



your leading partner in quality statistics

TO ALL SUPPLIERS SEEKING REGISTRATION AS APPROVED SUPPLIERS ON STATISTICS SOUTH AFRICA'S SUPPLIER DATABASE

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations.

All suppliers are herewith invited to register on Statistics South Africa's supplier database. Attached please find an official application form to assist the department in updating the database as required by legislation.

The following important notes should be read carefully prior to completion of this form

1. This form must be completed in full and signed by the owner(s) or manager or administration head.
2. Full signature is required when alterations are made in this document.
3. If the information required is not applicable to your business, clearly insert N/A in the appropriate space.
4. Mark the appropriate square with an 'X' where it is applicable to you.
5. All fields on application form **MUST** be completed by applicant; if the space provided is left blank, it will be regarded as information that is still outstanding and you will not be registered.
6. No faxed or e-mailed application forms will be accepted.
7. Businesses providing information intentionally incorrectly or fraudulently will be disqualified.
8. Businesses blacklisted by any organs of state* must first be removed or cleared from blacklist before registration.
9. Certified copies of the following documents must be attached to this application form:
 - a) Fax number (Compulsory)
 - b) Original valid Tax Clearance Certificate:
 - d) Income Company Certificate or Shareholder(s) Register;
 - c) Proof of company registration - CIPC
 - e) VAT registration certificate (for VAT vendors only);
 - f) ID copy/ies for all company members/partners/directors.
 - g) BEE Rating Certificate or Letter from a registered Accountant
 - h) CIDB Number – applicable to Construction related services
 - i) PSIRA Certificate - applicable to Security related services
 - j) Proof of SETA AND OR SAQA accreditation – applicable to training related services
 - k) If members/directors/partners/owners are employed by the state, proof that they are allowed to conduct business outside remunerative work should be attached

Failure to submit all the above documents will result in non-registration.

10. Fronting* will result in a business being blacklisted.
11. Members / directors / partners / owners in service with any organ of state* management; must declare any conflict of interest. Failure to do so may lead to disqualification or de-registration.
12. This is only a registration form for database and does not guarantee any award of bid / contract.
13. Statistics South Africa reserves the right to reject any application, which in its opinion failed to comply with the registration requirements or criteria.

NB: Statistics South Africa shall conduct security screening in compliance with section 2A of the National Strategic Intelligence Act, 67 of 2002. This Security Screening shall be done through an independent body/organization.

14. Completed Suppliers' Database Application forms and all required documents must be posted or hand delivered to:

Statistics South Africa
170 Andries Street
East Wing, Third Floor
De Bruyn Park Building
Pretoria

OR

Statistics South Africa
Private Bag x 44
Pretoria
0001

STATISTICS SOUTH AFRICA SUPPLIER DATABASE REGISTRATION

NAME OF SERVICE PROVIDER: _____

FOR OFFICIAL PURPOSE

APPLICATION REJECTED	APPLICATION ACCEPTED
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SUPPLIER NUMBER	
------------------------	--

Verified By : _____ **Signature :** _____ **Date:** _____

Captured By : _____ **Signature :** _____ **Date:** _____

- **Main contact person in your company: (Director)**

Name:																						
Company Position:																						
Cell phone Number:																						
Fax Number:																						
E-mail address:																						

- **Contact person (sales) in your company:**

Name:																						
Position in company:																						
Cell Phone Number:																						
Fax Number:																						
E-mail address:																						

- **Preferred method of correspondence**

 Fax

 E-Mail

 Telephone

5. Broad-Based Black Economic Empowerment (B-BBEE) information

(Please mark with an X your B-BBEE credentials)

B-BBEE Status		B-BBEE Score/Qualification		B-BBEE Recognition level %	
Level 1 Contributor		> 100		135%	
Level 2 Contributor		> 85 but < 100		125%	
Level 3 Contributor		> 75 but < 85		110%	
Level 4 Contributor		> 65 but < 75		100%	
Level 5 Contributor		> 55 but < 65		80%	
Level 6 Contributor		> 45 but < 55		60%	
Level 7 Contributor		> 40 but < 45		50%	
Level 8 Contributor		> 30 but < 40		10%	
Non-Compliant Contributor		< 30 on the Scorecard		0%	

Qualifying Small Enterprise (QSE)		Please mark with an X your B-BBEE credentials	
<i>Any enterprise with an annual total revenue of between R5 million and R35 million qualifies as a Qualifying Small Enterprise.</i>			

