



higher education
& training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

**WESTERN CAPE COMMUNITY
EDUCATION AND TRAINING COLLEGE**

9 Old Paarl Road, Belgravia, Belville, 7530
P. O. Box 4, Elsies River, 7490
Phone: 021 180 1010 (1022)
Email: SCM@WC.CETC.edu.za
Website: www.wc.cetc.edu.za



SUPPLIER APPLICATION FORM FOR REGISTRATION AS APPROVED SUPPLIER ON THE WESTERN CAPE CET COLLEGE SUPPLIER DATABASE

In order to register on the supplier database of the Western Cape CET College this application form must be completed in full, all supporting documents must be provided and the application form must be duly signed by an authorised representative of the prospective supplier.

It is imperative that suppliers read the application document carefully, complete in full and sign it. Please note that a valid Tax Compliance letter, proof of banking details, company profile, BBEE Certificate, and proof of physical address must be attached.

Completed documents must be sent to:

Western Cape CET College for the attention: Supply Chain Database Administrator

9 Old Paarl Road,
Belgravia, Bellville
Cape Town
Western Cape Province
7530

Or delivered to:

W.J. Louw Building

9 Old Paarl Road

Belgravia, Belville

Cape Town

7530

SUPPLIER APPLICATION FORM IMPORTANT - PLEASE READ CAREFULLY

1. To be completed by all suppliers seeking registration as an approved supplier;
2. The questionnaire must be completed in full and must be signed by a duly authorised person; 3. The following documents must be submitted with the application:
 - a. Company Profile;
 - b. Certified copies of ID Documents of Directors/Members/Shareholders not older than 3 months;
 - c. Original Tax Compliance letter;
 - d. Original and valid BBBEE Certificate from an accredited agency;
 - e. Any other accreditation / registration Certificate pertaining to the industry;
 - f. Certified copy of NHBRC Certificate (Construction)
 - g. Certified copy of CIDB Certificate (Construction)
 - h. Company Registration documentation;
 - i. VAT Certificate;
 - j. An original bank stamped letter issued by the bank to confirm the banking details, not older than 3 months;
 - k. Any Joint Venture Certificates or Agreement signed under oath.
4. Specific suppliers may be required to submit their latest audited (if applicable) annual financial statements, but this will be requested specifically by the College, where required.
5. It should be noted that the **Western Cape CET College** reserves the right to accept and reject any application without being obligated to give any reasons in this respect;
6. Suppliers will not be notified whether application was accepted or not but will be advised of the outcome if telephonically requested;
7. Suppliers must comply with all the registration criteria for registration to be finalised, failure to do so may result in the application being declined.
8. Following registration on the College Supplier Database, suppliers are requested to register in the Central Supplier Database - www.csd.gov.za

Western Cape CET College (Official Use Only)

Created By: _____

Created Date: _____

Verified By: _____

Verified Date: _____

Supplier Vetted By: _____

Vetting Date: _____

Supplier approved: _____
(for inclusion the College Supplier Database)

Approval Date: _____

Section A

Supplier Information

1. Type of entity (e.g. Close Corporation, Company, Trust, Sole Proprietor)					
2. Full registered name of business					
3. Details of owners and directors:					
Name	Capacity (Owner / Director / Shareholder)	ID Number	Citizenship	Gender	Race A/W/C/I
<p>Note: Where owner are themselves a company or partnership, owners of the holding firm must be identified. RACE: A= AFRICAN, W= WHITE, C= COLOURED AND I = INDIAN</p>					
4. Registration number of company or close corporation (Copy of registration certificate to be attached)					
5. Description of the core business of the supplier.					
6. Description of specific expertise vested in the company.					
7. Is permission granted by the applicant that the financial position of the supplier and the ability to manufacture or to supply goods or to render a service may be examined before its offer is considered for acceptance?					
8. Income Tax registration number					
9. VAT Registration number if registered, or indicate if not registered.					
10. Employees Tax registration number, if registered for Employees Tax.					
11. Please attach a valid tax clearance certificate and please state the verification pin and expiry date. (Attach an Authorization form for College to					

obtain a Tax Clearance from SARS if an original copy is not attached)	
12. UIF Number, if registered for UIF	
13. Workmen's Compensation Fund Registration Number if registered for Workmen's Compensation.	
14. Please attach a certificate of good standing from the Compensation Commissioner.	
15. Web address	
16. Telephone number	
17. Fax number	
18. Email address	
19. Physical address	
20. Postal address	
21. Contact person	
22. Please state you NHBRC status and please attach a valid certificate, if applicable.	
23. Please state your CIDB status and please attach a valid certificate, if applicable.	
24. Please indicate any professional / regulatory bodies with which you are accredited and please state your registration number and also attach the proof of registration / accreditation as may be relevant.	
25. Please indicate whether you are registered in the Central Supplier Database and if so, please include your proof of registration	
26. Please state your ISO status and please attach the relevant proof as may be applicable.	
27. Please provide the names and contact details of 3 trade references for the goods and / or services for which you wish to register on the supplier database?	
28. Please attach a copy of your latest annual financial statement (audited if applicable) to your application?	
29. Please state your annual turnover as per your latest Annual Financial Statements?	

