



SUPPLIER DATABASE REGISTRATION DOCUMENT

SUPPLIER DATABASE REGISTRATION

A list of commodities requirements are listed in the supplier database application form. Prospective suppliers/service providers may apply to be listed on the supplier database for a maximum of five (5) commodities specific as per their principal business. Failure to comply with this condition will invalidate the application and would not be evaluated further.

Supplier Database registration forms are obtainable from:

Physical Address: MP CET COLLEGE

NKANGALA TVET COLLEGE CN MAHLANGU CAMPUS TRAINING CENTRE ROAD

INDUSTRIAL SITE

SIYABUSWA

0472

Email Address: mpcetc1@gmail.com

Finance Department

Tel/Cell No: 073 578 1012

SUPPLIER REGISTRATION FORM

IMPORTANT NOTES

Please read carefully before completion of registration form

- 1. To be completed by **all** vendors seeking registration as an approved supplier.
- 2. The supplier registration form must be completed in **full** and be **signed**, and forwarded to the MP CET College with all supporting documentation.
- 3. A **company profile** must accompany the registration form but will **not be accepted** as substitute for the application form.
- 4. Applicant MUST complete all fields on application form.
- 5. Successful applicants will be contacted, telephone, cell phone and/or email and **must** therefore submit an operating, telephone, cell phone and/or email address; failure to comply will result in excluding the supplier from the database.
- 6. Only successful suppliers will be notified in writing that their application has been accepted.

Checklist of information and documents required	Submitted		
	Yes	No	
Telephone / Cell number as contact			
Physical address and Postal address			
E-mail address			
Valid and Original SARS Tax Clearance Certificate			
Original or certified copy of B-BBEE certificate			
Original latest Bank Statement or Bank Letter with a bank stamp			
Company / CC Registration Certificate (Issued by CIPRO).			
Certified copy of identity documents (ID) of all shareholders/members/Directors or sole traders			
Latest company's original or certified water /electricity utility bill			
Latest business profile of company			
Commodities listed only five (5) may be selected, attached Annexure 1			
Is this a branch/agency/franchise of a national company			
Are all forms filled in completely			
All relevant documentation signed			

1. SUPPLIER DETAILS (All fields are mandatory)

(Please note that this account MUST be in the name of the supplier. No third party payments allowed).

Company Details:				
Legal Name:				
Trading Name:				
VAT Number:				
Income Tax Number:				
ID Number: (CEO, Director or Sole Proprietor)				
Passport Number: (If Applicable)				
Company Registration Number:				
CC Registration Number: (If Applicable)				
Indicate CC/CK Number: (If Applicable)				
Practice Number: (If Applicable)				
Staff compliment (Number)				

Comp	Company Contact Details:				
Telephone Number:					
Fax Number:					
E-mail Address:					
Website Address:					
Postal Address:					
Physical Address:					
Registered address:					

	Contact Person's Details:							
Name:								
Surname:								
Position:	Position:							
Telephone Number:								
Facsimile Number:								
Cellular Number:								
E-mail Address:								
2. SUPPLIER GROUPING [DETAILS:	(Please r	nark with an X the	relevant box)				
1. Public Company (LTD)			7. Foreign Compa	ny				
2. Private Company (PTY) LT	D		8. Joint Venture / Consortium					
3. Closed Corporation (CC)			9. Section 21 Company					
4. Sole Proprietor			10. Government /	Parastatals				
5. Partnership			11. Co-operative					
6. Trust								
12. Other: (Please specify)								
List all partners / owners and sl	nareholder	s (Compuls	ory)					
•								
Name and Surname	Po	sition	Citizenship	ID Number	r			

Note:

Where owners are themselves a company or partners, owners of the holding firm must be identified. Certified ID copies of partners, members, shareholders or owners must be attached.

3. BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) VENDOR PROFILE

3.1 B-BBEE Status Level Verification Certificates are issued by the following agencies:

3.1.1 EME: Bidders who qualify as Exempt Micro Enterprises

An enterprise with a total Annual Revenue of less than R 10 million per financial year

Sworn affidavit stamped by Commissioner of Oaths

3.1.2 QSE: Bidders who qualify as Qualifying Small Enterprises

An enterprise with a Total Annual Revenue between R 10 Million and R 50 Million per financial year

- Verification agencies accredited by SANAS; or
- If the ownership is greater than 51% black, a sworn affidavit will suffice.

3.1.3 Generic: Bidders who qualify as Generic Enterprises

An enterprise with a Total Annual Revenue above R 50 Million per financial year

Verification agencies accredited by SANAS.

