
MPUMALANGA PROVINCIAL GOVERNMENT

Building 5
Government Boulevard
Riverside Park
NELSPRUIT
1200
Republic of South Africa



Private Bag X11341
NELSPRUIT
1200
South Africa

Tel. No.: (013) 766
5092/ 5168
Fax No.: (013) 766 5606

DEPARTMENT OF EDUCATION

Litiko leTemfundvo Umnyango weFundo Department van Onderwys Umnyango wezeMfundo

TO ALL SUPPLIERS SEEKING REGISTRATION ON THE DATABASE OF THE DEPARTMENT OF EDUCATION

The Department of Education invites all suppliers to be registered in the database.

Attached please find an official registration form. **It is imperative that suppliers read the application document carefully, complete it in full and sign it.** Please note that a valid Tax Clearance Certificate, Business Registration Certificate and Profile of the company are a must.

Please submit completed forms to:

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 Mithombeni
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

OR POST TO:

Mpumalanga Provincial Supply Chain Management

Private Bag X11246

NELSPRUIT

1200

**“EMAILED OR FAXED DOCUMENTS WILL NOT BE
ACCEPTED”**

SMME status of your enterprise:

- Please use this table to determine the SMME status of your enterprise
- Please ✓ the relevant box in each column

A. Services	B. Full time paid employees				C. Annual Turnover(millions)				D. Total Gross asset value (property excluded) (millions)			
	Medium	Small	Very small	Micro	Medium	Small	Very small	Micro	Medium	Small	Very small	Micro
Gardening services	100	50	10	5	4	2	0.4	0.15	4	2	0.4	0.1
Office furniture	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Motor trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Office stationery & printing services	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Catering	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Travel & accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport & warehousing	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Disposal services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Electrical & mechanical equipment	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Cleaning services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Events & project management	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
General maintenance & Repair Services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Communications services	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Promotional material & services	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Professional services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Training services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1

List the company's track record of similar/related and current contracts

Work performed	For which company	Contact person and telephone number	Fee/Contract amount	Date of completion

SMME status of yours enterprise according to SMME table: (Please ✓ the relevant box) (Compulsory)

Micro	
Very Small	
Small	
Medium	
Large	

Did the company previously exist under another name?

YES	NO
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If "yes" what was its previous name?

Who were the owners/partners/directors?.....

Why was the name changed?.....

Total number of years that the company has been in business:

List all partners, properties and shareholders (compulsory)

Name	Position occupied in the enterprise	ID Number	Telephone number

Note: Where owners are themselves a company or partnership, owners of the holding firm must be identified.

Indicate the individual/s in your business that has/have ownership interests in the entities.

Name	Name of the Firm	Title in other Firm	% of Ownership	Type of Business of other Firm

Identify any participating partner, proprietor, shareholder, director and officer of the entity (viz. Chairman, Secretary, Director, etc.) who is an employee of or has duties in other business enterprise(s).

Name	Duties (as employee) in other firm(s)	Name of other firm(s)	Type of business of other firm(s)

HDI Ownership Status: Please read notes below very carefully

Instructions and Definitions:

(Please read carefully before completing HDI Ownership Status)

Legislation:

- Procedures are set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the **Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA)**, to give all prospective suppliers an equal opportunity to submit quotations to a State Department.

Terminology:

- **Commodities:** The commodities the company wishes to be registered for as supplier to the Department.
- **Trade Names:** The trade names that the company own or distribute, which you wish to be registered for as a supplier to the Department.
- **Owner:** Having all the customary elements of ownership, including the right of decision-making and sharing all risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Historically Disadvantaged Individuals (HDI):** For the purpose of registering as a supplier for the Department, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Historically Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with recognition by the members of such a group.
- **Women:** A female person who is a SA citizen.
- **Establishment of HDI/Women Equity Ownership in an enterprise:** Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.

Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.

HDI Ownership Status:

(Failure to complete this section will result in the application being declined)

Historically Disadvantaged Individuals (HDI)	%
Women Equity (WE)	%
Disabled Individual (DI)	%

Declaration of any conflict of interest:

Are you associated with other company(s)/enterprise(s)?

