



**International Relations & Cooperation (DIRCO)
OR Tambo Bld, 460 Soutpansbert Road, Rietondale, PRETORIA, 0084**

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**APPLICATION FOR REGISTRATION ON
SUPPLIER DATABASE**

THIS FORM MUST BE COMPLETED AND SUBMITTED TO:

**BY HAND: THE SUPPLIER DATABASE OFFICE
SUPPLY CHAIN MANAGEMENT OFFICE
OR Tambo Bld, 460 Soutpansberg Road, Rietondale, PRETORIA, 0084**

For attention: The Supplier Database Administrator

or

**BY POST: THE SUPPLIER DATABASE OFFICE
C/O SUPPLY CHAIN MANAGEMENT OFFICE
Private Bag X152
Pretoria
0001**

For attention: The Supplier Database Administrator

ENQUIRIES:

The Supplier Database Administrator Tel (012) 351 1051 / 8547 / 0666

- Annexure 1: SMME table**
- Annexure 2: Category / Commodity list**
- Annexure 3: Required Documentation Checklist**
- Annexure 4: Banking Information**
- Annexure 5: Proprietors / Shareholders / Partners / Sole Proprietors / Trustees / Owners**
- Annexure 6: General Information & Definition**

Kindly submit all relevant documentation requested in ANNEXURE 1

**Public Finance Management Act, 1999 (Act 1 of 1999) - (PFMA)
Accounting Officers Procurement Procedures - (AOPP)**

And also attach: A Valid B-BBEE Certificate

A Valid SARS Certificatte

Certified copies of Identity documents for shareholders

Certified copies of Company Registration

Banking details with a bank stamp attached in the middle of the form

Company Profile

Commissioner of Oath form (Page 9) should be completed at the Police Station

SERVICE PROVIDER DATABASE REGISTRATION FORM

All sections to be completed in **black ink**, submitted with an **original signature** commissioned by an authorized **Commissioner of Oaths**

SUPPLIER DETAILS

<i>Supplier/Vendor Number</i>	OFFICIAL USE ONLY
<i>Registered Name</i>	
<i>Trading as</i>	
<i>Registration Number</i>	
<i>Tax Registration Number</i>	
<i>Tax Certificate Expiry Date</i>	

Classification: **Only the main area of business**

Distributor	<input type="checkbox"/>
Exporter	<input type="checkbox"/>
Importer	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>
Repairer	<input type="checkbox"/>
Sales	<input type="checkbox"/>
Services	<input type="checkbox"/>

Type:

Private Company (Pty) Ltd	Joint Venture	<input type="checkbox"/>
Closed Corporation (cc)	Partnership	<input type="checkbox"/>
Sole Proprietor	Section 21 Company	<input type="checkbox"/>
Public Company	Trust	<input type="checkbox"/>
Consortium	Co-operation	<input type="checkbox"/>
Foreign Company	Unknown	<input type="checkbox"/>
Government/Institution/Parastate/Organ of State		<input type="checkbox"/>

Area of Operation:

Municipal Area	<input type="checkbox"/>
Provincial	<input type="checkbox"/>
National	<input type="checkbox"/>

<i>Toll Free Number</i>	
<i>Email Address</i>	
<i>Website URL</i>	
<i>Local Municipality</i>	
<i>Comment</i>	

Official use:

Rating	OFFICIAL USE ONLY
Status	OFFICIAL USE ONLY

VAT REGISTERED

	VAT Registration Number	
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ADDRESS

<i>Physical Address</i>	<i>Postal Address</i>



Department of International Relations & Cooperation

SUPPLIER MAINTENANCE

Head Office Only	
Captured By:	_____
Date Captured:	_____
Authorised By:	_____
Date Authorised:	_____
Supplier code:	_____
Enquiries:	_____
Tel. No.:	_____

BAS
 PMIS
 LOGIS
 WCS

 CONTRACTOR
 CONSULTANT

OFFICE:

The Director General : DEPARTMENT OF INTERNATIONAL RELATIONS & COOPERATION

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 no additional advice of payment will be provided by my/our bank, but that the details of each 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 validated as per required.

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 Detail	
Payment Address (Compulsory if Supplier)	_____
Postal Code	____
New Detail	
<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	____

EQUITY

Please attach Valid B-BBEE Certificate

Values of following items dependent on most recent Financial Statement

Item	Value / Number
Total number of full time Employees	
Total Annual Turnover	R
Total Gross Asset Value	R

The following table must be completed to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996.

Select the Sector and tick ✓ the appropriate blocks in Column 2, 3 and 4 next to your chosen sector

SMME table													
Column 1	Column 2 (tick applicable)				Column 3 (tick applicable)				Column 4 (tick applicable)				
Sectors in accordance with the standard Industrial Council	Total full time paid employees				Total Annual turnover (millions)				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	4m	2m	0.4m	0.15m	4m	2m	0.4m	0.1m	
Catering, Accommodation & other trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m	
Community, Social and Personal	100	50	10	5	10m	5m	1m	0.15m	5m	2.5m	0.5m	0.1m	
Construction	200	50	20	5	20m	5m	2m	0.15m	4m	1m	0.4m	0.1m	
Electricity, Gas and Water	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5m	0.1m	
Finance and Business Services	100	50	10	5	20m	10m	2m	0.15m	4m	2m	0.4m	0.1m	
Manufacturing	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5	0.1m	
Mining and Quarrying	200	50	20	5	30m	7.5m	3m	0.15m	18m	4.5m	1.8m	0.1m	
Other Trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m	
Retail, Motor Trade and Repair Services	100	50	10	5	30m	15m	3m	0.15m	5m	2.5m	0.5m	0.1m	
Transport, Storage and Communications	100	50	10	5	20m	10m	2m	0.15m	5m	2.5m	0.5m	0.1m	
Wholesale Trade, Commercial Agents, and Allied Services	100	50	10	5	50m	25m	5m	0.15m	8m	4m	0.5m	0.1m	

For official use only	
Summary of results	SMME Status as per above (✓ appropriate block)
Column 2	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 3	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 4	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>

SMME FINAL RESULT	<input checked="" type="checkbox"/>
Micro	
Very Small	
Small	
Medium	
Large	

Locality	<input checked="" type="checkbox"/>
Rural Area	<input type="checkbox"/>
<input type="text"/>	

CONFLICT OF INTEREST: Declaration - SBD 4

Are you or any person connected with you company currently working as an employee in any organ of state? If "YES", furnish the following particulars: Yes No

Name of person/director/shareholder/member	
Name of institution to which the person is connected	
Name of state institution to which the person is connected	
Position occupied in the state institution	
Any other particulars	

Have you or your spouse, or any of the company's directors/shareholders/members/partners or their spouses conducted business with the state or any organ of the state for the previous 12 months? Yes No

If "YES", furnish particulars:

Do you, or any person connected with your company have any close relationship (family, friend, other) with a person employed by the state or an organ of state? Yes No

If "YES", furnish particulars:

Do you, or any person connected with your company have any close relationship (family, friend, other) with any official working in our establishment? Yes No

If "Yes", furnish particulars:

Are your company currently servicing on any structures of our establishment? Yes No

If "Yes", furnish particulars:

Is there any other relevant information that you would like to disclose? Yes No

If "Yes", furnish particulars:

Declaration

Verification of information supplied, including information relating to preferences that the Applicant or Business may apply for:

I/we, the undersigned, who warrants that I/we are duly authorised to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledges that:

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
2. If the information supplied is found to be incorrect, then DIRCO may, in addition to any remedies it may have:
 - (i) Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
 - (ii) Recover from the supplier/contractor all costs, losses or damages incurred or sustained by DIRCO as a result of breach of contract;
 - (iii) Cancel the contract and claim any damages which DIRCO may suffer by favourable arrangements after such cancellation and/or;
 - (iv) De-register the supplier, registered on the Supplier Database.
3. A registered supplier **MUST** notify Supply Chain Management Office of any changes to information supplied on this form. Failure to do so may result in such supplier being removed from the Supplier database and / or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Signed on this _____ day of _____ 20__ at _____

Signature of Authorised Representative

Name in Block Letters

Commissioner of Oaths

Business Address

Capacity

Area

Commissioner of Oath: Signature

Commissioner of Oath: Full Name

ANNEXURE 1 - 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.

Document Name	Please ✓ submitted documents Attached
Original Valid Tax Clearance Certificate / VAT Registration	<input type="checkbox"/>
Certified Copy of Company Registration Certificate (CK/CM Agreement)	<input type="checkbox"/>
Certified copy of the Valid B-BBEE Certificate	<input type="checkbox"/>
Certified Copies of Director's ID documents	<input type="checkbox"/>
Certified Copies of Compliant Accreditation Certificates (for Training as commodity)	
ICT - Sita	<input type="checkbox"/>
PSETA - Public Sector Education and Training Authority	<input type="checkbox"/>
SETA - Sector Education and Training Authority	<input type="checkbox"/>
Verification Letter of Bank (completed by bank) / Bank Stamp / Cancelled Cheque	<input type="checkbox"/>
Any relevant independent agency ratings / industrial endorsement	<input type="checkbox"/>
Valid Health Certificate (for Catering as Commodity)	<input type="checkbox"/>
Proof of Disability (Doctor's Letter)	<input type="checkbox"/>
Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>
Company Profile (maximum of 3 pages)	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

For official use only

Captured by:

Date:

New

Update

Status: **Approved** **Declined** **Awaiting Approval**

Done VAT Checked:

Yes

No

Reason if "No":

Send Summary Report

Yes

No

Reason if "No":

ANNEXURE 2 - Commodity list

DIRCO
SUPPLY CHAIN MANAGEMENT DATABASE COMMODITY LIST

Please indicate with ✓

NB: only 1 main commodity will be registered with 5 sub commodities

Construction (commodity 1)

Electrical Appliances	Autoclaves			
Plumbing	Concrete Works			
Airconditioning Systems	General Building Works			
Pumping Installations				

Services (commodity 2)

Accommodation	Food & Beverage		Publishers	
Arts & Craft	Garden Services		Radio Publicity/TV Publicity	
Advertising Placement	Graphic Designs		Removal Companies	
Adverts on Radio and TV	Groceries		Restaurants	
Audivisual and Communication	Health and Wellness		Sound and Stages	
Video and photographic	Interior Decorating		Safety & Security Services	
Auto Repairs & Services	IT Services		Security & Access Control, Security Studies	
Cameras (for access cards)	Language Translators & Trainers		Security (Touches, Lawyards access cards)	
Carpet Cleaning	Liquor Store		GPS (Just on spec)	
Catering Services *1	Laundry Service/Dry Cleaning		Teambuilding Services	
Cleaning Equipment/Materials	Locksmith Services		Training Providers	
Cleaning Services	Luggage Bags & Conference bags etc		Transport	
Computer Supplies/Services	Marketing Materials (Pen, bags, note pads, pencils, files ect)		Travel Agencies	
Conference Facilities	Media Liason		Uniforms	
Corporate Gifts/Corporate Clothing	Mailing/Courier Service		Universities	
Courier Services	Magazines & Newspapers		Venues (Team Building)	
Crockery,Cutlery & Glassware	Newspaper delivery		Window Cleaning	
Cultural Activities	Office Equipment		Wine Distributors	
Design &Printing (e.g. brochures, business cards, pamphlets)	Office Furniture Installation		Water Dispensars	
Dry Cleaning	Office Plants & Maintenance		Telephone& Data Line Maintenance	
Engraving Service	Posters, banner & flags		Training & Development	
Event Management	Photocopier		Upholsterers	
Exibitions	Printing/Photography/Graphic Design		Web pages & Design	
Entertainment	Pest Removal Services		Wind Socks for the Aerodome	
Florist	Promotional Material			
Framework Services				
Furniture				

Professional Services (commodity 3)

Teachers	Architects	
Training Providers *2	Risk Management, Monitoring and Evaluation	
Labour Relations (Disciplinary Hearings)	Life-Skills and Ethical Conduct	
Human Resource Management	Contract Management	
Recruitment and Selection	Team Building	
Public Accounting, Expenditure, Revenue Management	Translation Services	
PFMA *4&*5	Training Modules	
Project Management	Economic Diplomacy, Public Diplomacy, Research, Teamwork, Domestic and Foreign Policy and Project Management	
Supply Chain Management		
Conflict, Stress, Diversity Change Management		
Presentation and Facilitation Skills		
Occupational Health and Safety		
Report Writing		

Wholesalers/Traders (commodity 4)

Book Stores	Groceries	Supply Plants, Flowers and Seeds
Computer Equipment/Software	IT Hardware and Software *3	Stationery
Computer Consumables (inc cartridges for printers and copiers ect.)	Linen Pillows & Blankets	Toiletpaper unwrapped
Electrical Supplies & Equipment	Office Equipment	Vehicles and Equipment
Computer Hardware	Office Consumables	
Furniture	Protective Clothing/Uniforms	

Summary: Core Business

In your own words, please state your your core business:

1

2

Trade Name (= sole supplier of specific brand name)

Fill the specific **brand names** that the company **own** or **solely distribute**, which you wish to register:

ANNEXURE 3 - General information & Definitions

HDI Ownership Status: Please read notes below very carefully

Instructions and Definitions:

Legislation:

- Procedures are set out in the **Accounting Officers Procurement Procedures (AOPP)**, as referred to in the **Public Finance Management Act, 1999 (Act 1 of 1999)(PFMA)**, to give all prospective suppliers an equal opportunity to submit quotations to a State Department.

Terminology:

- **Commodities:**
The commodities the company wishes to be registered for as a supplier. Please define your **PRINCIPAL BUSINESS** to a maximum of 5 commodities.
- **Trade Names:**
The trade names that the company own or distribute, which you wish to be registered for.
- **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.
- **Historically Disadvantaged Individuals (HDI):**
For the purpose of registering as a supplier for the Department, the rebuttable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Historically Disadvantaged Individuals. 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 SA citizen.
- **Disability:**
In respect of a person, a permanent of physical, intellectual, or sensory function, which result in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.
- **Establishment of HDI / 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.
- **Fronting:**
Companies with no Black Economic Empowerment (BEE) status illegally claiming to be headed by previously disadvantaged individuals* and claim false BEE credentials in order to win tenders/contracts.