3.2 Please mark your B-BBEE credentials with an (X)

Please mark your B-BBEE credentials with an (X)

B-BBEE Status	B-BBEE Recognition Level %	EME	QSE	Generic
Level 1 Contributor	135 %			
Level 2 Contributor	125 %			
Level 3 Contributor	110 %			
Level 4 Contributor	100 %			
Level 5 Contributor	80 %			
Level 6 Contributor	60 %			
Level 7 Contributor	50 %			
Level 8 Contributor	10 %			
Non-Compliant Contributor	0 %			

I/ We confirm that the information provided is correct as at this date:					
Name and Surname	Signature	Position	Date		

4. DECLARATION

Verification of information supplied in this document, including attached documents:

I/We, the undersigned, warrant that he / she is duly authorised to do so on behalf of the supplier, certifies that the information supplied including the annexure, is correct and accurate and acknowledge that:

If found that the information supplied is incorrect the College will disqualify and remove the supplier from our database permanently.

Supplier Name:	
Signature of Authorised Representative:	
Signatory Name in Print:	
Signatory Position:	
Signatory ID Number:	
Signad of	
Signed at	
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5. SUPPLIER BANKING ACCOUNT DETAILS

Account Name;															
Account Number:															
Branch Name:															
Branch Number:															
Account Type:															
Cheque Account:	S	avings	Acco	unt:		Trai	nsmis	sion	Acco	unt:	В	ond A	ccou	nt:	
															$\overline{}$
Other: (Please Specify	y)														
						1									\neg
ID Number:															
Passport Number: (If	Appli	icable)													
Company Registration	n Nun	nber:													
CC Registration Num (If Applicable)	CC Registration Number:														
Indicate CC/CK Number: (If Applicable)															
Practice Number: (If Applicable)															
OFFICIAL BANK STA	MP														
It is hereby confirmed that this details have been verified by the bank															

It is hereby confirmed that this details have been verified by the bank.

NOTE:

All relevant field must be completed.
All relevant documentation and certificates must be attached.

List of Commodities

ADDENDUM 1

NAME	NAME
ADVERTISING BOARDS	CONSULTING: ACCOUNTANTS & AUDITORS
ARTISTS & PERFORMERS	CONSULTING: HUMAN RESOURCE
AUDIO VISUAL EQUIPMENT/MATERIALS/ SERVICES	CONSULTING: OCCUPATIONAL SAFETY & HEALTH
BINDING	CONSULTING: QUALIFICATION VERIFICATION
BOOKS & JOURNALS/MAGAZINES	CORPORATE GEAR
BROOMS & BRUSHES	COURIER & DELIVERY SERVICES
BUILDING AIR-CONDITIONING SYSTEMS	CROCKERY & CUTLERY
CATERING	DATA LINES
CLEANING SERVICES	DESKTOP PC
COMMERCIAL & INDUSTRIAL	ELECTRIC WIRE & POWER
REFRIGERATORS	DISTRIBUTION
COMPUTER PERIPHERALS	ELECTRICAL SUPPLIES
CONSTRUCTION: BRICKLAYING	GARDENING SERVICES
CONSTRUCTION: ELECTRICIAN	LEARNING/TRAINING/SUPP/LIBRARY EQUIP
CONSTRUCTION: FENCING	LIBRARY BOOKS
CONSTRUCTION: PAINTING	LIBRARY/MEDIA/FILM MATERIAL
CONSTRUCTION: PARTITIONING	LICENCE PLATES
CONSTRUCTION: PAVING	LIFTING &HANDLING EQUIPMENT
CONSTRUCTION: PLUMBING	LINEN & SOFT FURNISHINGS
CONSTRUCTION: ROOFING	MAINTENANCE & REPAIRS INFRASTRUCTURE ASSETS
CONSTRUCTION: TILING	MOTOR VEHICLES
CONSTRUCTION: WELDING	OFFICE FURNITURE & EQUIPMENT
CONSULTING	PAINTING MATERIAL
PERISHABLES – DIARY	SPECIALIZED COMPUTER
PRODUCTS	SERVICES
PERISHABLES – EGGS	SPORT & RECREATION CONSUMABLES
PERISHABLES – FRUIT & VEGETABLES	STATIONERY