30. Please state the number of full-time employees and the number of part time employees that are in your employment.	Full time: _____ Part time: _____ Other (please specify): _____			
31. How many residents of the [<i>insert district</i>] district do you have in your employment?				
32. How many disabled persons are in your employment?				
33. How many women are in your employment?				
34. Please provide proof of your address, in the form of a municipal account, or suitable alternative evidence of your address.				
35. Contact details for sales and accounts departments				
	NAME	TEL NO	FAX NO	E-MAIL
Sales section contact person				
Accounts section contact person				
36. Please complete the 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.				
37. Black Economic Empowerment Act Information (Kindly supply the following information, if applicable as set out below and supply documentary proof as requested)				
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 %	
Please state your BBBEE rating and please attach a valid supporting affidavit or BBBEE Certificate.				
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

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.	

Details of Your Top Three Major Suppliers:			
1	Name of Business	Name of the Owner	Contact Numbers
	Street Address	Service/Goods Procured	
2	Name of Business	Name of the Owner	Contact Numbers
	Street Address	Service/Goods Procured	
3	Name of Business	Name of the Owner	Contact Numbers
	Street Address	Service/Goods Procured	

Trade References					
(Please list at least 3 trade references from recent contracts awarded to you)					
Client	Contact person and contact number	Contract description	Contract value in Rand	Project duration	Year

Section B Financial Information

Banking Details

(Please attach an original bank stamped confirmation letter on the letterhead of the bank, in addition to completing this section)

Bank Name _____

Branch Code _____

Branch name _____

Account Type _____

Bank Account Number _____

Name of Account Holder _____

I/We hereby request and authorize **Western Cape CET College** to pay any amounts that are due to my/our Bank Account held at the abovementioned Financial Institution. This authority will remain in force until such time is cancelled by me/us giving (30) days written notice to your office.

I/We hereby declare that I/we will not hold **Western Cape CET College** liable for any payment not made to our bank account if the bank account details as provided above, or amended in writing by me/us, are incorrect.

Signed by:

_____ **Initials and Surname**

_____ **Authorised Signature**

_____ **Date**

who hereby warrants that he / she is duly authorised to sign this form on behalf of:

Date Stamp of Bank

COMMODITIES AND SERVICES PROVIDED

In order to identify your organization registered as a potential service provider, types of commodities or services rendered have to be indicated on the form below.

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

Details	Selection
Commodities	
Advertising	
Audio Visual Aids & Equipment	
Building materials & hardware	
Building Contractors	
Catering	
Cleaning chemicals	
Clothing: General/Protective & Uniforms	
Computer & IT Equipment (Hardware &Software)	
Corporate Gifts & Promotion	
Consulting Engineers	
Event Management	
Fire extinguishing	
Furniture & Equipment	
Office Equipment & Consumables	
Printing & Stationery – Cartridges	
Refrigeration & Air Conditioning	
Security Services	
Training and Development	
Travel & Transport	
Valuation Consultants	
Workshop & Training Equipment	
Policy Developers	
Please indicate applicable categories which may be applicable, but are not listed above, below:	

DECLARATION OF SERVICE PROVIDERS'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This 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, corruption 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
3.1	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"/>
3.1.1	If so, Furnish particulars:		
3.2	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"/>
3.3.1	If so, Furnish particulars:		
3.4	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"/>
3.4.1	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 PROVEN TO BE FALSE.

Signed by:

Signature.....

Date.....

Position.....

Name of Service Provider.....

who hereby warrants that he / she is duly authorised to sign this form on behalf of:

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 whose 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 / persons for or on whose behalf the declarant acts and performs who are involved with the evaluation application. 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, or in a Public TVET or CET College?

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, or in a Public TVET or CET College 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, or by a Public TVET or CET College, who may be involved with the evaluation or adjudication of this application?

4.1 If so, state particulars:

*YES/NO

.....

.....

Signed by:

Name of Declarant

Signature of Declarant

Date

Position of Declarant

Name of Company

who hereby warrants that he / she is duly authorised to sign this form on behalf of: