



APPLICATION FOR SUPPLIER REGISTRATION LOVEDALE TVET COLLEGE

THIS FORM MUST BE COMPLETED AND SUBMITTED TO:

THE SUPPLY CHAIN MANAGEMENT OFFICES
LOVEDALE TVET COLLEGE
1 AMATOLA ROW
KING WILLIAM'S TOWN
OR
PRIVATE BAG X7403
KING WILLIAM'S TOWN

ENQUIRIES: SCM OFFICE

Tel: 043 604 0739 / 043 604 0731

For Officia	al Purposes Only:
Name of Supplier:	
Registration Number:	
Documents attached:	
[] Business Registration (C C)	[] Business Registration (Pty
[] Cheque/Bank Verification Letter	[] ID of Owners
[] SARS Tax Clearance Certificate	[] Certificate – Catering
[] Certificate – Accommodation	[] Certificate – Security
[] Certificate – Travel Agency	[] Certificate – Electrical
[] Certificate – Construction	[] Certificate – Plumbing
[] Certificate – Cleaning Services	[] Other – Professional Registrations
Input by Checked By	Approved By
SignatureSignature	Signature
Date Date	Date

Introduction and Guidelines:

1. The supplier application form was specifically designed to provide for the registration of suppliers on the College's Supplier's Database. In order to ensure that suppliers are considered to be legitimate suppliers, it is imperative that the following guidelines are adhered to.

Applicants must complete pages 3 to 12 where applicable. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "N/A" in the appropriate space. If the space provided is left blank it will be regarded as information that is still outstanding and you WILL NOT be registered.

Applicants are advised that only an original application form or PHOTOSTAT copies thereof will be processed. Any documents that have been retyped or redrafted will be disregarded and returned to the applicant.

It is imperative that only an application form with ORIGINAL signatures be submitted. Applications with copied signatures will not be considered. All signatures to the document must be commissioned by an Authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration.

A supplier registered on the Suppliers Database MUST notify the Supply Chain Management Office of any changes to information provided in the initial application form. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Suppliers providing information incorrectly or fraudulently in their application will be restricted from tendering and removed from the Suppliers Database, in addition to any other action the Department may institute against such a supplier. Furthermore, in the event of the College being prejudiced financially, it reserves the right to take legal action against the supplier.

Electronic forms are available on the website: www.lovedalecollege.co.za

Instructions for filling out relevant sections of this form

- All relevant sections of this form must be completed by prospective suppliers only in black ink;
- Corrections can be made by drawing a line across the incorrect statement, writing in the correct details above the same, and subsequently endorsing the entry with the applicant's signature.
- Please select applicable boxes by making a tick ($\sqrt{}$) only make one selection unless otherwise specified; and indicate those which do not apply by writing N/A (not applicable);
- If the space provided is not sufficient, please note a reference to and include an annexure paper hereto, which complies with the specified format and numbering in this form, showing the additional details.

Tick (√)	Checklist: All applicable documents listed below must be attached to all registration forms.
	Certified copies of Business Registration Certificate where applicable (mandatory).
	An original valid SARS Tax Clearance Certificate (mandatory) and VAT Registration Certificate where applicable.
	An original cancelled Cheque and bank verification letter (mandatory)
	Any other relevant independent agency ratings, industry endorsements, accreditation certificates where applicable, such as CIDB, PSIRA, HBRC and BBBEE Status Accredited).
	Certified copies of Identity documents of ALL Owners/Shareholders (mandatory)

