does **not guarantee** business opportunities as all acquisition will be subject to the Supply Chain Management (SCM) policy of KHA RI GUDE/SAB&T.

1.2.2) *Registration Period onto the Suppliers Database*

Registration of suppliers onto the Suppliers Database will be valid for a period of 2 years from date of acceptance onto the database. KHA RI GUDE/ SAB&T will issue an instruction on the re-application for the registration process. KHA RI GUDE/SAB&T reserves the right to accept or reject any application.

1.3) Maintenance of the Suppliers Database

KHA RI GUDE/SAB&T (Head Office) will update suppliers' information on an ongoing basis. Suppliers that have registered onto the Suppliers Database should ensure that they furnish KHA RI GUDE/SAB&T with any change to the status of the information initially provided, as and when the information changes. **It is the supplier's responsibility to ensure that the information reflected on the Suppliers Database is correct and up to date at all times. Suppliers must ensure that they furnish KHA RI GUDE/SAB&T with any updates to or change of information pertaining to banking details as and when the change occurs.**

1.4) Supplier Performance Monitoring

Suppliers that have registered onto the Suppliers Database will be continuously monitored for their performance on work awarded to them by KHA RI GUDE/SAB&T. This continuous monitoring process will form the basis to evaluate Supplier performance which will have an impact on future work opportunities with KHA RI GUDE/SAB&T.

1.5) Confidentiality

All information provided by suppliers for registration purposes will remain confidential and will only be of use by KHA RI GUDE/SAB&T unless otherwise required by law.

1.6) Where to obtain Application forms

1.6.1) *Availability of Application Forms*

Application Forms can be downloaded from the SAB&T website (<http://www.sabt-ubuntu.co.za>).

Application forms can also be collected at SAB&T Head Office and Regional Offices.

No faxed or e-mailed applications will be accepted. Only original and signed copies of application will be accepted. Suppliers may not alter the Application Form in any way.

1.6.2) Application form submissions

The applications forms for registration onto the Suppliers Register will be processed at SAB&T Head Office. Suppliers should therefore ensure that they submit their Application Forms to the address below OR submit it to their local Regional Office:

Postal Address	Hand Delivery
The Deputy Director: Supplier Register KHA RI GUDE P O Box 10512 Centurion 0046 (Note: Post application form by Registered Mail)	The Deputy Director: Supplier Register KHA RI GUDE 119 Witch-Hazel Avenue Highveld Technopark Centurion, 0046

Office	Contact Number
Centurion	(012) 682 8800

1.6.3) Support at KHA RI GUDE SAB&T

Any queries regarding registration can be directed to:

Helpdesk: (012) 682 8800

E-mail address: sudesh@sab-t.co.za

1.7) Criteria for Registration

Suppliers that do not meet the responsive criteria may not qualify to be registered onto the Supplier Database until full registration requirements are met.

The Responsive Criteria for suppliers to be registered onto the Supplier Database is stated below:

Responsive Criteria for Suppliers for General Goods and Services:

- Supplier should have a valid Physical Business Address
- Supplier should have a valid Postal Address
- Supplier should have a valid Telephone/Cellular Number
- Supplier should have a valid Fax Number (Optional)
- Supplier should submit a Business Profile together with the Application Form for Consulting and Professional Services
- Supplier should provide KHA RI GUDE/SAB&T with valid Banking details
- Personal banking details will not be acceptable except in the case where the supplier is a Sole Trader
- Supplier should submit an Original valid Tax Clearance Certificate
- Personal Tax Clearance Certificates will not be acceptable except in the case where the supplier is a Sole Trader

2) IMPORTANT GUIDELINES

2.1) General

Ensure that all applicable sections in the Application Form are completed as incomplete Application Forms will not be processed for registration onto the Supplier Register.

