

# MPUMALANGA PROVINCIAL GOVERNMENT

## Department of Safety and Security

No. 7  
Government Boulevard  
Riverside Park  
Ext 2  
Nelspruit  
1200  
South Africa



Private Bag X 11269  
Nelspruit  
1200  
Tel: 013 766 4062  
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### Civilian Secretariat

Litiko letekuphepha  
Nekuvikeleka  
Luphiko Lwefincapheli

Umyango Wezokuphepha  
Nokuvikeleka  
UNobhala womPhakathi

Departement van Veiligheid en  
Sekuriteit  
Siviele Sekretariaat

#### CHECKLIST FOR DEPARTMENTAL SUPPLIER DATA BASE REGISTRATION

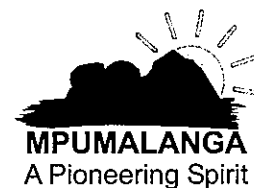
**PLEASE SUBMIT ALL RELEVANT INFORMATION REQUIRED BELOW, AS INSUFFICIENT INFORMATION MAY INVALIDATE YOUR APPLICATION.**

Company: \_\_\_\_\_

- Medical certificate if any member is disable
- Fax number / e-mail address
- Physical address / Postal address
- Tel number (s) as contact number
- Cell number (s) as contact number
- Fill form completely
- Commodities listed
- Sign form
- Indicate HDI / WE/DI/Y/SMME Status
- Certificate of Incorporation from Registration of Companies (CIPRO)
- Company Profile
- SARS Tax Clearance Certificate (**ORIGINAL**)
- Bank Stamp

Checked by : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Captured by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 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** may 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**
- It should be noted that the **Department of Safety and Security** 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;
- Supplier 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:													
Contact Person:													
E-Mail Address:													
Telephone Number:													
Fax Number: (compulsory)													
Cellphone Number:													

<b>Physical Address:</b>														<b>Postal Address:</b>													
Postal Code:														Postal Code:													

**Main contact person in the company:**

Name:													
Company Position:													
Cell phone Number:													
Fax Number:													
E-mail address:													

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

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

<b>Tax Clearance Certificate Attached</b>	Yes	No
Expiry date:		

**SMME status of your enterprise:**  
 (Please ✓ the relevant box)

Small	
Medium	
Large	

**List all partners, proprietors and shareholders (compulsory)**

Name	Position occupied in the enterprise	Citizenship	Percentage % owned	ID Number

**List other companies in which the above people are involved in:**

Name of Company	Position occupied in the enterprise	Percentage % owned

**Commodities:** (Principal business or services of supplier, e.g. Tents and Chairs Hire, catering, supply of stationery, groceries, cartridge, cleaning material and chemicals, sound system, printing, accommodation and other )

**SELECT ONLY 4 COMMODITIES**

NO.	DESCRIPTION

## HDI Ownership Status - Instructions and Definitions:

(Please read notes below very carefully)

### Terminology:

- **Owned:** Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits.
- **Previously Disadvantaged Individuals (PDI):** 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 Previously Disadvantaged Individuals.
- **Women:** A female person who is a SA citizen.
- **Disability:** means, in respect of a person, a permanent impairment of a physical, intellectual, or sensory function, which results in restricted, or lack of ability to perform an activity in the manner, or within the range, considered normal for a human being.
- **Establishment of PDI / 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:

Previously Disadvantaged Individuals (PDI)	%
Women Equity (WE)	%
Locality - Mpumalanga Based (L)	%
Disabled Individuals (DA)	%

**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

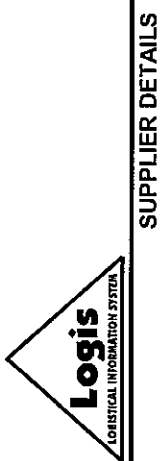
**Comments / Notes:**

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Please attach any medical certificate if any member of the company is disable



**CREDIT ORDER INSTRUCTION**

1. If/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. If/We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund Service", and If/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. If/We also understand that a payment advice will be supplied by the Department of Safety and Security on request, 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. If/We will not hold the Department of Safety and Security 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.

**SUPPLIER DETAILS**

COMPANY'S FULL TRADING NAME \_\_\_\_\_  
 (please print clearly)

ENTERPRISE REGISTRATION NUMBER \_\_\_\_\_ Year \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_  
 OR SIMME NUMBER \_\_\_\_\_

(Please attach a copy of the Registration Certificate)

VAT NUMBER \_\_\_\_\_

IDENTITY NUMBER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 Telephone and area code: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax number and area code: ( \_\_\_\_\_ ) \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Code: \_\_\_\_\_

PAYMENT ADDRESS \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Code: \_\_\_\_\_

Initials and Surname \_\_\_\_\_ Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

**DETAILS OF MY/OUR BANK ACCOUNT**

Name of Bank \_\_\_\_\_  
 Name of Branch \_\_\_\_\_  
 Branch Code \_\_\_\_\_  
 Account Holder \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Account Type\* \_\_\_\_\_

- \*Please enter numeric value:
- 1 = Cheque Account
  - 2 = Savings Account
  - 3 = Transmission Account
  - 4 = Bond Account
  - 5 = (Not in use)
  - 6 = Subscription Account

Services provided: \_\_\_\_\_  
 (e.g. Catering/Stationery)

**FOR INTERNAL USE ONLY**

LOGIK Request Number: \_\_\_\_\_  
 LOGIS Supplier Number: \_\_\_\_\_

FOR COMPLETION BY BANK OFFICIAL:  
 Bank account details are hereby certified as being correct:  
 Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

DATE STAMP OF BANK \_\_\_\_\_

FOR COMPLETION BY SUPPLIER:  
 Please complete this form and forward it to:  
 Department of Safety and Security  
 Private Bag X11269  
 NELSPRUIT - 1200  
 Riverside Govt, Building 4, 2nd floor  
 Attention: Sisanda/Siphephelo  
 Tel: (013) 766-4062  
 Fax: (013) 766-4615  
 Fax: (013) 766-9546

OTHER SUPPLIER'S DETAILS:  
 Contact Person: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_