SUPPLIER REGISTRATION FORM

New	Supp	olier		Re	e-registrati	on			sting Supplier gistration Numl	ber	
A-1 BASIC SUPI	PLIEF	RINFC	DRMATION								
Registered name of Business											
Trading Name of Business if different from Registered name											
Company Registration Number	on										
Year of Registration						Years in	Operation				
		Public	Company Ltd			Attach C	Certified cop	oy of In	corporation (CM	3	
		Privat	e Company (Pty) L	td					corporation (CM		
		Close	Corporation CC			Attach C	Certified cop	oy of (C	K1 or CK2)		
		Sole P	roprietor			Attach C	Certified cop	oy of ID	Document		
Business Type		Partne	ership			Attach C	Certified cop	oy of Pa	artnership Agreer	ment	
(Tick box)		Trust	rust			Attach C	Certified cop	oy of Tr	ust Document		
		Co-operative				Attach Certified copy of Co-Op Registration					
		Community Based Organization (CBO)				Attach C	Certified cop	oies of	all Members IDs		
		Voluntary Associations				Attach Certified copy of Constitution					
		Foreig	gn Company	Attacl			Attach Certified copy of Incorporation				
Supplier		ISO Ra	ated		Manufact	urer Distributer					
Classification (Tick all that		Sales			Services			Repair			
apply)		Impor	ter		Exporter						
A-2 CONTACT I	DETA	ILS									
			PO Box/								
			P/Bag								
Postal Address:			Suburb/Town								
		•	City						I	1	
			Province						Postcode		
		•	Building								
Physical Address			Street								
Please indicate Cour RSA	ntry if	not	Suburb/Town								
NOA			City								
District Managements			Province	Ι.					Postcode		
District Municipality Contact Details (for a		at of		L	ocal Munic	ipality					
Tenders and Quotes		ינ טו	Name								
(Circle Title bed			Designation								
(Circle Title below) Mr. / Mrs. / Ms. /	Miss		Telephone Cell				Fax	Τ			
Other	(spec	rify)	E-mail				ID No	+			

Website								
	Street							
Branch Office: Physical	Suburb/Town							
Address	City							
	Province					Postcode		
District Municipality		Local Munic	ipality					
Alternative Contact Details	Name							
(for receipt of Tenders and Quotes):	Designation							
,	Telephone							
(Circle Title below) Mr. / Mrs. / Ms. / Miss.	Cell			Fax				
Other (specify)	E-mail			ID No				
(Specify the Office) Located								
at:								
A – 3 BANKING INFORMA	TION (N.B Attach B	ank Verificati	on letter i	from your B	Bank to tl	his applica	ition)	
Bank Details for this office:	Bank Name							
Official Bank Stamp	Bank Location							
	Branch Name							
AFFIX OFFICIAL BANK	Branch Code							
STAMP HERE	Account Holder							
	Account Number							
(Attach a copy or original bank statement not older than 60	Account Type:	Cheque/Cu	rrent	Transm	ission	Sa	vings	
days	(Tick One)	Other		Specify:				
Bank Official Name		Designation	n		S	Signature:		
A – 4 TAX INFORMATION	(N.B Attach an origi	nal valid Tax (Clearance	Certificate	to this a	pplication)	
SARS Tax Reference Number								
(Insert personal tax number if a or Personal Income Tax numbers of a		orietor) or						
VAT Registration Number	, , , ,	1						
RSC Registration Number								
Supplier's SARS Office and Tele	•							
contact number where tax file	is held							
B-1 OWNERSHIP/SHARE	HOLDING							
List all persons who are OWNERS (Proprietors/Shareholder/Pa	rtners/Sole	N.B. %	Ownership	should a	dd up to 1	00%	
Proprietors/Trustees/Beneficiaries and indicate their involvement in t) in the business or Trust be	ing registered	SA Citizen before 27/4/1994					
business /Trust. IN THE CASE OF HANDICAPPED, PR			Handicapped = Yes - attach proof.					
RECOGNIZED RELATED INSTITUTION	N MUST BE ATTACHED		Race	White In	ndian (Coloured	Other:	
If insufficient space, <u>NB</u> : kindly atta to this application form, signed by			%Time spent in the daily activities of this business					
the business/Trust								