Verification of information provided by suppliers may be checked against third party sources such as SARS, CIPRO (etc)

Default Receiver of Contracts: The contact person that will receive notifications from KHA RI GUDE/SAB&T

Default Receiver of Bids: The contact person indicated will receive notification of Bids via e-mail

2.2) Important fields to complete

2.2.1) Contact Person

Please indicate one (1) individual that KHA RI GUDE/SAB&T should contact pertaining to Bids and/or Contracts.

2.2.2) *Type of Entity*

Please ensure the appropriate documentary proof pertaining to your type of Entity is attached and submitted together with the Application Form.

Please view below for the required documentary proof:

- i. **Partnership:** Certified copy of Partnership Agreement, together with certified copies of South African identity documents of each partner
- ii. **Sole Proprietor:** Certified copy of valid South African Identity Document
- iii. **Public Company registered in terms of the SA Companies Act:** Certified copy of Certificate of Incorporation of companies (CM1)
- iv. **Close Corporation registered in terms of the Closed Corporation Act:** Certified copy of Founding Statement CK1 or amended Founding Statement (CK2) for CC's
- v. **Private Company registered in terms of the SA Companies Act:** Certified copy of Certificate of Incorporation of companies (CM1)
- vi. **Trust:** Certified copy of Trust deed or other founding document together with certified copies of each of the Trustees identity documents..
- vii. **Other:** Please provide appropriate documentary proof

2.2.3) *Shareholder/Owner Information*

Please complete all information for every shareholder/Owner listed on the form who has equity ownership in the firm.

Should the space provided in this section not be enough for the required information, please ensure that you make a copy of this section, complete it and submit it together with the Application Form.

2.2.4) *Preference Point Information*

Preference points must be claimed under Preferential Procurement Policy Framework Act, No 5 of 2000

HDI	Historically Disadvantaged Individual (HDI) means a South African citizen - i. who, due to the apartheid policy that had been in place, had no franchise in national elections, prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) ("the Interim Constitution"); and/or ii. who is a female; and/or iii. who has a disability: Provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an HDI.
Disability	In respect of a person, a permanent impairment of a physical, intellectual, or sensory function which results in restricted, or lack of, ability to perform an activity in the manner, or within the range, considered normal for a human being;
% Owned	The shareholding percentage owned as declared in the Firm's registration documents
% Voting	The voting percentage of individuals in the Firm
Date of Ownership	The Date of Ownership in the Firm

Ensure that a Medical Certificate is attached and submitted together with the Application Form for all individuals claiming disability.

No Preference points will be awarded to public companies and tertiary institutions.

2.2.5) Goods and Services Categories (Section 7)

Suppliers should not mark (x) items or services which they cannot provide.

2.2.6) Suppliers : Banking Information Details (Section 8)

(Suppliers Banking details). Please ensure that details furnished in this form are correct and that this Form is stamped by the Firm's bank. This information will be used should it need to make payments to your Firm.

Ensure that this document (Section 8) is submitted together with the Application Form.

Suppliers should ensure that they furnish KHA RI GUDE/SAB&T with any updates to or change of information pertaining to banking details as and when the change occurs.

2.2.7) Details of person(s) authorised to act on behalf of the Entity Firm (Section 9)

This section requires that suppliers provide details pertaining to the individual that the Entity authorised to submit and sign the application form on their behalf.

Should the Entity authorize more than one individual to submit and sign the Application Form on their behalf, please ensure that you make a copy of this section, complete it and submit it together with the Application Form.

2.2.8) Declaration/Commissioner of Oaths (Section 10)

This section serves as a confirmation that the information provided is true and correct and must be signed accordingly.

