

INVITATION FOR REGISTRATION AS A SUPPLIER

REF No: CSR/DB

In order to give all prospective suppliers of goods and services an equal opportunity to do business with the **Department of Culture, Sport and Recreation**, the department hereby invites suppliers of goods and services to register their businesses in the department's database, the database registration shall remain open until **04 July 2009**. Existing suppliers must re-apply to remain on the database. Suppliers need not register for more than 3 services.

The following documents must be attached with every application:

- Valid Tax clearance certificate
- Certificate of incorporation from the Registrar of Companies (CIPRO)
- Company profile
- Proof of registration / affiliation to relevant professional institutions / regulatory councils
- Accredited certificate for training providers
- Copy of ID document of company member(s) (ownership)

Contact for registration related enquiries:

Mr Dumisane Thabethe: 013 766 5221

Closing date for submissions:

Date: 04/07/2009

Time: 12h00

Where this document must be submitted:

NELSPRUIT

Riverside Government Complex, Building no 9, Government Boulevard, Nelspruit, 1200
Telephone number : Mr TJ Borden (013) 766 8260 or Ms SS Malopi (013 766 8269

PIET RETIEF

Department of Social Services, Population and Development
Old TPA Building – 18 Joubert Street (Cnr Kruger and Joubert Street)
Contact Person : Ms Janet Nkosi
Telephone number : (017) 826 1671

KWAMHLANGA

KwaMhlanga Government Complex, Department of Finance, Building No. 12, Computer Centre
Contact Person : Ms TA Sibanyoni, Ms Sophie Masanabo, Ms. Emily Mtsweni or Ms Angy Mthombeni
Telephone Number : (013) 947 2606 or 2619 or 2620

EVANDER

Western Block, CMTC Building, Department of Health, Braam Fischer Street, Evander
Contact Person : Mr Andries Mahlangu or Ms Mendy Kabini
Telephone Number : (017) 632 1607 or 1540 or 1549

BUSHBUCKRIDGE

Bushbuckridge Advice Centre
Department of Finance, Protea building (old Telkom building)
Contact Person : Mr July Mashabane
Telephone Number : (013) 799 2068/1357 or 013 799 0585 or 072 109 7629

MIDDELBURG

Department of Public Works
Cnr. Lillian Ngoyi and Dr Beyers Naudé Streets – Old TPA Building, Upper ground floor, Main Entrance
Contact Person: Ms Lorraine Motebu or Mr Donald Ndala - Telephone number: (013) 282 8776

Please note that no faxed or emailed documents will be accepted

MPUMALANGA PROVINCIAL GOVERNMENT

Department of Culture, Sport and Recreation

Head office
1st Floor
7 Government Boulevard
Building 5, Riverside Park Extension 2
Nelspruit 1200
Republic of South Africa



Private Bag x 11316
Nelspruit
1200
Tel. (013) 766 5182
Fax (013) 766 8282

*Department van
Kultuur, Sport &
Ontspaning,*

*Litiko Letemasiko,
Letemidlalo
Netekukhibika*

*umNyango
wamaSiko, nezemiDlalo
nokuziThabisa*

APPLICATION FOR REGISTRATION SUPPLIERS DATABASE

Please complete these forms and submit to your nearest tender office as indicated on the cover page.

Ensure that all attachments are inserted as indicated and that all pages are stapled together securely, with the existing cover page remaining as such.

ENQUIRIES :

Tel : 013-766 5182/ Fax : 013-766 8282

FOR OFFICIAL PURPOSES ONLY

NAME OF SUPPLIER	:
REGISTRATION NUMBER	:
PREFERENCE ALLOCATION	:

INTRODUCTION AND GUIDELINES

The application form was specifically designed to provide for the registration of suppliers on the Departmental Suppliers Database. In order to ensure that suppliers are considered legitimate bidders/tenderers, it is imperative that the following guidelines are adhered to.

Applicants must complete pages 2 to 8, where applicable. 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.

Applicants are advised that only ORIGINAL application form or PHOTOSTAT copies thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.

It is imperative that only documents with an ORIGINAL signature be submitted.

All signatures to the document must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration.

A supplier registered on the Suppliers Database **MUST** notify the Department (the official responsible for suppliers' registration) of any changes to information provided in the initial application form. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

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

Any alterations made by the bidder /tenderer must be initialed. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business.

Electronic forms are available on the website: www.sracmpg.gov.za

Please complete these forms and submit to your nearest tender office as indicated on the cover page.

Ensure that all attachments are inserted as indicated and that all pages are stapled together securely, with the existing cover page remaining as such.