A-2 Owners	' Infori	matio	n										Re	gar	dir	ng Ov	vners a	nd Trust	:S	
1) Full Name												Tr	ustee?		Υ	N	Owne	er?	Υ	N
ID Number:							Desi	gn	atior	ո։									•	
Address:																				
Own Interest in A	nother E	Busines	s Y	N	Specify	in Sect	tion B - 3	3	Nat	tionality	/ :									
% Ownership	South Af	rican?	Before	27/4	/1994	Gend	ler:	Н	landic	apped:	Ra	ace						% Time S	Spent	
	Υ	N	Υ		N	М	F		Υ	N	٧	٧	В	I		С	Other			
2) Full Name												Tri	ustee?		Υ	N	Owne	er?	Υ	N
ID Number:							Desi	gn	atior	າ:	-									
Address:																				
Own Interest in A	nother E	Busines	s Y	N	Specify	/ in Sect	tion B - 3	3	Nat	tionality	/ :									
% Ownership	South Af	rican?	Before	27/4	/1994	Gend	ler:	Н	landic	apped:	Ra	ace						% Time :	Spent	
	Υ	N	Υ		N	М	F		Υ	N	٧	٧	В	ı		С	Other			
3) Full Name				·								Trı	ustee?		Υ	N	Owne	er?	Υ	N
ID Number:							Desi	gn	atior	ո։									•	
Address:																				
Own Interest in A	nother E	Busines	s Y	N	Specify	in Sect	tion B - 3	3	Nat	tionality	/ :									
% Ownership	South Af	rican?	Before	27/4	/1994	Gend	ler:	Н	landic	apped:	Ra	ace						% Time S	Spent	
	Υ	N	Υ		N	М	F		Υ	N	٧	٧	В	ı		С	Other			
4) Full Name				,		•	<u>'</u>					Tri	ustee?		Υ	N	Owne	er?	Υ	N
ID Number:							Desi	gn	atior	າ:	-					ı				
Address:																				
Own Interest in A	nother E	Busines	s Y	N	Specify	/ in Sect	tion B - 3	3	Na	tionality	/ :									
% Ownership	South Af	rican?	Before	27/4	/1994	Gend	ler:	Н	landic	apped:	Ra	ace						% Time :	Spent	
	Y	N	Υ		N	М	F		Υ	N	٧	٧	В	1		С	Other			
		(Pleas	se copy	this	page a	nd ad	d to A	ppl	licati	on if m	ore	sp	ace is r	need	lec	d)		•		

B - 3 LIST ANY OWNER WHO HAVE AN OWNERSHIP INTEREST IN ANOTHER BUSINESS											
Name	Position										
ID Number											
Type of Business		% Held									
Name	Position										
ID Number											
Type of Business		% Held									
Name	Position										
ID Number											
Type of Business		% Held									

B - 4 DECLARATION OF CONFLICT OF INTEREST BY PROSPECTIVE SUPPLIER										
national or provincial public ent 1999 or any municipality or mu	y employed by the State (State means any national or tity or constitutional institution within the meaning of nicipal entity or provincial legislature or national asserent. If so, please indicate by declaring such interest/ass	the PFMA (Ac nbly or nation	t No 1 of al	Yes	No					
1	have relatives employed by the state, including blood est/association in the space below. Please refer to the			Yes	No					
B - 5 FINANCIAL CLAIMS	AGAINST PROSPECTIVE SUPPLIER									
Have your organization / paren If "Yes" please give details belo	t company / former company with the same principals w.	ever been liq	uidated?	Yes	No					
Date of Liquidation										
Has the Liquidation been resolv	red? Date Resolved	d:								
Who was appointed as Trustee	?									
What was the reason for Liquid				1						
Have your organization / paren for Government Tenders? If "Ye	t company / former company with the same principals es" please give details below.	ever been res	stricted	Yes	No					
When did Restriction commend	e and until what date? From:	:	To:							
Which institution invoked the re										
What was the reason for the re	striction?									
B-6 LITIGATION / JUDG	MENT HISTORY									
Nature of Claim / Judgment		Start Date								
Cause of Dispute										
Parties Involved in Dispute										
Status of Claim										
Claim Financial Implications										
Nature of Claim / Judgment		Start Date								
Cause of Dispute										
Parties Involved in Dispute										
Status of Claim										
Claim Financial Implications										
(Please copy this page and add to Application if more space is	s needed)								

3 - 7 Previous Business Information													
Did your business exist under a previous name? Yes No													
If "Yes" what previous name(s)?	If "Yes" what previous name(s)? Year:												
Why was the name changed?													
Previous Suppliers Database number	r?												
Owners, partners, members or shar	eholder	now de-registered:											
Name		Title		ID Nur	mber								

B-8 Business Information

The following table must be completed to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Select the Sector and tick the appropriate blocks in Column 2, 3 and 4.

Column 1	Column 2 (tick applicable)	Column 3 (tick applicable)	Column 4 (tick applicable)		
Sector or subsectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees	Total annual turnover	Total Gross Asset Value (fixed property excluded)		
Acricultura	More than 100	More than R 5m	More than R 5m		
Agriculture	Less than 100	Less than R 5m	Less than R 5m		
Mining and Quarriing	More than 200	More than R 39m	More than R 23m		
Mining and Quarrying	Less than 200	Less than R 39m	Less than R 23m		
Manufacturing	More than 200	More than R 51m	More than R 19m		
Wallulacturing	Less than 200	Less than R 51m	Less than R 19m		
Floatrigity Coo and Water	More than 200	More than R 51m	More than R 19m		
Electricity, Gas and Water	Less than 200	Less than R 51m	Less than R 19m		
Construction	More than 100	More than R 26m	More than R 5m		
Construction	Less than 100	Less than R 26m	Less than R 5m		
Retail, Motor Trade and Repair	More than 100	More than R 39m	More than R 6m		
Services	Less than 100	Less than R 39m	Less than R 6m		
Wholesale Trade, Commercial	More than 100	More than R 64m	More than R 10m		
Agents and Allied Services	Less than 100	Less than R 64m	Less than R 10m		
Catering, Accommodation & other	More than 100	More than R 13m	More than R 3m		
trade	Less than 100	Less than R 13m	Less than R 3m		
Transport, Storage and	More than 100	More than R 26m	More than R 6m		
Communications	Less than 100	Less than R 26m	Less than R 6m		
Finance and Business Services	More than 100	More than R 26m	More than R 5m		
rinance and business services	Less than 100	Less than R 26m	Less than R 5m		
Community, Social and Personal	More than 100	More than R 13m	More than R 6m		
Services	Less than 100	Less than R 13m	Less than R 6m		

C-1 COMMODITIES WHERE MANDATORY CERTIFICATION IS REQUIRED

Commodity	Mandatory certificate					
Catering	Registration with the Local Municipality for certificate of acceptability of premises for food preparation					
	South African Tourism Grading Council					
Accommodation	Registration with the Local Municipality for certificate of acceptability of premises for food preparation \underline{if} catering service is also provided					
Travel Agency	Certification from ASATA (This certification is not mandatory)					
Security Services	Security Officers Board (SOB) Certification					
Construction	Construction Industry Development Board (CIDB) Certification					
Plumbing	Construction Industry Development Board (CIDB) Certification					
Electrical Work	Electrical Corporation Board (ECD)					
Cleaning Services	Bargaining Council for the Contract Cleaning Services Industry (Certificate of Registration)					

C - 2 PLEASE INDICATE THE SERVICES/GOODS THAT YOUR BUSINESS CAN PROVIDE BY USING THE FOLLOWING COMMODITY CATEGORIES: You are required to indicate ONLY THREE(3) types of goods or service. NOTE- Services mentioned in C1 will not be considered if the relavant certification is not provided

Code	Commodity	Category Description	Can Supply (Y/N)
0001	Accommodation	B&B, Lodge, Hotel, Rooms for students, etc.	
0002	Advertising	Electronic and print media	
0003	Agricultural services	Engineering, products, services, machinery	
0004	Air conditioning	Services and repairs	
0005	Carpet fitting	Supply, deliver	
0006	Catering services	Management and student events	
0007	Cleaning services	Grounds, carpet/floor/office/residents	
8000	Cleaning material	Consumables	
0009	Communication services	Telephone, cellphone, fax	
0010	Computer equipment & accessories	Supply, deliver, repairs, servicing	
0011	Computer system & software	Purchases, web & software development, licensing	
0012	Consultants: Professional services	Internal /external audit services, financial and accounting services, legal services, medical services, psychological services, advisory services	
0013	Construction: building services	Built environment, glazing, painting, plumbing	
0014	Corporate gear	College branded T-shirts , caps, tracksuits etc.	
0015	Domestic equipment and appliances	Fridge, microwave, kettle etc.	
0016	Education supply	Teaching & Learning Aids, Charts, Educational Games, Mind Games, etc.	
0017	Education services	Moderation services	
0018	Electrical supplies	Extensions, plugs, tubing material	
0019	Event management services	PA system, DJ, Tent, chairs, tables	
0020	Fuel and Lubricants supply	Petrol, diesel, oil etc.	
0021	Furniture: Classroom	Desks, chairs etc.	
0022	Government printing forms	Policies, gazettes , requisition books	
0023	Glass services	Replacement, fixing etc.	
0024	Groceries	Biscuits, juices, coffee, tea sugar, etc.	
0025	Hardware supplies	Paints, locks, doors handles, etc.	
0026	Hiring/leases: Office Equipment	Photocopiers, faxes, scan, etc.	
0027	Medical Accessories and supplies	Grass cutting, repair broken mowers	
0028	Office equipment	Photocopier, Printers, etc.	
0029	Painting services	Walls inside and outside offices, classrooms, residents	

0030	Paving services	Around offices/classrooms/reside	ents			
0031	Pest and control services	Inside offices, classrooms, reside				
0032	Printing , binding, design services	Books, Magazines, Calendars, Ma				
0033	Promotional material	Flyers, booklets, flags, etc.				
0034	Stationery	Office and classroom				
0035	Protective clothing	Shoes, masks, gloves, overalls				
0036	Supply of newspapers, magazines, Journals	Supply and deliver				
0037	Signage ,labels and tags	Designs with college logo				
0038	Staff training	Persal, SCM, Labour Relations Mi Assessor, Moderator,	icrosoft Office, Facilitator, V	/EOP,		
0039	Transportation services	Students, officials, heavy goods				
0040	Travel agency	Accommodation, air flights, car h	ire, shuttle			
0041	Welding supplies	Deliver, install, remove				
Issuing Organization Name of Certificate Type of Certification			Expiry Date Grading Membership Period			
In order to assist with the classification process, a short summary of your core business and key products and services must be provided. You are required to indicate ONLY THREE (3) types of goods or services Our Core Business Is: PLEASE SELECT AN INDUSTRIAL SECTOR FROM C – 3 ABOVE AS A HEADING FOR THE GOODS/SERVICES SUPPLIED BY THE BUSINESS AND INDICATE THE ACTUAL SERVICES/GOODSTHAT THE COMPANY PROVIDES NOTE – Services mentioned in C 1 will not be considered if the relevant certification is not provided						
Sector		Description:				
Sector						
Sector						

(Please copy this page and add to Application if more space is needed)

D CURRENT OR PREVIOUS SUPPLY CONTRACTS WITH GOVERNMENT INSTITUTIONS							
Reference No		R	Contract Value				
Government Department		Start Da	Start Date End Date				
Description of Contract							
Departmental Reference (Contact Name and Number)							
Province and Municipal Area				olied:			
of work done			Goods	Service			
Reference No		R	Contract Value	2			
Government Department		Start Da	te	End Date			
Description of Contract							
Departmental Reference (Contact Name and Number)							
Province and Municipal Area			Supp	olied:			
of work done			Goods	Service			
Reference No		R	Contract Value	2			
Government Department		Start Da	ite	End Date			
Description of Contract							
Departmental Reference (Contact Name and Number)							
Province and Municipal Area			Supp	olied:			
of work done			Goods	Service			
Reference No		R	Contract Value	2			
Government Department		Start Da	te	End Date			
Description of Contract							
Departmental Reference (Contact Name and Number)							
Province and Municipal Area				olied:			
of work done			Goods	Service			

Ε	FURNISH A BRIEF PROFILE OF THE COMPANY
ĺ	

F DECLARATION

<u>VERIFICATION OF INFORMATION SUPPLIED IN THIS APPLICATION FORM, INCLUDING INFORMATION SUPPLIED</u> RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR:

I/we, the undersigned, warrants that he/she is duly authorized to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the annexure/s with additional information, is correct and accurate and I/we acknowledge that:

The supplier/applicant, which is the signatory hereto, will be required to furnish <u>documentary proof</u> of the information relating to preferences, if required to do so.

If the information supplied in this form is found to be incorrect then the College **may**, in addition to any remedies it may have:

- a. Disqualify the supplier/applicant for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/applicant;
- b. Recover from the supplier/applicant all costs, losses or damages incurred or sustained by the Department as a result of breach of the contract;
- c. Cancel the contract and claim any damages which the Department may suffer by having to make less favourable arrangements after such cancellation; and/or
- d. De-register the supplier registered on the Supplier Database