Name	Address	Tel/Fax/Cell numbers

I/We the undersigned acknowledge(s) that:

- The information furnished is true and correct
- The Equity Ownership claimed is in accordance with the General Conditions
- Any conflict of interest will be declared in the comment space below

**SIGNATURE OF OWNERS or
AUTHORISED REPRESENTATIVE**

DATE

**SIGNATURE OF OWNERS or
AUTHORISED REPRESENTATIVE**

DATE

Comments/Notes:

**Contact people: Z.L Kunene 013 766 5092 or E.Z Mahlangu 013 766 5168 or
LX Mbatsane 013 766 5055**

DOCUMENTS CHECKLIST FOR
DATABASE FORM

SARS CERTIFICATE	
CK (Company registration certificate)	
CIBD	
ECB	
ID	
SHAREHOLDERS CERTIFICATES	
ACCREDITATION CERTIFICATE	
SABS APPROVALS	
HYGIENE CERTIFICATE	

N.B. : ALL SERVICE PROVIDERS ARE REQUESTED TO PROVIDE THE DEPARTMENT WITH E-MAIL ADDRESS, IF AVAILABLE, THAT WILL ASSIST THE SERVICE PROVIDER TO CHECK FOR ALL PAYMENTS MADE TO THE COMPANY FOR THE SERVICE RENDERED.

DOCUMENTS CHECKLIST FOR BAS
ENTITY FORM

- 1. CK 1 OR CK2**
- 2. ORIGINAL TAX CLEARANCE
CERTIFICATE**
- 3. IF A SUPPLIER IS USING A CHEQUE
ACCOUNT, CANCELLED CHEQUE
MUST BE ATTACHED OR BANK
STATEMENT**
- 4. IF A SUPPLIER IS USING BUSINESS
SAVINGS OR TRANSMISSION
ACCOUNT, BANK STATEMENT
MUST BE ATTACHED**
- 5. SPACE FOR E-MAIL ADDRESS MUST
BE COMPLETED IF EMAIL
AVAILABLE.**

MPUMALANGA PROVINCIAL GOVERNMENT



DEPARTMENT OF EDUCATION

BAS ENTITY MAINTENANCE

ANNEXTURE-A

SECTION A: BUSINESS DETAILS

REG. CERTIFICATE AND TAX CLEARANCE CERTIFICATE MUST BE ATTACHED

BUSINESS NAME/
DEPARTMENT NAME

COMPANY REG. NUMBER

 /

 /

VAT NUMBER

SECTION B: PERSONAL DETAILS

ID COPY MUST BE ATTACHED !

ID NO.:

TITLE:

SURNAME:

FIRST NAME:

INITIALS:

POSTAL ADDRESS
(COMPULSORY)

POSTAL CODE

STREET ADDRESS

POSTAL CODE

SECTION C: CONTACT DETAILS

CONTACT PERSON

BUSINESS TEL

CELL NUMBER

BUSINESS FAX

E-MAIL ADDRESS
(COMPULSORY)

NOTE: PLEASE ATTACH A COPY OF ID DOCUMENT, TAX CLEARANCE, CANCELLED CHEQUE/BANK STATEMENT AND CK AT ALL TIMES

SECTION D: BANK DETAILS

ANNEXTURE-B

THE DIRECTOR GENERAL: MPUMALANGA DEPARTMENT OF EDUCATION

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.
 I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ABC ELECTRONIC FIND TRANSFER SERVICE"and I/We also understand that no additional 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 customary for banks to furnish bank statements).
 I/We understand that a payment advice will be supplied by the Department 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 days notice by prepaid registered post.

NAME OF ACCOUNT HOLDER

Auhorised Signature

DATE

(MUST CORRESPOND WITH ANNEXTURE-A) !!!!!!!

Name of Bank

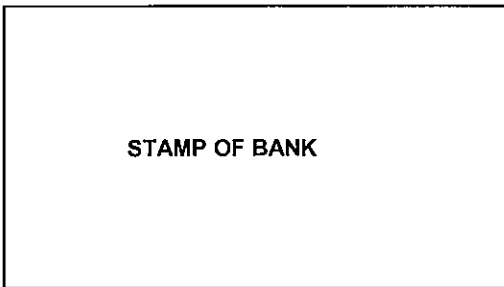
Name of Branch

Branch Code

Account Number

Type of account

- Please enter numeric value:
- 1 = Cheque Account (*Copy of cancelled cheque/bank statement*)
 - 2 = Transmission Account (*Bank Statement*)
 - 3 = Saving Account (*Bank Statement*)
 - 4 = Bond Account
 - 5 = (Not in use)
 - 6 = Subscription Share Account



Date

Completed by _____

Print name _____

Signature _____

Telephone Number

Code Telephone number

Cell Number

CERTIFIED BY: (OFFICE USE ONLY)

AUTHORISED BY: (OFFICE USE ONLY)

PRINT	SIGNATURE	DATE

PRINT	SIGNATURE	DATE