Compulsory:
Insert the following documents here

- **Original Tax Clearance;**
- **Company registration form;**
- **Set of ID Copies;**
- **Company profiles;**

As well as any other relevant documents such as proof of registration / certification / accreditation to professional institutions relevant to your company

APPLICATION FOR REGISTRATION ON THE DEPARTMENTAL SUPPLIERS DATABASE

(The following information must be filled in by the applicant. Failure to submit ALL the required information may lead to non-registration of the applicant business)

1. BUSINESS PARTICULARS:

1.1 Name of Business as registered with the Registrar of Companies/Close Corporations

1.2 Name of business used for TRADING purposes, if different from 1.1 or name of business if business is not registered with the Registrar

1.3 Registration Number as registered with the Registrar of companies/close corporations (if applicable):

1.4 Postal address

Postal Code: _____

Physical address

Postal Code: _____

Telephone no. : (____) _____ Fax no.: (____) _____

Cell. no. : _____

E-mail address (if available): _____

Preferred method of Communication: Email Fax Post

1.5 Contact person : _____

1.6 Physical location of Head Office (if applicable) _____

1.7 Unemployment Insurance Fund no. (if applicable) : _____

1.8 Compensation Commissioner registration no. (if applicable): _____

1.9 Income Tax Reference Number : _____

N.B. *Insert personal income tax no. if a one person business (Sole Proprietor) and Personal Income Tax Numbers of all partners in a partnership. If insufficient space kindly attach information with original signature.

1.10 P.A.Y.E. Number (if applicable) _____

**N.B. COPIES OF REGISTRATION CERTIFICATES FOR 1.7 AND 1.8 MUST BE SUPPLIED
(If you cannot provide these certificates, kindly attach explanation)**

2. BANKING DETAILS

2.1 Name of banking institution: _____

2.2 Branch Name: _____

2.3 Town/City: _____

2.4 Banking account number: _____

2.5 Account Holder (Name under which account is operated):

N. B. A COPY OR ORIGINAL BANK STATEMENT NOT OLDER THAN 60 DAYS MUST BE SUPPLIED.

3. TYPE OF BUSINESS

3.1 Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

PUBLIC COMPANY LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CLOSE CORPORATION CC	<input type="checkbox"/>	CERTIFIED COPY OF CK 1 DOCUMENT AND CK 2 IF APPLICABLE
SOLE PROPRIETOR	<input type="checkbox"/>	CERTIFIED COPY OF I.D. DOCUMENT
PARTNERSHIP	<input type="checkbox"/>	CERTIFIED COPY OF PARTNERSHIP AGREEMENT
TRUST	<input type="checkbox"/>	CERTIFIED COPY OF TRUST DOCUMENT
CO-OPERATIVE	<input type="checkbox"/>	CERTIFIED COPY OF PROOF OF REGISTRATION WITH THE DIRECTORATE CO-OPERATIVES
VOLUNTARY ASSOCIATIONS	<input type="checkbox"/>	CERTIFIED COPY OF CONSTITUTION

4. PREVIOUS BUSINESS INFORMATION

4.1 Did your business exist under a previous name? (Answer to be encircled) Yes or No

4.2 If "yes" what was the previous business name?

4.3 Why was the name changed?

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

NAME	TITLE

5. CLASSIFICATION OF BUSINESS

5.1 CLASSIFICATION FOR DEPARTMENTAL 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:

Products/Services:

5.2 INDICATE VALUE FOR THE FOLLOWING BASED ON THE LATEST FINANCIAL STATEMENT

5.2.1 Total Fixed Assets @ Book Value (e.g. land, buildings, plant, equipment, vehicles) R _____

5.2.2 Vehicles @ Book value R _____
Number of vehicles _____

5.2.3 Average stock on hand R _____

5.2.4 Cost of goods produced annually R _____
Quantity produced annually _____
Units of measure (e.g. tons, kilolitres) _____

5.2.5 Total Current assets (e.g. stock, debtors, cash) R _____
Total Current liabilities (e.g. creditors, bank overdraft) R _____

6. BUSINESS INFORMATION

THE FOLLOWING TABLE MUST BE COMPLETED IN ORDER TO ESTABLISH WHETHER A BUSINESS CAN BE CLASSIFIED AS AN SMME IN TERMS OF THE NATIONAL SMALL BUSINESS ACT 102 OF 1996. SELECT THE SECTOR AND TICK THE APPROPRIATE BLOCKS IN COLUMN 2, 3 AND 4.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE	Total annual turnover TICK WHERE APPLICABLE	Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE
Manufacturing	MORE THAN 200 LESS THAN 200	MORE THAN R 51m LESS THAN R 51m	MORE THAN R 19m LESS THAN R 19m
Electricity, Gas and Water	MORE THAN 200 LESS THAN 200	MORE THAN R 51m LESS THAN R 51m	MORE THAN R 19m LESS THAN R 19m
Construction	MORE THAN 200 LESS THAN 200	MORE THAN R 26m LESS THAN R 26m	MORE THAN R 5m LESS THAN R 5m
Retail, Motor Trade and Repair Services	MORE THAN 100 LESS THAN 100	MORE THAN R 39m LESS THAN R 39m	MORE THAN R 6m LESS THAN R 6m
Wholesale Trade, Commercial Agents & Allied Services	MORE THAN 100 LESS THAN 100	MORE THAN R 64m LESS THAN R 64m	MORE THAN R 10m LESS THAN R 10m
Catering, accommodation & other Trade	MORE THAN 100 LESS THAN 100	MORE THAN R 13m LESS THAN R 13m	MORE THAN R 3m LESS THAN R 3m
Transport, Storage and Communications	MORE THAN 100 LESS THAN 100	MORE THAN R 26m LESS THAN R 26m	MORE THAN R 6m LESS THAN R 6m
Finance and Business Services	MORE THAN 100 LESS THAN 100	MORE THAN R 26m LESS THAN R 26m	MORE THAN R 5m LESS THAN R 5m
Community, Social & Personal Services	MORE THAN 100 LESS THAN 100	MORE THAN R 13m LESS THAN R 13m	MORE THAN R 6m LESS THAN R 6m
Other, not categorized above (Specify)	MORE THAN 100 LESS THAN 100	MORE THAN R 13m LESS THAN R 13m	MORE THAN R 6m LESS THAN R 6m

