



## SECTION A: NOTICE TO APPLICANTS

Applicants must complete ALL pages, where applicable. Failure by an applicant to provide ALL the prescribed 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. All mandatory fields marked by two asterisks \*\* are to be filled in. If the space provided is left blank and or mandatory fields are not filled in, it will be regarded as information that is still outstanding and you **WILL NOT BE REGISTERED**.

### 1. Guidelines

- 1.1. Applicants are advised that only the **ORIGINAL form** or PHOTOSTAT copies thereof will be processed. Any document that has been retyped or redrafted will be disregarded.
- 1.2. It is imperative that supporting documents with an **ORIGINAL** signature be submitted. Emailed documents are also accepted.
- 1.3. All sworn affidavits must be commissioned by an authorized Commissioner of Oaths. **Failure** to do so will result in the applicant **not qualifying** for registration.
- 1.4. Suppliers registered on the Suppliers Database **MUST** notify the SASOPSBIZ of any changes to information provided in the initial form, as captured onto the Suppliers Database. The supplier will be required to fill in a supplementary form that will be sent to them via email. All amendments must be supported by the relevant mandatory documentation. **Failure** to do so will result in such a supplier being **de-activated/flagged** on the Suppliers Database and/or **cancellation of contracts** awarded to the supplier, on the basis of misrepresentation.

1.5. Suppliers providing information **incorrectly or fraudulently** in their forms will be disqualified from bidding and **deactivated/flagged** on the database, in addition to any other action the entity may institute against such a supplier. Furthermore, in the event of the entity being prejudiced financially, it reserves the right to take **legal** action against the supplier.

1.6. Any alterations made by the suppliers to its own information inserted on this document, must be initialled by the supplier. The use of correcting fluid is prohibited and the use thereof will lead to non- registration of the applicant business/supplier. Only black ink should be used to fill in the form.

## 2. Key points to remember – Completion of the form

2.1. **Required Documentation** – please refer to the table on the following pages to determine the mandatory supporting documentation required by your business type. Please ensure that all mandatory documents, certified copies, where applicable are attached. If a field is not applicable to your business type, clearly mark it as N/A.

2.2. **Completion of Questions** – please clearly state Yes, No, N/A to questions asked. Do not leave any blank fields.

2.3. **Certified Documents** – please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman’s compensation, Identity Documents, Security Officers Board Certificate if applicable.

2.4. **An original valid Tax PIN is to be submitted** – The validity period of a tax pin is 12 months from date of issue. To maintain a **verified** and **updated** status on the SASOPSBIZ Supplier Database, please ensure that the SASOPSBIZ is always in possession of a valid Tax Pin. SASOPSBIZ may also request a tax PIN before payment.

2.5. **A certified copy of a valid BEE Certificate or Sworn Affidavit is to be submitted** – The validity period of a BEE Certificate is 12 months from date of issue. As with the Tax Pin above, please ensure that SASOPSBIZ is always in possession of a valid BEE certificate.

2.6. **Processing of registration** – Your **completed** registration will be processed, and once verified, will be approved and you will be issued a Suppliers Database Registration number to be used in all future communication, including requests for quotes and formal tenders. This letter and/or electronic verification will be dispatched to the correspondence details supplied.

**SECTION B**

Documents required (Please tick which documents you have attached)

Documents attached	
Certified copy of ID	
Proof of physical address	
Proof of banking	
Tax Pin	
Proof pf PAYE registration (If applicable)	
Proof of VAT registration ( If applicable )	
Proof of workmen's compensation (If applicable)	
Proof of Industry registration/accreditation (If Applicable)	
Affidavit confirming disability ( If applicable)	
Proof of registration of SDL (If applicable )	
Proof of registration with COIDA (If applicable)	
Audited Annual Financial Statements (If applicable)	
BEE Certificate/Affidavit	

**SECTION C**

Please tick the correct option

C1:Type of business formation

Sole Proprietorship	
Partnership	
Close Cooperation	
Private Company	
Non Profit Organisation	
Other*	

\*Please state other form of business not mentioned above: \_\_\_\_\_

C2: Official Name of Business:

\_\_\_\_\_

C3: Trading name of  
business: \_\_\_\_\_

C4: Business Registration Number:

\_\_\_\_\_

C5: Physical Address:

\_\_\_\_\_

C6: Postal Address:

\_\_\_\_\_

C7: Telephone No: \_\_\_\_\_

C8: Cell No: \_\_\_\_\_

C9: Email Adress: \_\_\_\_\_

C10. Website (If Applicable): \_\_\_\_\_

C11: Contact person name & surname : \_\_\_\_\_

C12 Preferred correspondence

SMS	
What's up	
Telephone	
Email:	

C13: Preferred Language: \_\_\_\_\_

**SECTION D:**

Please indicate the district municipality where your business operates

iLembe	
eThekwini	
Amajuba	
uGu	
uMzinyathi	
uThukela	
uThungulu	
uMgungundlovu	
Sisonke	
Zululand	
uMkhanyakude	

**SECTION E:**

Please indicate your core business operations/classification

Supplier of Goods	
Supplier of Services	

E1: Details of bank account

Account holders' name			
Name of Bank			
Type of account	Cheque	Savings	Transmission
Account number			
Brach Number			

E2: Tax and other statutory registrations (Put N/A if not registered.)

UIF No	
Income Tax Number	
PAYE Number	
VAT Number	
Tax PIN Issue date	
Tax PIN Expiry date	

E3: Determination of supplier size

Financial Year end	
Total Gross Asset Value (Excluding fixed property)	
Annual Turnover	
Number of Employees	
BEE Certificate/Sworn Affidavit Issue date	
BEE Certificate/Sworn Affidavit expiry date	

**SECTION F**

Supplier Experience

Customer	Contract Value	Contract Start date	contract End date	Goods/Service Offered	Project completed Successfully (Y/N)	Client contact details(Name/Cell/email)

**SECTION G**

Industry of operation

Agriculture Forestry & Fishing	
Mining and Quarrying	
Manufacturing	
Electricity, gas and air-conditioning Supply	
Water, Sewer, Waste management and remediation activities	
Construction	
Wholesale and retail, trade, repair of motor vehicles and motorcycles	
Transport and storage	
Accommodation & Food services	
Information, Communication and Coding	
Financial & Insurance activities	
Real estate	
Professional, Scientific & Technical Services	
Administration & Support services	
Public Administration	
Education & Training	
Human, Health and Social work	
Arts, entertainment & recreation	



**SECTION H**

Please describe what type of goods/services your business provides

**SECTION I**

Demographics of majority owner:

Name: \_\_\_\_\_

- Tick where appropriate

<b>Race</b>				<b>Nationality</b>		<b>Age</b>		<b>Gender</b>		
Black	White	Coloured	Indian	RSA	Non RSA	Less than 35	More than 35	Male	Female	Other

**SECTION J**

Declaration by the Applicant

Verification of Information

I/We, the undersigned, who 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 the additional information, is correct and accurate and acknowledges that:

- a. The supplier will be required to furnish proof of the information relating to preferences, if requested to do so.
- b. If the information supplied is found to be incorrect then SASOPSBIZ may, in addition to any remedies it may have:
  - 1. Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
  - 2. Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the Province as a result of breach of the contract;
  - 3. Cancel the contract and claim any damage which SASOPSBIZ may suffer by having to make less favourable arrangements after such cancellation and or;
  - 4. Deactivate the supplier registered on the SASOPSBIZ Database.
- c. The despondent acknowledges that he/she knows and understands the contents thereof;

Signed by: \_\_\_\_\_

Supplier Representative Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_