

Captured by: _____ Signature: _____ Date: _____

Checked by: _____ Signature: _____ Date: _____

- Fax number / e-mail address
- Physical address / Postal address
- Tel number (s) as contact number
- Cell number (s) as contact number
- Fill form completely
- Sign form
- Indicate HDI / WE / SMMF status
- Certificate of Incorporation from Registration of Companies (CIPRO)
- Company profile
- SARS Tax Clearance Certificate

Company Name: _____ Local Municipality: _____

PLEASE SUBMIT ALL RELEVANT INFORMATION REQUIRED BELOW, AS INSUFFICIENT INFORMATION MAY INVALIDATE YOUR APPLICATION.

CHECK LIST FOR DEPARTMENTAL SUPPLIER DATA BASE REGISTRATION

Letindi
 Department van
 Behusing
 Umyango
 Wezindlu

Department of Housing



Building No 6
 Extension 2
 No 7 Government Boulevard
 Riverside Park
 Nelspruit
 Mpumalanga
 Republic of South Africa

Private Bag X11328
 Nelspruit
 1200
 (013) 766 0000
 International Tel: +27 13 766 6087
 (013) 766 6088
 (013) 766 8441
 International Fax: +27 13 766 8442

MPUMALANGA PROVINCIAL GOVERNMENT

Department of Housing
Private Bag X 11328
NELSPRUIT
1200
For attention: The Supplier Database Administrator
Supply Chain Management

When completed this questionnaire, please send it to:

Attached please find an official registration form to assist us in updating our database according to legislation. 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 must be attached.

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to the Department. It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to the Department.

All suppliers are herewith invited to register as an approved supplier on the database of the Department. In order to comply with the procedures set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA), the Department developed a supplier database to be used by the procurement office.

PLEASE SUBMIT ALL RELEVANT INFORMATION REQUIRED BELOW, AS INSUFFICIENT INFORMATION MAY INVALIDATE YOUR APPLICATION.

TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON THE DATABASE OF THE DEPARTMENT.

Litiko
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MPUMALANGA PROVINCIAL GOVERNMENT

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 of Public Works 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)

Postal Address:									
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
Expiry date:		

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

Note:

Name	Position occupied in the enterprise	Citizenship	ID Number

List all partners, proprietors and shareholders (compulsory)

Micro	Very Small	Small	Medium	Large

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

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 rebuttable 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)	%
Youth	%
Disabled Individuals (DI)	%

Declaration of any conflict of interest:

Comments / Notes:

SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE

DATE

SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE

DATE

- 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

I/we the undersigned acknowledge(s) that:

ADD / MODIFY SUPPLIER INFORMATION ⇐

DATE : _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

REQUEST NUMBER :

FAX : (013) 7668441

SUBMITTER DEPT : HOUSING

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

⇐ FOR OFFICE USE ONLY

1. SUPPLIER NUMBER ASSIGNED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. SMME/PDI INDICATOR

(S = SMME, P = PDI, N = NONE)

3. BUSINESS TYPE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(cc, (pty) ltd, ltd, Individua

4. SMME/PDI REF NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. PERSONAL ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. STREET ADDRESS

SUBURB

CITY

COUNTRY

7. POSTAL ADDRESS

OR STREET ADDRESS

SUBURB

CITY

POSTCODE

6. VAT NUMBER

8. ENTERPRISE REG NUMBER (CCYY/NNNN/NN)

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9. TEL :

CODE

10. FAX :

CODE

NUMBER

11. CELL NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COMPILED BY : _____

TEL. NUMBER : _____

COMPLETION OF EACH FIELD IS MANDATORY. IF A FIELD IS NOT COMPLETED IT WILL INVALIDATE THIS DOCUMENT. ATTACH A COPY OF VAT AND BUSINESS REGISTRATION CERTIFICATE.



CREDIT ORDER INSTRUCTION FORM

Department of Housing

SUPPLIER DETAILS

COMPANY'S FULL TRADING NAME

 (Please print clearly)

Year	Number	Type

ENTERPRISE REGISTRATION NUMBER

 OR **SMME 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: _____

Please complete this form and forward it to:
 Department of Housing
 Private Bag X11304
 NELSPRUIT
 1200
 Attention: Stella
 Tel. (013) 7666426 Fax. (013) 7668441

CREDIT ORDER INSTRUCTION

1. 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.
2. I/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.)
3. I/We also understand that a payment advice will be supplied by the Department of Local Government and Housing in the normal way, and that it will indicate the date on which funds will be available in my/our account.
4. This authority may be cancelled by me/us by giving thirty day's notice by pre-paid/registered post.
5. I / We will not hold the Department of Local Government and Housing 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.

DETAILS OF MY/OUR BANK ACCOUNT

Initials and Surname _____ Authorised Signature _____ Date _____

Name of Bank _____
 Name of Branch _____
 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 in use)
 3 = Transmissal Account 6 = Subscription Account

FOR INTERNAL USE ONLY

LOGIK Request Number: _____
 LOGIS Supplier Number: _____
 Filing Number: _____

DATE STAMP OF BANK

FOR COMPLETION BY BANK OFFICIAL:
 Bank account details are hereby certified as being correct:

Name: _____
 ID Number: _____
 Signature: _____