



the dti

Department:
Trade and Industry
REPUBLIC OF SOUTH AFRICA

Enquiries: Pat Gouws
Division: Group Systems and Support Services (GSSSD)
Room No.: Block B Second Floor
Tel.: (012) 394 1932
Fax: (012) 394 2932
E-mail: PDGouws@thedti.gov.za

RE: REQUEST FOR REGISTRATION AS AN APPROVED SUPPLIER ON THE SUPPLIER DATABASE OF THE DEPARTMENT TRADE AND INDUSTRY

Prospective suppliers are herewith invited to register as approved suppliers on the official Supplier Database of the Department of Trade and Industry (**the dti**).

In order to comply with the processes and procedures set out in the Supply Chain Management Policy, **the dti** developed a Supplier Database to register all suppliers providing goods and services to the Department.

Preference will be given to registered suppliers. However, it does not necessarily follow that those suppliers which are not yet registered will be totally exempt from quoting for the supply of goods or services to **the dti**. It is envisaged that the Supplier Database will contribute to efficient administration and compliance with the Preferential Finance Management Act (PFMA).

Attached please find an official request for registration, to be completed in full by prospective service providers. **It is imperative that suppliers read the registration form carefully, complete all sections in full, sign and date the form.** Please note that an original and **valid/current Tax Clearance Certificate** must be submitted together with the registration form.

The completed application for registration should be faxed to:

(012) 394 2957
For Attention: The Supplier Database Administrator
Supply Chain Management

or alternatively posted to:

Private Bag X84,
PRETORIA,
0001
For Attention: The Supplier Database Administrator
Supply Chain Management

Required Documentation Checklist

Please ensure that all listed documentation below is attached (where applicable) to the registration form.

All documentation is to be provided in its original format and/or certified.

Please submitted documents

Document Name	Attached
Original Valid Tax Clearance Certificate / VAT Registration	<input type="checkbox"/>
Certified Copy of Company Registration Certificate	<input type="checkbox"/>
Company Profile (max 3 pages)	<input type="checkbox"/>
Certified Copies of Director's ID's	<input type="checkbox"/>
Certified Copy of Accreditation Certificates	<input type="checkbox"/>
Cancelled Cheque / Verification Letter of Bank	<input type="checkbox"/>
Any relevant independent agency ratings / industrial endorsement	<input type="checkbox"/>
Proof of Disability (Doctor's Letter)	<input type="checkbox"/>
Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>
Certified copy of your valid B-BBEE Certificate	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

For office use only

Status:	Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	
	Awaiting Approval <input type="checkbox"/> <input type="checkbox"/>		
Send Summary Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reason if "No":

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**;
- All fields on application form **MUST** be completed by applicant;
- Suppliers will be informed of the outcome and will be provided with a supplier registration number.
- Supplier must comply with all the **registration-criteria** for registration to be finalised - failure to do so may result in the application being declined.
- **Please note that BEE and Tax clearance Certificates MUST be included - failure to do so will result in the application being declined.**
- Application form must be completed in block letters - illegible documents will not be processed

Supplier Details:

Company / Supplier Name:											
Company / Close Corporation Registration Number											
VAT registration number (if applicable):											
Income tax reference number:											
Web Address:											
E-Mail Address:											
Telephone Number:											
Fax Number:											
Toll-Free Number:											
Number of full-time employees:											

Postal Address: (compulsory)

Physical Address:

Postal Code:	

Company/Supplier Classification: (Please ✓ the relevant box or boxes)

ISO Listed	Importer	Services	Manufacturer	Repairer	Black-Owned	Distributor	Exporter	Sales
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Tax Clearance Certificate (Please ✓ the relevant box)

Tax Clearance Certificate (Please attach to application form)	Attached	To Follow
Expiry date:		

Please use this table to determine the SMME Status of your enterprise
(Please ✓ the relevant box in each column)

A. Sector	B. Full-time Paid Employees				C. Annual Turn-Over (millions)				D. Total Gross Asset Value (property excluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4	2	0.4	0.15	4	2	0.4	0.1
Mining and quarrying	200	50	20	5	30	7.5	3	0.15	18	4.5	1.8	0.1
Manufacturing	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Retail and motor trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Wholesale trade	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Catering, accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport and storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Finance and business services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Repair/allied services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Communications	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Other trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Commercial agents	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Community and social services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Personal services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1

SMME status of your enterprise (Compulsory) (according to SMME table above)

Please ✓ the relevant box

Micro		Very Small		Small		Medium		Large	
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BEE status as per BEE Verification certificate

B-BBEE Certificate:	
Contributing Level	<input type="text"/>
Expiry date	<input type="text"/>

SBD Goals Information:	
Skills Empowerment	<input type="text"/> % of turnover
Human Resources	<input type="text"/> % of turnover
Upliftment of Communities	<input type="text"/> % of turnover

COMMODITIES

Please list a maximum of six (6) commodities for which your company wishes to register with **the dti** and indicate only your core business activities.

