



## APPLICATION FORM FOR LISTING AS AN APPROVED SUPPLIER

REGISTRATION/EVALUATION CRITERIA: THE FOLLOWING CRITERIA WILL BE USED FOR EVALUATION OF THE REGISTRATION PROCESS

- VALID **ORIGINAL** SARS TAX CLEARANCE CERTIFICATE or TAX COMPLIANCE CERTIFICATE WITH PIN CODE
- LATEST CERTIFIED COPY OF IDENTITY DOCUMENTS
- PROOF OF BANKING DETAILS
- COMPANY REGISTRATION FORM / CORPORATE DOCUMENT (CIPCO);
- APPLICATION FORM DULY COMPLETED AND SIGNED
- CENTRALISED SUPPLIER DATABASE REGISTRATION FORM
- B-BBEE CERTIFICATE OR AFFIDAVIT
- LATEST MUNICIPAL ACCOUNT OR LETTER FROM LANDLORD/ LEASE AGREEMENT
- REGISTRATION WITH GOVERNING BODY e.g. PSIRA, IRBA, SAICA, ECSA etc.

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO:**

**BY HAND or POST:**

FINANCE DEPARTMENT  
SOUTH CAPE TVET COLLEGE CENTRAL OFFICE  
125 MITCHELL STREET  
GEORGE

**DATABASE ENQUIRIES:**

TEL: (044) 884-0359 – MR G MAZIBUKO  
E-MAIL: Garth.Mazibuko@sccollege.co.za

REGISTRATION ON SOUTH CAPE TVET COLLEGE SUPPLIER DATABASE DOES NOT GUARANTEE BUSINESS OPPORTUNITIES WITH THE COLLEGE.

PLEASE BE ADVISED THAT AS A SUPPLIER OF SOUTH CAPE TVET COLLEGE YOU WILL BE EVALUATED BASED ON YOUR PERFORMANCE.

THIS FORM IS ALSO AVAILABLE ON THE COLLEGE WEBSITE AT [www.sccollege.co.za](http://www.sccollege.co.za)

To be completed by the Supplier

**SUPPLIER NAME:** \_\_\_\_\_

**CENTRALISED DATABASE REGISTRATION NO:** \_\_\_\_\_



**CHECKLIST FOR SUPPLIERS (PLEASE TICK (✓) SUBMITTED DOCUMENTS)**

1. CERTIFIED COPY OF IDENTITY DOCUMENT NOT OLDER THAN 3 MONTHS **(COMPULSORY)**
2. VALID ORIGINAL SARS TAX CLEARANCE CERTIFICATE OR TAX COMPLIANCE CERTIFICATE WITH PIN CODE **(COMPULSORY)**
3. COMPANY REGISTRATION FORM / CORPORATE DOCUMENT (CIPCO (CERTIFIED COPY) **(IF APPLICABLE)**)
4. PROOF OF OWNERSHIP/SHAREHOLDER CERTIFICATE (CERTIFIED COPY) **(IF APPLICABLE)**
5. PROOF OF BANKING ( ORIGINAL BANK STATEMENT OR CANCELLED CHEQUE) **(COMPULSORY)**
6. VALID ORIGINAL (OR CERTIFIED COPY) B-BBEE VERIFICATION CERTIFICATE
7. PROOF OF CIDB REGISTRATION (IF APPLICABLE)
8. LATEST MUNICIPAL ACCOUNT OR LETTER FROM LANDLORD/ LEASE AGREEMENT
9. CENTRALISED SUPPLIER DATABASE REGISTRATION FORM
10. REGISTRATION WITH GOVERNING BODY e.g. PSIRA, IRBA, SAICA, ECSA etc. (state body) \_\_\_\_\_


**SECTION 1: BUSINESS PARTICULARS**

REGISTERED NAME OF BUSINESS: \_\_\_\_\_

BUSINESS TRADING NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

CONTACT PERSON (S) \_\_\_\_\_  
 \_\_\_\_\_

CELL NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_



**SECTION 2: TYPE OF BUSINESS**  
*PLEASE TICK (✓) APPROPRIATE BOX*

PARTNERSHIP	<input type="checkbox"/>	SOLE PROPRIETOR	<input type="checkbox"/>	CLOSE CORP	<input type="checkbox"/>
COMPANY	<input type="checkbox"/>	PTY LTD	<input type="checkbox"/>	TRUST	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>				

**SECTION 2 2: PRINCIPAL BUSINESS ACTIVITIES**  
*(PLEASE DESCRIBE BRIEFLY)*


**SECTION 2 3:  
 PRINCIPAL BUSINESS ACTIVITIES AND COMMODITY TYPE AS LISTED ON CENTRALISED SUPPLIER DATABASE**




**SECTION 3: DECLARATION BY SUPPLIER**

3.1 Please indicate whether you or a director, manager, principal shareholder's spouse, child, parent, brother or sister and their spouse of your enterprise is/are or has/have been in the service of the State in the previous twelve months.

YES  NO

If yes, please furnish particulars:


3.2 Please indicate whether you or a director, manager, principal shareholder have any relationship (family, friend or other) with a person employed by state:

YES  NO

If yes, please furnish particulars:


3.3 Is the supplier or any of its directors/partners listed on the National Treasury's database as a company of person prohibited from doing business with the public sector?

YES  NO

If yes, please furnish particulars:




3.4 Is the supplier 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)?

YES	NO
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If yes, please furnish particulars:


3.5 Was the supplier or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?

YES	NO
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If yes, please furnish particulars:


3.6 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES	NO
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If yes, please attached proof of such authority




**SECTION 4: DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED**

I/we, the undersigned, warrant(s) that I am/we are duly authorised to do so and on behalf of

(Company Name) .....declare that:

1. That the information contained in this document is correct.
2. All copies of relevant documentation are attached.

If the information supplied is found to be incorrect then SOUTH CAPE TVET COLLEGE in addition to any remedies, it may have; may

- (i) recover from you / your enterprise all costs, losses or damages incurred or sustained by the College as a result of the award of the contract, and/or
- (ii) cancel the contract and claim any damages which the College may suffer by having to make favourable arrangements after such cancellations, and/or
- (iii) impose a penalty as provided in the Tender Documents, and/or
- (iv) take any other action as may be deemed necessary.

SIGNATURE: _____	SIGNATURE: _____
NAME: _____	NAME: _____
CAPACITY: _____	CAPACITY: _____
ID NO: _____	ID NO: _____
TEL NO: _____	TEL NO: _____
BUSINESS ADDRESS: _____	
_____	

**COMMISSIONER OF OATHS:**

Signed and sworn to before me at ..... on this the  
 ..... day of..... 20..... by the Deponent(s), who acknowledged  
 that he/she/they know(s) and understand(s) the contents of this document, that it is true and correct to the best of  
 his/her/ their knowledge and that he/she/they have no objection to taking the prescribed oath, and that the prescribed  
 oath will be binding on his/her/their conscience.

SIGNATURE AND OFFICIAL STAMP: .....