Enterprise 50% or more Black owned		Please mark with an X your BBBEE credentials	%	Provide % of shareholding
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Indicate if your enterprise is 50% or more black owned

Enterprise 30% or more Black women		Please mark with an X your B-BBEE credentials	%	Provide % of shareholding
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Indicate if your enterprise is 30% or more black women owned

I/We confirm that the information provided is correct as at this date:			
Name	Signature	Designation	Date

List all Shareholders by Name, Position, Identity Number and Citizenship (Compulsory)

Name	Position occupied in the Enterprise	Identity Number	Citizenship

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state*, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favoritisms, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorized representative declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the supplier database form**

2.1 Full Name of bidder or his or her representative:

2.2 Identity Number:

2.3 Position occupied in the Company (director, shareholder etc):

2.4 Company Registration Number:

2.5 Tax Reference Number:

2.6 VAT Registration Number:

* "State" means –

(a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

(b) any municipality or municipal entity;

(c) Provincial legislature;

(d) National Assembly or the national Council of provinces; or

(e) Parliament.

2.7 Are you or any person connected with the bidder presently employed by the state?

Yes	No
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2.7.1 If so, furnish the following particulars:

Name of person / director / shareholder/ member:

Name of state institution to which the person is connected:

Position occupied in the state institution:

Any other particulars:

.....

2.8 Did you or your spouse, or any of the company's directors / shareholders / members or their spouses conduct business with the state in the previous twelve months?

Yes	No
-----	----

2.8.1 If so, furnish particulars:

.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?

Yes	No
-----	----

2.9.1 If so, furnish particulars.

.....

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between the bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

Yes	No
-----	----

2.10.1 If so, furnish particulars.
.....
.....

2.11 Do you or any of the directors /shareholders/ members of the company have any interest in any other related companies whether or not they are bidding for this contract?

Yes	No
-----	----

2.11.1 If so, furnish particulars:
.....
.....

DECLARATION

I, THE UNDERSIGNED (NAME).....
CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.1 TO 2.11.1 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature Date

.....
Position Name of bidder

I/we the undersigned acknowledge(s) that:

- The information furnished is true and correct

**SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE** _____
DATE

**SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE** _____
DATE

EXTENSIVE LIST OF COMMODITIES

Please mark X in column on the right hand side of each selected commodity. Only the first eight (8) will be registered, therefore please define your principal business to a maximum of eight (8) commodities.

<u>DESCRIPTION OF COMMODITY:</u>	<u>X</u>	<u>DESCRIPTION OF COMMODITY:</u>	<u>X</u>
ACCESS CONTROL EQUIPMENT		GUEST HOUSES & LODGES	
ADVERTISING, MARKETING AND EVENT MANAGEMENT		HOTELS	
AIR CONDITIONING		HYGIENE SERVICES	
ARTWORK & PAINTINGS		HIRING OF BUSES	
ASSET MANAGEMENT SYSTEMS		HIRING OF VEHICLES	
		HIRING OF SHUTTLE SERVICES	
ACCOUNTING SYSTEMS SOFTWARE		LABOUR CONSULTANTS	
AFRICAN DANCERS/MUSICIANS/GROUPS		LEGAL SERVICES	
AUDIO-VISUAL AIDS & EQUIPMENT		LOCKSMITHS	
AUDITING SERVICES		OFFICE FURNITURE	
BAGS		OFFICE STATIONERY	
CONFERENCE/TRAVEL/PROMOTIONAL BADGES CONFERENCE, EMBROIDED, METAL		PARTITIONING, DRYWALLING	
BLINDS – CLEANING AND REPAIRS		PAINTING SERVICES	
BLINDS SUPPLIERS		PEST CONTROL SERVICES	
BUILDING CONTRACTORS		PUBLICATIONS	
BUILDING MATERIAL SUPPLIERS		POWER TOOLS	
CABINETMAKERS		PUBLISHERS	
CARPET CLEANERS		PHOTOCOPIERS	
CARPET DEALERS		PHOTOGRAPHY SERVICES	
CARTRIDGES		PLUMBING SERVICES	
CAR WASH SERVICES		PRINTING	
CATERING SERVICES		RECRUITMENT AGENCIES	
CATERING EQUIPMENT HIRE		RESTAURANTS	
CHEMICAL SUPPLIERS		RISK MANAGEMENT SERVICES	
CLEANING MATERIAL SUPPLIERS		RUBBER STAMPS	
CLEANING SERVICES		SAFETY CLOTHING	
CORPORATE CLOTHING		SAFES & SAFE REMOVAL SERVICES	
CORPORATE GIFTS & PRODUCRS		SECURITY EQUIPMENT AND PRODUCTS	
CORPORATE TRAINING		SECURITY SERVICES	
COURIER SERVICES		SIGNWRITING	
CONFERENCE FACILITIES		SIGNAGE	
COMPUTER CABLING SYSTEMS		TRAINING SERVICES	
COMPUTER COMPONENTS		TRAVEL AGENCIES	
COMPUTER HARDWARE & PRINTERS		SECURITY EQUIPMENT AND PRODUCTS	
COMPUTER NETWORKING		TRANSCRIPTION SERVICES	
COMPUTER SOFTWARE		TRANSLATION SERVICES	
CONFERENCING SYSTEMS		TOURISM SERVICES	
CROKERY & CUTLERY		WATER COOLERS	
CURTAINING/RAILS & ACCESSORIES		WASTE DISPOSAL SERVICES	
DOMESTIC APPLIANCE REPAIRS		TRANSCRIPTION SERVICES	
DRY WALLING AND PARTITIONING		WINDOW FITTING AND GLASS	
EDUCATION AND TRAINING		WORKSHOP FACILITATION	
ELECTRICAL CONTRACTORS		VEHICLE HIRING	
ELECTRICONIC APPLIANCES		WINDOW FITTING AND GLASS	