1. ENTITY'S BASE DATA: (Compulsory)

1.1	Name of Entity:	
1.2	Trading As:	
1.3	Holding Company Name:	
1.4	Entity Registration Number:	(Insert CC number, Companies Act number, etc.)
1.5	TYPE OF Entity (Tick applicable box and provide documentary proof):	<input type="checkbox"/> Close corporation registered in terms of the Close Corporation Act, 1984 (Act no 69 of 1984) <input type="checkbox"/> Public Company [(Pty) Limited] registered in terms of the SA Companies Act, 1973 (Act no 61 of 1973) including Companies incorporated under Art 21 <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company registered in terms of the SA companies Act, 1973 (Act no 61 of 1973) including Companies incorporated under Art 53 <input type="checkbox"/> (b) Trust <input type="checkbox"/> Other: (Specify)
1.6	Telephone Number:	
1.7	Fax Number:	
1.8	Business Physical Address:	Town: <input type="text"/>
1.9	Postal Address:	Postal Code: <input type="text"/>
1.10	Indicate the Province where the above Entity/Branch is located: Eastern Cape <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Limpopo <input type="checkbox"/> Northern Cape <input type="checkbox"/> Free State <input type="checkbox"/> North West <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu Natal <input type="checkbox"/> Western Cape <input type="checkbox"/>	
1.11	Date Entity Established:	
1.12	VAT Registration Number:	
1.13	Website Address:	
1.14	Tax Clearance Certificate Number:	<input type="text"/>
	Tax Certificate Approved Date:	<input type="text"/>
	Tax Certificate Expiry Date:	<input type="text"/>

2. CONTACT PERSON DETAILS: (Complete for at least two Persons - Preferably Management) (Compulsory)

		Contact Person 1	Contact Person 2
2.1	Contact Name:		
2.2	Job Title:		
2.3	Receiver of Contracts:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.4	Receiver of Bids:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.5	Telephone Number:		
2.6	Fax Number:		
2.7	Cellular Number:		
2.8	E-Mail Address:		

3. DETAIL OF ALL SHAREHOLDERS, PARTNERS AND OWNERS: (Compulsory - APPLICABLE TO OWNERS AND SHAREHOLDERS ONLY.)

Full Name (*)	ID Number	Citizenship (**)	HDI Status (***)			Date of Ownership	% Owned	% Voting
			Qualify as HDI by virtue of not having had any Franchise in elections prior to 1983 or 1994	Qualify as HDI by virtue of being Female	Qualify as HDI by virtue of having a Disability			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Totals:							100%	100%

(*) Where owners are themselves a Company, Close Corporation, Partnership etc, identify the ownership of the Holding Company, together with registration number

(**) State date of South African citizenship obtained

(***) Tick "Yes" or "No" (Refer to definitions contained in the PPPF Act, 2000 (Act 5 of 2000) and the Preferential Procurement regulations, 2001)

4. SUMMARY OF THE ENTITY'S HDI (Historically Disadvantaged Individual) STATUS (Tick applicable box and complete relevant percentage for all Shareholders, and Owners)

4.1	<input type="checkbox"/>	Qualify as HDI by virtue of not having had any Franchise in elections prior to 1983 or 1994	%
4.2	<input type="checkbox"/>	Qualify as HDI by virtue of being Female	%
4.3	<input type="checkbox"/>	Qualify as HDI by virtue of having a Disability	%
4.4	<input type="checkbox"/>	Non HDI	
4.5	Is the Firm listed on the JSE?		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. REFERENCES (List 5 contracts/projects, which your Firm has been engaged in for the last 2 years)

Contract Description	Location	Client	Client Telephone Number	Contract Amount	Completed / Expected Completion Date

6. PROVINCES WHERE GOODS / SERVICE CAN BE PROVIDED: Compulsory - specify

- Eastern Cape
- Mpumalanga
- Limpopo
- Northern Cape
- Free State
- North West
- Gauteng
- KwaZulu Natal
- Western Cape

7. GOODS AND SERVICES: Compulsory - Select

- Advertising
- Advertising and brand management agencies
- Catering
- Cleaning Equipment and Supplies
- Consulting and Internal Audit services
- Corporate clothing
- Courier services
- Creative design services
- Distribution and logistics services
- Employment agencies
- Event Management – planning and logistics
- Facilities management
- Interior Decor Services
- IT hardware and consulting services
- Media tracking
- Office Equipment, Accessories and Supplies
- Office Furniture
- Photography and videography
- Printing and print management services
- Security Services
- Stationery
- Warehousing
- Web design and development