PERISHABLES – GROCERIES	TELECOM EQUIPMENT - NETWORK LAN/WAN
PERISHABLES – MEAT	TELECOM EQUIPMENT - NETWORK WAN
PERSIHABLES – BREAD	TELEPHONE /FAX INSTALLATION
PERSIHABLES – FROZEN FOODS	TRACING AGENTS & DEBT
DEDCOMMEL & LADOUD	COLLECTORS
PERSONNEL & LABOUR	TRAINING: COMMUNICATION
PEST CONTROL	TRAINING: FINANCIAL MANAGEMENT
PHOTOGRAPHER	TRAINING: HUMAN RESOURCE
PHOTOGRAPHIC EQUIPMENT	TRAINING: INFORMATION SERVICES
PLANT FLOWERS & OTHER DECORATIONS	TRAINING: MATERIAL & MANUALS
PRINTING & PUBLICATIONS	TRAINING: OCCUPATIONAL SAFETY
SERVICES	& HEALTH
PRINTING CARTRIDGE	TRAINING: ORGANISATIONAL
PRINTING PAPER	TRAINING: PROJECT MANAGEMENT
PRIVATE FIRM: LEGAL ADVICE	TRANSPORT ACCESSORIES & TRAILERS
PROMOTIONAL ITEMS	TRANSPORT CONTRACTOR
RENTAL & HIRING: AUDIO VISUAL EQUIPMENT	TRANSPORT FOR PUBLIC EVENTS
RENTAL & HIRING: GENERATORS	TRAVEL AGENCY
RENTAL & HIRING: PHOTOCOPY MACHINES	TUBE LIGHTS & LIGHT BULB
RENTAL & HIRING: TENTS, CHAIR & TABLES	TYRES & TUBES
RENTAL & HIRING: TOILETS	UNIFORM & PROTECTIVE CLOTHING
RENTAL & HIRING: TRAILERS & VEHICLES	VEHICLE REPAIRS
SECURITY SERVICES	VEHICLE TRACKING
SOFTWARE LICENCE: OFFICE	
SUITE SYSTEM	VENUES AND FACILITIES
SOFTWARE LICENCE: OPERATING SYSTEMS	WASHING/CLEANING DETERGENTS
SOFTWARE LICENCE: SECURITY	WRAPPING & PACKAGING
SOFTWARE LICENCE. SECORITY SOFTWARE	EQUIPMENT
SOFTWARE LICENCE: UTILITY	
SOFTWARE	

IF ANY ARE NOT MENTIONED ABOVE, PLEASE STATE BELOW

ADDENDUM 2

DECLARATION OF INTEREST

Any legal person, including persons employed by the state and/or by the MP CET College, or persons having a kinship with persons employed by the state and/or the MP CET College or by the, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation).

In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state and/or by the MP CET College, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where;

- the bidder is employed by the state and/or by the MP CET College; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

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

ull Name of bidder or his or her representative:
dentity Number
osition occupied in the Company (director, trustee, shareholder, member):
egistration number of company, enterprise, close corporation, partnership agreement or trust:
ax Reference Number:
AT Registration Number:
re you or any person connected with the bidder presently employed by the state and/or the MP CET ollege?
ES / NO
so, furnish the following particulars:
ame of person / director / trustee / shareholder/ member:
ame of state institution at which you or the person connected to the bidder is employed:

Position occupied in the state institution:
Any other particulars:
If you are presently employed by the state and/or by the MP CET College, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?
YES / NO
If yes, did you attach proof of such authority to the bid document?
YES / NO
(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid. If no, furnish reasons for non-submission of such proof:
Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state and/or by the MP CET College in the previous twelve months?
YES / NO
If so, furnish particulars:
Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a persor employed by the state and who may be involved with the evaluation and or adjudication of this bid? If so, furnish particulars.
YES/NO
Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?
YES/NO
If so, furnish particulars.

The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in the table below.

Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Income Tax Reference Number	Employee Number / Persal Number

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"State" means:

- (a) Any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999).
- (b) Any municipality or municipal entity.
- (c) Provincial legislature;
- (d) National Assembly or the national Council of provinces.
- (e) Parliament.

"Shareholder" means:

A person who owns shares in the company, is actively involved in the management of the enterprise or business, and exercises control over the enterprise.

DECLARATION

I, THE UNDERSIGNED (FULL NAM	E)	
CERTIFY THAT THE INFORMATION IS CORRECT.	N FURNISHED IN THE DOCUM	ENT, INCLUDING ADDENDUM 1 AND 2
I ACCEPT THAT THE STATE AND/O ME SHOULD THIS DECLARATION		AY REJECT THE BID OR ACT AGAINST
Signature	Date	
Position	Name of bio	der

FOR OFFICIAL PURPOSES ONLY

Ve	erified by:							
Si	gnature:							
Da	ate:							
Ca	aptured by:							
Si	gnature:							
Da	ate:							
ı								
1	APPLICATION ACCEPTED	Yes	No	APPLICATION	Yes	No	SUPPLIER NUMBER	