# MPUMALANGA PROVINCIAL GOVERNMENT

No. 7 Government Boulevard Building No 4, Upper Ground Riverside Park Extension 2 NELSPRUIT, 1200



Private Bag X 11205 NELSPRUIT, 1200 Tel: (013) 766 4338 Fax: (013) 766 4612 E-mail: ammwals@mpg.gov.za

# Department of Finance

Litiko LeteTimeli

UmNyango weZeemali

Departement van Finansles

Kgoro ya Matlotio

## 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 <u>cheque or original letter</u> 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:

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### SMME status of your enterprise:

Please use this table to determine the SMME Status of your enterprise

	riease		relevant	D 47( 1)	Cuon	,orumi							
A. Sector		ult time p	aid employe	es	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								- 0,10	<del></del>		0,4	<u> </u>	
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	_									
Constr,	200		20	5	40	10	4	0.15	15	3.75	1.5	0.1	
Renovations	200	50	20	5	20	5	2	0.15					
Rotall and Motor					- 20			0.15	4	1	0.4	0.1	
trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1	
Wholesale, Provisions	100		ا مد ا	_							9.9		
Catering,	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1	
Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.4	
Transport,								- 0,10	<del>  </del>	<u> </u>	0.2	0.1	
Storage Finance &	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1	
Business		Ī	ł	*		l							
Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1	
Repairs equip,	400								7.		0.4	0.1	
Promotional,	100	50	10	5	30	15	3	D.15	5	2.5	0.5	0.1	
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Other Trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1	
Commercial,	400									<u> </u>	0.2	U, I	
etc, supplies Community&	100	50	10	- 5	50	25	5	0.15	8	4	0.5	0.1	
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 Smail	11
Smail	
Medium	
Large	

List all owner's, partners, proprietors and shareholders (compulsory)

Name	Position occupied in the enterprise	Citizenship	ID Number	
		-		
		<u> </u>		

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
2				

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:

- <u>Commodities</u>: The commodities the company wishes to be registered for as a supplier to the Department.
- <u>Trade Names</u>: 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 conf	lict of interest:		
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# Are you associated with other company(s)/enterprise(s)? If "Yes" list them

Name	Address	Tel/Fax/Cell numbers
		:
		4

### 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:		·

# MPUNALANGA PROVINCE: DEPARTMENT OF FINANCE BAS ENTITY MAINTENANCE

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## **DEPARTMENT OF FINANCE**

# Entity Maintenance: Bank Details

The Director General: Department offinance  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.			
through a system I/We also und bank, but deta	nd that the credit transfers hereby authorised will be processed by computer em known as the "ACB ELECTRONIC FUND TRANSFER SERVICE", and erstand that no additional advice of payment will be provided by my/our ails of each payment will be printed on my/our bank statement or any voucher. (This does not apply where it is not customary for banks to furnish ts).		
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.			
Initial and S	urname Authorised Signature Date dd/mm/yyyy		
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