8. SUPPLIER BANKING DETAILS: (Compulsory - Complete details)

Name of Bank

Name of Branch

Branch Code

Account Number

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

Savings

Transmission

**DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT**

9. DETAILS OF PERSON(S) AUTHORISED TO ACT ON BEHALF ON THE FIRM (Mandatory)

RESOLUTION OF OWNERS/DIRECTORS/ MEMBERS/PARTNERS

RESOLUTION of a meeting of the Board of *Directors / Members / Partners/ Owners of:

(Legally correct full name and registration number of the Enterprise, if applicable)

Held at _____ (Place)

On _____ (Date)

RESOLVED that:

1. The Firm submits an application to KHA RI GUDE/SAB&T for registration on KHA RI GUDE/SAB&T's Supplier Database.

2. *Mr/Mrs/Ms: _____

in *his/her Capacity as: _____ (Position in the Enterprise)

and who will sign as follows: _____

be, and is hereby, authorised to sign any documents and/or correspondence in connection with and relating to the Application Form as well as to sign any Contract, and any and all documentation on behalf of the Firm.

	Name	Capacity	Signature
1			
2			
3			
4			
5			
6			

Note:

- * Delete which is not applicable
- NB.** This resolution must be signed by **all** the Directors / Members / Partners and Owners of the Bidding Enterprise
- Should the number of Directors/Members/Partners and Owners exceed the space available above, additional names and signatures must be supplied on a separate page

ENTERPRISE STAMP

10. DECLARATION:

By completing this application form, the Entity declares that:

All the information supplied in this application is true and correct.

The Entity will, without protest submit itself to procedures instituted by KHA RI GUDE/SAB&T.

The Entity will, if requested to do so supply further information and documentary evidence for scrutiny.

The Entity will update their registration particulars whenever a significant change in their details occurs.

The Entity acknowledges that any false information provided can lead to disqualification from the Supplier Database and being listed on KHA RI GUDE/SAB&T non-preferred supplier list.

The Entity acknowledges that it can be penalised for poor performance as the KHA RI GUDE/SAB&T deems necessary.

Is there any relationship between your organisation and any KHA RI GUDE/SAB&T employees?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please specify nature of relationship and name of person			
Family <input type="checkbox"/>	Friend <input type="checkbox"/>	Business Partner <input type="checkbox"/>	
Full Name:	Full Name:	Full Name:	

RETURNABLE DOCUMENTS (Certified copies are acceptable) (Compulsory)

General:		YES	NO	N/A
10.7.1	Documentary Proof of Firm's Registration (Refer to 2.5.4)			
10.7.2	VAT Registration Certificate			
10.7.3	VAT Registration Certificate			
10.7.4	PSIRA Certificate (Applicable to suppliers in the Security Industry)			
10.7.5	Certificate of Acceptability from Municipality (Applicable to suppliers providing Food and Catering Services)			
10.7.6	Medical Certificate (For Disability Status)			
10.7.7	Accreditation Certificate (Applicable to suppliers providing computer software and hardware)			
10.7.8	Business Profile			
10.7.9	List of Provinces where Goods and Services can be Supplied (Section 6)			
10.7.10	Goods and Services Categories (Section 7)			
10.7.11	Supplier Banking Information Details (Section 8)			

Duly authorised to sign on behalf of: _____ (Name of Firm)

The undersigned who warrants that he / she is duly authorised to do so on behalf of the Entity, confirms that the contents of the application are within my personal knowledge and are to the best of my belief both true and correct.

Signature	Full Name	Capacity	Date

11. COMMISSIONER OF OATHS:

Signed and sworn to before me at _____ (Place)

on this the _____ day of _____ by the Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths _____

Name: _____

Stamp

Signature _____

Note: All pages of this Affidavit must be initiated by both the Deponent and the Commissioner of Oaths.