1)
2)
3)
4)
5)
6)

PLEASE COMPLETE QUESTIONNAIRE A OR B

Contractors'/Suppliers' Questionnaire A

Questionnaire A: Individuals only

Please answer the questions by marking the appropriate column with an "X".
Please do not leave out any question relating to your specific circumstances.

Contractor/Supplier Name	
Natural Persons	
Surname	
Initials	
First two names	
Title	
ID number or passport number	
Nationality	
Income tax reference number	
Date of birth	
If not a citizen of South Africa, furnish a certified copy of a work permit	
Postal address and code	
Residential address and code	
Telephone numbers	
Fax numbers	
E-mail address	
If in possession of a tax directive, furnish a certified copy thereof	
Jurisdiction in which the contractor is 'ordinarily resident', i.e. place of permanent residence	

Question		Yes	No
1.	Do you supply services on behalf of a labour broker?		
2.	Are you subject to the control or supervision of the dti ? Including, but not limited to, the following: <ul style="list-style-type: none"> • The manner of duties performed; • The hours of work; and • The quality of work. 		
3.	Are you paid at regular intervals i.e. daily, weekly, monthly etc? (If the payments are made at regular intervals or by a rate per time period)		
4.	Will payment to you include any benefits? Including, but not limited to, the following: <ul style="list-style-type: none"> • Leave pay; • Medical aid; • Training; and • Sick leave. 		
5.	Will, or have you be/been in the full time employment of the dti ?		
6.	Will you require of the dti to provide any equipment, tools, materials or office space, in order to fulfil the contract?		
7.	Do you supply these, or similar, services only to the dti and not to any other client or the general public?		
8.	Will you be required to work more than 22 hours per week?		
8.1	If 'yes', will payment be made on an hourly, daily or weekly basis?		
8.2.1	Will you work solely for the dti ?		
8.2.2	Will you provide a written statement to this effect?		
8.2.3	How much will you be paid per day?		
Non-Residents of South Africa			
9.	Will you return to your jurisdiction of residence upon the termination of the contract?		
10.	Is the contract to exceed a period of three years?		
11.	Will you be returning to the jurisdiction of residence during the course of the contract? If so, for what periods of time?		
12.	Is your employer resident in South Africa or does a permanent establishment or branch represent the employer in the Republic?		
13.	If a permanent establishment or branch represents the employer in the Republic, will your salary be paid from such permanent establishment or branch?		
14.	Will you be required to perform any work outside of the Republic?		
15.	Do you agree to submit copies of your passport should the dti , so require?		
PARTICULARS OF PERSON ACTING AS REPRESENTATIVE OF THE ENTERPRISE			
I, the undersigned, confirm that the information provided above is accurate, and that while in receipt of payment from the dti , will inform the dti of any changes that take place pertaining the information provided above.			
Representative's full names:			
Capacity:		Contact number:	
Signature:			Date:

PLEASE COMPLETE QUESTIONNAIRE A OR B

Contractors'/Suppliers' Questionnaire B
Questionnaire B: All Service providers, excluding individuals

Please answer the questions by marking the appropriate column with an "X".
 Please do not leave out any question relating to your specific circumstances.

Contractor/Supplier Name	
Corporate contractors (including companies, close corporations and trusts)	
Registered name and furnish a certified copy of registration	
Nature of legal entity	
Trade name	
Registration number	
Date of incorporation	
Jurisdiction of incorporation	
Jurisdiction where effective management is performed	
Income tax reference number	
Employees' tax reference number	
Value-added tax (VAT) number and furnish a certified copy of VAT 103 Certificate	
Postal address and code	
Physical address and code	
Telephone numbers	
Fax numbers	
E-mail address	

Question		Yes	No
1.	Are you a 'labour broker', i.e. do you provide payment for supplying the dti with a person/s? If so, furnish a certified copy of an IRP30, which is valid for the period of the contract.		
2.	Is the service to be rendered personally by any person, who is a connected person, in relation to the entity? (For example, a shareholder, member or their direct family.)		
3.	Do you employ four or more employees on a full time basis throughout the year, excluding connected parties? If so, are these employees engaged in rendering the service to the dti ? (For example, secretarial employees would NOT be so engaged.)		
4.	Would you be regarded as an employee of the dti if the service was rendered by the person directly to the dti , other than on behalf of the contractor?		
5.	Do you, the Company, Close Corporation or Trust receive any form of training supplied or paid for by the dti ? If 'yes', please specify the nature and extent of the training:		
6.	Are you, the Company Close Corporation or Trust free to choose which tools or equipment, or staff, or raw materials, or routines, patents and technology to use in performing your main duties?		
7.	In order to perform your main duties, do you, or does such a person, Company, Close Corporation or Trust, use any tools or equipment supplied or paid for by the dti ? If 'yes', please state the nature thereof:		
8.	Are you subject to the control or supervision of the dti , as to the manner in which, or hours during which, the duties are performed or are to be performed in rendering the service?		
9.	Will the amounts paid or payable in respect of the service consist of, or include, earnings of any description, which are payable at regular daily, weekly, monthly, or other intervals?		
10.	Will more than 80% of your income, during the year of assessment, from services rendered, consist of or be likely to consist of amounts received directly or indirectly from any one client , or any associated institution, in relation to the client?		
11.	Does your contract contain any elements of an employment contract? [i.e. Job titles, reporting structure in organisation, fixed working hours, employment benefits, performance bonuses (excluding bonuses and penalties for early or late delivery)		
12.	Does your contract contain any clause that will enable you to receive payment, even if no work was done?		
13.	Have you ever been classified as a labour broker or personal services company (including a Close Corporation and Trust) by the South African Revenue Service (SARS) or any other client?		
14.	If the answer to question 13 was 'yes', did anything change that no longer classifies you as a labour broker or personal services company? If 'yes', elaborate:		

