



the dti

Department:
Trade and Industry
REPUBLIC OF SOUTH AFRICA

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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.

The purpose of the Database is to give all prospective suppliers an equal opportunity to submit **quotations** for goods and services to **the dti**.

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

the dti SUPPLIER REGISTRATION FORM 2010/11

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**;
- A **company profile** may accompany the registration form but will **not be accepted** as substitute for the application form – 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.

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:		

Supplier Grouping Detail – Type of Firm: (Please ✓ the relevant box)

1	Public Company (Ltd)		7	Sole Proprietor	
2	Private Company (Pty) Ltd		8	Foreign Company	
3	Closed Corporation (cc)		9	Partnership	
4	Other (specify)		10	Trust	
5	Joint Venture		11	Section 21 Company	
6	Consortium		12	Government / Parastatal	

Main contact person in your company:

Name:																				
Company position:																				
Cell phone number:																				
Identity (ID) number:																				
E-mail address:																				

Contact person (Sales) in your company:

Name:																				
Position in company:																				
Cell phone number:																				
ID number:																				
E-mail address:																				

List all partners, proprietors and shareholders (Compulsory)

Name	Position occupied in the enterprise	Citizenship	ID number

Note: Where owner are themselves a company or partnership, owners of the holding firm must be identified.

Small, Medium and Micro Enterprise (SMME) status of your enterprise:

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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Trade names: Maximum of six (6) will be registered

Trade names (Example: Brother)	Description (Example: Cartridge)

Historically Disadvantaged Individual (HDI) Ownership Status:

Please read notes below very carefully

Instructions and Definitions:

(Please read carefully before completing HDI Ownership Status)

Terminology:

- **Commodities:** The commodities the company wishes to be registered for as a supplier to the Department. **Only six (6) will be registered** – be sure to select your core business activities.
- **Trade Names:** The trade names that the company own or distribute, by which you wish to be registered as a supplier to **the dti**.
- **Owned:** Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Previously Disadvantaged Individuals (PDIs):** For the purpose of registering as a supplier to the Department, the refutable presumption shall be made that South African citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 Constitution are PDIs. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.
- **Women:** A female person who is a South African citizen.
- **Establishment of PDIs / Women Equity Ownership in a enterprise:** Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.

Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.

HDI Ownership Status:

(Failure to complete this section will result in the application being declined)

Previously Disadvantaged Individuals (PDIs)	%
Women Equity (WE)	%
Disabled Individuals (DIs)	%

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:	

Declaration of Interest

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.

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	____
New Details	
<input type="checkbox"/> New Supplier information <input type="checkbox"/> Update Supplier information	
Supplier Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Department <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> CC <input type="checkbox"/> Other (Specify)
Department Number	____

Supplier Account Details

(Please note that this account MUST be in the name of the supplier. No 3rd party payments allowed).

Account Name

Account Number

Branch Name

Branch Number

Account Type

Cheque Account

Savings Account

Transmission Account

Bond Account

Other (Please Specify)

If cheque account, please attached a copy of a cancelled or used cheque

ID Number

Passport Number

Company Registration Number

*CC Registration

***Please include CC/CK where applicable**

Practise Number

Bank stamp

It is hereby confirmed that this details have been verified against the following screens

ABSA-CIF screen

FNB-Hogans system on the CIS4

STD Bank-Look-up-screen

Nedbank- Banking Platform under the Client Details Tab

Contact Details

Business

Area Code

 Telephone Number

 Extension

Home

Area Code

 Telephone Number

 Extension

Fax

Area Code

 Fax Number

Cell

Cell Code

 Cell Number

Email Address

Contact Person:

Supplier Signature	Regional Office Sender
Print Name	Print Name
Rank	
/ /	/ /

If cheque account, please attached a copy of a cancelled or used cheque

Date (dd/mm/yyyy) Date (dd/mm/yyyy)

NB: All relevant fields must be completed