

MPUMALANGA PROVINCIAL GOVERNMENT

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NELSPRUIT, 1200



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Department of Finance

Litiko LetaTimali

UmNyango weZeemali

Departament van Finansies

Kgoro ya Matlotlo

NB:

**PLEASE ATTACH AN ORIGINAL
COPY OF A
TAX CLEARANCE CERTIFICATE,**

**CERTIFIED COPIES OF OWNER /
SHAREHOLDER'S I.D. DOCUMENT/S
AS REQUIRED ON PAGE 5,**

**COMPANY REGISTRATION
CERTIFICATE (CC CERTIFICATE)
AND A COMPANY'S PROFILE.**

**PLEASE BE SPECIFIC OF THE TYPE
OF SERVICE, WHICH CAN BE
PROVIDED BY YOUR COMPANY.**

**Attach cancelled cheque or original letter
from the bank confirming account.**

**P.S: Please refrain from contacting the Department as contact
will only be made when quotation is requested.**

"Always Stretching Our Arm, to Accelerate Service Delivery"

SUPPLIER APPLICATION FORM

IMPORTANT NOTES

Please read carefully

- To be completed by **all** vendors seeking registration as an approved supplier;
- The questionnaire must be completed in **full** and be **signed**;
- A **company profile** must accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed by applicant;
- Applicants will be contacted via **fax** and **must** therefore submit an **operating fax number**; failure to comply will result in excluding the supplier from the data base;
- It should be noted that the Department reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- Suppliers will **not be notified** whether application was accepted or not but will be advised of the outcome if telephonically requested;
- Suppliers must comply with all the **registration-criteria** for registration to be finalised - failure to do so may result in the application being declined.

Supplier detail:

Company / Supplier Name:

Company / Close Corporation Registration Number																			
VAT registration number (if applicable):																			
Income tax reference number:																			
Web Address:																			
E-Mail Address:																			
Telephone Number:																			
Fax Number: (compulsory)																			
Toll Free Number:																			
Number of full time employees:																			

Postal Address: (compulsory)

Physical Address: (compulsory)

Postal Code:																			

Company/Supplier Classification: (Please ✓ the relevant box or boxes)

ISO Listed	Importer	Services	Manufacturer	Repairer	Black Owned	Distributor	Exporter	Sales
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(Please ✓ the relevant box)

Tax Clearance Certificate Attached	yes	no
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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. Sector	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
Agriculture	100	50	10	5	4	2	0.4	0.15	4	2	0.4	0.1
Mining and Quarrying	200	50	20	5	30	7.5	3	0.15	18	4.5	1.8	0.1
Manuf, Linen, Clothing, etc	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Constr, Renovations	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Retail and Motor trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Wholesale, Provisions	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Catering, Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport, Storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Finance & Business Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Repairs equip, etc	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Promotional, Events, Artides	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Other Trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Commercial, etc, supplies	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Community & Social Services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Personal 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 completed and current contracts

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

Did the company previously exist under another name :

If "Yes" what was it's previous name?

Who were the owners/partners/directors

Why was the name changed?

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

SMME status of your enterprise: (Please ✓ the relevant box)
 (According to SMME table) (compulsory)

Micro	
Very Small	
Small	
Medium	
Large	

List all owner's, partners, proprietors and shareholders (compulsory)
NB: Please attach copy ('s) of Identity Document(s) *

Name	Position occupied in the enterprise	Citizenship	ID Number

Note: Where owner 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 other entities

Name	Name of other 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	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 a 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.
- **Owned:** Having all the customary elements of ownership, including the right of decision-making and sharing all the 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 and 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 Individuals (DI)	%

Declaration of any conflict of interest:

**Are you associated with other company(s)/enterprise(s)?
If "Yes" list them**

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 OWNER OR
AUTHORISED REPRESENTATIVE**

DATE _____

**SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE**

DATE _____

Comments / Notes:

MPUMALANGA PROVINCE: DEPARTMENT OF FINANCE
BAS ENTITY MAINTENANCE

New entity information

Update entity information

SECTION A: PERSONAL DETAILS

NUMBER TYPE: [Grid]

(Official use only)

NUMBER: [Grid]

(e.g. VAT No., ID No., Permit No., etc.)

SURNAME/BUSINESS NAME/DEPARTMENT NAME:

[Grid]

TITLE:

[Grid]

FIRST NAME:

[Grid]

INITIALS:

[Grid]

PAYMENT TYPE:

ELECTRONIC BANK TRANSFER

PAYMENT ADDRESS:
(COMPULSORY)

[Grid]

SECTION B: ADDRESS

COMPLETE (OPTIONAL)

Street Address

[Grid]

Postal Code

Postal Address

(if this differs from your street address)

[Grid]

Postal Code

SECTION C: TELEPHONE

Contact Person

[Grid]

Business

Area Code

Telephone Number

Extension

Fax

[Grid]

[Grid]

[Grid]