PARTICULARS OF PERSON ACTING AS A REPRESENTATIVE OF THE ENTERPRISE

I, the undersigned, confirm that the information provided above is accurate, and that while in receipt of payment from **the dti**, will inform **the dti** of any changes that take place pertaining the information provided above.

Representative's full names:

Capacity:

Contact number:

Signature:

Date:

Head Office Only

Captured By: _____
 Date Captured: _____
 Authorised By: _____
 Date Authorised: _____
 Supplier code: _____

Enquiries. : _____
 Tel. No.: _____

SUPPLIER MAINTENANCE:

BAS PMIS LOGIS WCS CONTRACTOR
 CONSULTANT

OFFICE:

The Director-General: DEPT TRADE AND INDUSTRY

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/we understand that the credit transfers hereby authorised will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/we understand that not additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post. Please ensure information is validate as per required bank screens .

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

Company / Personal Details

Registered Name	
Trading Name	
Tax Number	
VAT Number	
Title:	
Initials:	
First Name:	
Surname:	

Address Details

Payment Address (Compulsory if Supplier)	
Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

New Details

New Supplier information Update Supplier information

Supplier Type: Individual Department Partnership
 Company Trust
 CC Other (Specify)

Department Number

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 a kinship with persons employed by the State, including a blood relationship, may register as a supplier on the Suppliers Database within **the dti**. In view of possible allegations of favouritism, should a contract 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 supplier or his authorised representative shall declare his or her position to **the dti** and/or take an oath declaring his or her interest, where:
 - the supplier is employed by the State or acts on behalf of the State; and/or
 - the legal person on whose behalf the registration document is signed, has a relationship with persons/a person who are/is employed by **the dti** or where it is known that such a relationship exists between the person or persons for or on who's behalf the declaring acts and persons who are employed by **the dti**.
2. In order to give effect to the above, the following questionnaire shall be completed and submitted with the registration form.
 - 2.1 Are you or any person connected with the supplier, employed by the State?
***YES/NO**
 - 2.1.2 If so, provide particulars.
 - 2.2 Do you, or any person connected with the supplier have any relationship (family, friend, other) with a person employed in **the dti**?
***YES/NO**
 - 2.2.1 If so, provide particulars.
 - 2.3 Are you, or any person connected with the supplier aware of any relationship (family, friend, other) between the supplier and any person employed by **the dti**?
***YES/NO**
 - 2.3.1 If so, provide particulars.

DECLARATION OF INTEREST

I, THE UNDERSIGNED (NAME) _____

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.1 TO 2.3.1 ABOVE IS CORRECT. I ACCEPT THAT THE DEPARTMENT MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 34 OF THE GENERAL CONDITIONS OF TENDER, CONTRACT AND ORDER SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

Position

Name of Supplier

DEPARTMENT OF TRADE AND INDUSTRY'S (the dti's) ANTI-CORRUPTION TOLL-FREE HOTLINE

0800 701 701

The aim of the Hotline is to enhance an honest work ethic and simultaneously provide employees and persons not employed by **the dti** with a mechanism to bring any unethical business practices to the attention of management.

DECLARATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT I AM AWARE OF **the dti** ANTI-CORRUPTION TOLL-FREE LINE, WHERE I CAN FREELY REPORT POSSIBLE CORRUPT ACTIONS BY SUPPLIERS/SERVICE PROVIDERS/CONTRACTORS OR POSSIBLE CORRUPT ACTIONS WITHIN THE DEPARTMENT AT ANY TIME AND THAT THE DEPARTMENT WILL TREAT MY IDENTITY AS STRICTLY CONFIDENTIAL.

SBD 9

CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (SBD) must form part of all bids¹ invited.
- 2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).² Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4 This SBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
- 5 In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

¹ Includes price quotations, advertised competitive bids, limited bids and proposals.

² Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

in response to the invitation for the bid made by:

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: _____ that:
(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;

3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - (a) has been requested to submit a bid in response to this bid invitation;
 - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - (a) prices;
 - (b) geographical area where product or service will be rendered (market allocation)
 - (c) methods, factors or formulas used to calculate prices;
 - (d) the intention or decision to submit or not to submit, a bid;
 - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

³ Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder