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GERT SIBANDE FET COLLEGE - DEPARTMENT OF HIGHER EDUCATION AND TRAINING

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VEM/klm

TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON THE DATABASE OF GS FETC

All suppliers are herewith invited to register as an approved supplier on the database of the GS FET C.

In order to comply with the procedures set out in the Supply Chain Management Guidelines, as referred to in the Public Finance Management Act (PFMA), the GS FET C developed a supplier database to be used by the Procurement section.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to the GS FET C

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 GS FETC. It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA, and Treasury Regulations.

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 in full and sign it. Please note that a valid Tax Clearance Certificate, proof of banking details, company profile must be attached.

When completed this questionnaire, please send it to:

**Gert Sibande FET College
P.O Box 3575
Standerton
2430
For the attention: Supply Chain Database Administrator**

Or Delivered to
**18A Dr Beyer's Naude Street
Standerton
2430**

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;
- The following documents to be submitted with the application:
 1. Company Profile;
 2. ID Documents of Directors/Members/Shareholders;
 3. Tax Clearance Certificate;
 4. Any other registration Certificate pertaining to the industry;
 5. Company Registration;
 6. Vat Certificate;
 7. Any Joint Venture Certificates or Agreement signed under oath.
- It should be noted that GS FET C reserves the right to accept and reject any application without being obligated 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 finalized-failure to do so may result in the application being declined.

(Gert Sibande FET College Official Use Only)

Date Created: _____ Supplier Number: _____

Created By: _____ Verified By: _____

Service Category: _____ Supplier Vetted By: _____

Section A

Supplier Information

1. FULL REGISTERED NAME OF BUSINESS

2. IDENTITY NUMBERS OF OWNERS

<input type="text"/>	<input type="text"/>
NAME	ID NUMBER
<input type="text"/>	<input type="text"/>
NAME	ID NUMBER
<input type="text"/>	<input type="text"/>
NAME	ID NUMBER
<input type="text"/>	<input type="text"/>
NAME	ID NUMBER

3. REGISTRATION NUMBER OF COMPANY OR CLOSE CORPORATION
(Copy of registration certificate to be attached)

4. TAX REFERENCE NUMBER
(Attach an Authorisation form for municipality to obtain a tax Clearance from SARS if an original copy is not attached)

5. VAT REGISTRATION NUMBER IF REGISTERED
(Supply a VAT registration certificate)

6. WEB ADDRESS

7. TELEPHONE NUMBER

8. FAX NUMBER
(Will be used By the GS FETC for faxing requests for quotations and Purchase Orders)

9. EMAIL ADDRESS

10. CONTACT PERSON

11. HOW MANY GERT SIBANDE REGION RESIDENTS DO YOU HAVE IN YOUR EMPLOYMENT?

12 (a). HOW MANY DIFFERENTLY ABLED PERSONS ARE EMPLOYED BY YOU?

(b). HOW MANY WOMEN ARE EMPLOYED BY YOU?

13. PHYSICAL ADDRESS OF BUSINESS

14. POSTAL ADDRESS

15. SALES CONTACT
NAME TEL NO FAX NO E-MAIL

16. ACCOUNTS SECTION TEL NO, FAX NO, E-MAIL ADDRESS:

NAME TEL NO FAX NO E-MAIL

17. Attached find a list of the main commodities and/or services in respect of which you wish to be registered as an accredited prospective service provider and provide information on those that are not listed.

18. Black Economic Empowerment Act Information (Kindly supply the following information, if applicable as set out below and supply documentary proof as requested)

18.1 Details of previously disadvantaged Equity Holders (please attach a copy of Share Holding Certificate)

NAME	ID NUMBER	EQUITY HOLDING %
NAME	ID NUMBER	EQUITY HOLDING %
NAME	ID NUMBER	EQUITY HOLDING %

18.2 Details of grading on the BEE score card (Attach certificate if available)

18.3 Human Resource Development:

Number of Employees

Number of Previously Disadvantaged Individuals Employed

Details of Previously Disadvantaged individuals in Management Position:

NAME	ID NUMBER	POSITION OCCUPIED
NAME	ID NUMBER	POSITION OCCUPIED
NAME	ID NUMBER	POSITION OCCUPIED

19. Details of BBBEE businesses doing business with, Attach proof of the Three (3) top major suppliers mentioned below

Number of your service providers

Number of BEE businesses in your list of service providers

Percentage of your procurement budget spent of BEE businesses

Details of your Top Three major Suppliers:

1.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Business	Name of the Owner	Contact Numbers
<input type="text"/>	<input type="text"/>	
Street Address	Service/Goods Procured	

2.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Business	Name of the Owner	Contact Numbers
<input type="text"/>	<input type="text"/>	
Street Address	Service/Goods Procured	

3.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Business	Name of the Owner	Contact Numbers
<input type="text"/>	<input type="text"/>	
Street Address	Service/Goods Procured	

Section B

Financial Information

Banking Details

(please attach a cancelled cheque or bank confirmation letter)

Bank Name _____

Branch Code _____

Branch _____

Account Type _____

Bank Account Number _____

Name of Account Holder _____

I/We hereby will not hold GERT SIBANDE FET COLLEGE liable for any payment not made to our bank account if the bank account details are incorrect, or were not supplied to GS FETC prior to payment.

Initials and Surname

Authorised Signature

Date

Date Stamp of Bank

COMMODITIES AND SERVICES PROVIDED

In order to identify your organization as a potential service provider, types of commodities or services rendered have to be classified.

Please tick only three appropriate commodities or service that your organization renders.

Details	Selection
Commodities	
Advertising	
Auctioneers	
Audio Visual Aids & Equipment	
Building materials & hardware	
Building & Hardware Supplies	
Cartridges	
Catering	
Cleaning chemicals	
Clothing: General/Protective & Uniforms	
Computer & IT Equipments (Hardware &Software)	
Corporate Gifts & Promotion	
Courier Services	
Carpentry	
Consulting Engineers	
Debt Collections	
Event Management	
Fire extinguishing	
Furniture & Equipments	
Gardening Services	
Interior Decorations	
Legal Services	
Office Equipments & Consumables	
Printing & Stationery	
Printing consumables	
Photocopier Machines	
Project Management	
Quality Assurance Services	
Recreational supplies	
Refrigeration & Air Conditioning	
Security Services	
Short Term Insurance Brokers	
Training and Development	
Travel & Transport	
Telecommunication Systems	
Telecommunication Equipments	
Valuation Consultants	
Vehicle Repairs and Maintenance	
Workshop & Training Equipments	

DECLARATION OF SERVICE PROVIDERS' PAST SUPPLY CHAIN MANAGEMENT PRACTICES

1 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.

2 The service of any service provider may be disregarded if that service provider or any of its directors Have-

- a. abused the institution's supply chain management system;
- b. committed fraud or any other improper conduct in relation to such system; or
- c. failed to perform on any previous contract.

3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Description	Yes	No
4.1	Is the service provider or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, Furnish particulars:		
4.2	Is the service provider or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? To access this Register enter the National Treasury's website, www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, Furnish particulars:		
4.3	Was the service provider or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, Furnish particulars:		
4.4	Was any contract between the service provider and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, Furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date:

.....
Position

.....
Name of Service Provider

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the State, or persons who act on behalf of the state or persons having kinship with persons employed by the State, including a blood relationship, may make an offer or offers in terms of the invitation to provide a service. In view of possible allegations of favouritism, should the resulting service, or part thereof, be awarded to persons employed by the State, or to persons who act on behalf of the State, or to persons connected with or related to them, it is required that the service provider or his authorised representative shall declare his position vis-a-vis the evaluating authority and/or take an oath declaring his interest,

Where –

- The service provider is employed by the State or acts on behalf of the State;
- The legal person on who's behalf the application form is signed, has a relationship with person/ a person who is/are involved with the evaluation of the application, or where it is known that such a relationship exists between the person or persons for or on who's behalf the declarant acts and performs who are involved with the evaluation application. In order to give effect to the above, the following questionnaire shall be completed and submitted with the application.

2. Are you or any person connected with the service provider, employed by the State?

2.1 If so, state particulars:

*YES/NO

.....
.....

3. Do you, or any person connected with the service provider, have any relationship (family, friend, other) with a person employed in the department concerned or with the State Tender Board or its administration and who may be involved with the evaluation or adjudication of this application?

3.1 If so, state particulars:

*YES/NO

.....
.....

4. Are you, or any other person connected with the service provider, aware of any relationship (family, friend, other) between the service provider and any person employed by the department concerned, State Tender Board or its administration, who may be involved with the evaluation or adjudication of this application?

1. If so, state particulars:

*YES/NO

.....
.....
.....

Signature of Declarant

Tender Number

Date

Position of Declarant

Name of Company