DESCRIPTION OF COMMODITY:	X	DESCRIPTION OF COMMODITY:	X
ELECTRICAL COMPONENTS & EQUIPMENT		NUMBER PLATES (HOUSEHOLD)	
ENGRAVERS		WEBSITE DEVELOPMENT AND MAINTENANCE	
EXHIBITION DESIGNERS			
EXHIBITION STANDS			
FLAGS & MAPS			
FENCING			
FIRE PROTECTION EQUIPMENT AND SERVICES			
FIRST AID SUPPLIES			
FLORISTS			
FURNURE REMOVAL SERVICES			
INVESTIGATION SERVICES			
IMPORT AND EXPORT SERVICES			
ID CARD PERSONALISATION SYSTEMS			
LOGO DESIGN SERVICES		<u>OTHER NOT LISTED:</u>	
GENERAL DEALERS			
GLASS MERCHANTS			
		Note: Commodities not listed will only be added if relevant	



STATISTICS SOUTH AFRICA

SUPPLIER MAINTENANCE:

BAS PMIS LOGIS WCS CONTRACTOR
 CONSULTANT

OFFICE:

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

Statistics South Africa

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 record held by the banks.

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

Company / Personal Details	
Registered Name	<input style="width: 100%;" type="text"/>
Trading Name	<input style="width: 100%;" type="text"/>
Tax Number	<input style="width: 100%;" type="text"/>
VAT Number	<input style="width: 100%;" type="text"/>
Title:	<input style="width: 100%;" type="text"/>
Initials:	<input style="width: 100%;" type="text"/>
First Name:	<input style="width: 100%;" type="text"/>
Surname:	<input style="width: 100%;" type="text"/>
Address Detail	
Payment Address <small>(Compulsory if Supplier)</small>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Postal Code	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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)
	<input style="width: 100%;" type="text"/>
Department Number	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

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

Bank stamp

ABSA-CIF screen
FNB-Hogans system on the CIS4/CUPR
STD Bank-Look-up-screen
Nedbank- Banking Platform under the Client Details Tab

Account Type

Cheque Account
 Savings Account
 Transmission Account
 Bond Account
 Other (Please Specify)

ID Number

Passport Number

Company Registration Number / /

*CC Registration

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

Practise Number

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:

<input type="text"/>	<input type="text"/>
Supplier Signature	Regional Office Sender
<input type="text"/>	<input type="text"/>
Print Name	Print Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	Rank
<input type="text"/>	<input type="text"/>

PLEASE RETURN TO THE RELEVANT REGIONAL OFFICE THAT SUPPLIED THE FORM OR THE FOLLOWING ADDRESS:

Statistics South Africa
 De Bruyn Park Building
 140 Andries Street
 3rd Floor East Wing
 Pretoria

Private Bag X44
 Pretoria
 0001

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

NB: All relevant fields must be completed