8. 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 and TELEPHONE NO.	CONTRACT VALUE IN RAND	COMPLETED SUCCESSFULLY YES/NO	YEAR

9. PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS

NAME OF OWNER	NAME AND ADDRESS OF OTHER BUSINESS	POSITION HELD	% OF OWNERSHIP	TYPE OF BUSINESS

10. IDENTIFY BY NAME, HDI STATUS AND LENGTH OF SERVICE, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON OWNERS) RESPONSIBLE FOR DAY TO DAY MANAGEMENT AND BUSINESS DECISIONS.

	NAME	HDI STATUS (YES/NO)	LENGTH OF SERVICE (YEARS)
CHEQUE SIGNING			
SIGNING AND CO- SIGNING FOR LOANS			
BUSINESS FINANCING (overdraft, lease agreements)			
SURETIES			
APPROVAL MAJOR PURCHASES OR ACQUISITIONS			
SIGNING CONTRACTS			

11. VERIFICATION OF INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE 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 supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
3. If the information supplied is found to be incorrect then the Department may, in addition to any remedies it may have:
 - i. Disqualify the supplier/contractor for a particular tender/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
 - ii. Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the Department as a result of breach of the contract;
 - iii. Cancel the contract and claim any damages which the Department may suffer by having to make less favourable arrangements after such cancellation: and/or;
 - iv. De-register the supplier registered on the Supplier Database

SIGNED ON THIS _____ DAY OF _____ 20____ AT _____

BEFORE THE COMMISSIONER OF OATHS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME IN BLOCK LETTERS

SUPPLIER'S NAME: _____

Signed and affirmed to, before me at, _____ on this _____ day of _____ year _____, by the deponent who has acknowledged that he/she knows and understands, the contents of this document, and he/she has acknowledged that he/she has no objection to affirming, that he/she regards the affirmation to be binding on his/her conscience.
_____ COMMISSIONER OF OATHS
FULL NAME: _____
BUSINESS ADDRESS : _____
CAPACITY : _____
AREA : _____



CREDIT ORDER INSTRUCTION FORM

Department of Sport, Recreation, Arts and Culture

SUPPLIER DETAILS

COMPANY'S FULL TRADING NAME

(please print clearly)

ENTERPRISE REGISTRATION NUMBER
OR SIMME NUMBER

(Please attach a copy of the Registration Certificate)

VAT NUMBER

IDENTITY NUMBER

BUSINESS ADDRESS

Street:

Suburb:

City:

Telephone and area code: ()

Fax number and area code: ()

POSTAL ADDRESS

Street:

Suburb:

City:

Code:

PAYMENT ADDRESS

Street:

Suburb:

City:

Code:

Year	Number	Type

CREDIT ORDER INSTRUCTION

- We hereby request and authorize you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
- 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.)
- We also understand that a payment advice will be supplied by the Department of SRAC 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 day's notice by pre-paid/registered post.
- I/We will not hold the Department of SRAC 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 _____ Authorised Signature _____ Date _____

DETAILS OF MY/OUR BANK ACCOUNT

Name of Bank _____

Branch Code _____

Account Name _____

Account Number _____

Account Type _____

If Cheque Account, attach a blank, cancelled cheque

Please enter numeric value:

1 = Cheque Account 4 = Bond Account

2 = Savings Account 5 = (Not to use)

3 = Transmission Account 8 = Subscription Account

DATE STAMP OF BANK

FOR COMPLETION BY BANK OFFICIAL:

Bank account details are hereby certified as being correct:

Name: _____

ID Number: _____

Signature: _____

FOR INTERNAL USE ONLY

LOGIS Request Number: _____

LOGIS Supplier Number: _____

Filing Number: _____

Please complete this form and forward it to:

Department of SRAC

Private Bag X11316

Nelspruit

1200

(Attention: Thobile Mahlangu)