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| **SUPPLIER REGISTRATION APPLICATION** |

Thank you for showing interest to become a supplier of the Central University of Technology, Free State.

Please note that each supplier will only be considered for one commodity/service. Please indicate your preferred commodity in the block below. Should more than one commodity be indicated, consideration will only be given to the first commodity indicated and therefore it is not recommended to indicate more than one.

**PREFERRED COMMODITY**

*(only one)*

|  |  |  |
| --- | --- | --- |
| HomeContracted Supplier | Yes | No |

**COMPANY DETAILS**

Registered Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Business Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Close Corporation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAT Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIDB Registration Number, if any or any other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BUSINESS ADDRESS** |

Physical Address (sharing premises):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BANKING INFORMATION** |

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Account: (e.g. cheque): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PRINCIPAL BUSINESS ACTIVITIES** |

Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(As indicated on the first page: Preferred Commodity)*

Number of Years in Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BUSINESS REGISTRATION INFORMATION** |

**Form of Business Entity: Tick appropriate box)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SoleTrader | CloseCorporation | PrivateCompany | PublicCompany | JointVenture | Partner-Ship | BusinessTrust | Other(Specify) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |

**Compliance to Statutory Requirements: (Please confirm all applicable boxes)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IncomeTax | VATReg. | PAYEReg. | UIFReg. | CIDBReg. | All certificates applicable to commodity (e.g. wiremen license) | Certificate of acceptability in terms of the Health Act no 63/1977 | WCA |  |
|  |  |  |  |  |  |  |  |  |

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| **TRADE INFORMATION** |

Do you hold any current or previous contracts with any company or organization? Yes / No

If “yes”, please list the latest or last contracts awarded to you:

Date: \_\_\_\_\_\_\_\_\_\_ Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rand Value: \_\_\_\_\_\_\_\_

Date: \_ \_\_\_\_\_\_\_\_\_Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rand Value: \_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rand Value:\_\_\_\_\_\_\_\_\_

**Name any three relevant trade references of previous projects or suppliers you have dealt with:**

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

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Rand Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Rand Value:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Rand Value:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**BROAD – BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE)**

**Vendor Profile**

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

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| **Exempted Micro-Enterprise (EME)** |  |

In terms of the Generic Codes of Good Practice, an enterprise including a sole propriety with an annual total revenue of R5 million or less qualifies as an EME, although the thresholds for qualification as an EME may be different from the generic threshold of R5 million.

 The approved thresholds for EME’s for the Tourism and Construction Sector Charters are R2.5 million and R1.5 million respectively. EME’s are deemed to have a B-BBBEE status of “level four (4) contributor”. In instances where EME’s are more than 50% owned by black people, such EME’s qualify as “B-BBEE status level three (3) contributors”

Sufficient evidence to confirm a qualifying EME is a certificate issued by an Accounting Officer (as contemplated in the CCA), a similar certificate issued by a Registered Auditor or a Verification Agency.

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| **Qualifying Small Enterprise (QSE)** |  |

Any enterprise with annual Total Revenue of between R5 million and R35 million qualifies as a Qualifying Small Enterprise.

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| **PAYMENT CONDITIONS** |

No service must be rendered without an official order. All invoices must be addressed to the End User **(*clearly stating the order number and CUT’s VAT*** ***Number: 4350156347*)** for signing off. ***Payments are done 30 days after statement.***

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| **PAYMENT TERMS** |

An additional discount of \_\_\_\_\_\_\_\_ % shall be granted if payment is received \_\_\_\_\_\_\_\_ days from date of invoice / statement. (Tender conditions have priority over the abovementioned information).

I hereby grant permission to the University to make payment by means of an Electronic Funds Transfer System and confirm that the said permission will remain force until recalled with 30 (thirty) days notice to the University.

I undertake to advise the University of any change in any payment details and indemnity the University and its employees against any liability whatsoever, irrespective the cause, if the above information is incorrect or the omission to furnish the University with New Bank Details and payment is not received timorous as a result.

***I/We confirm that the information provided is correct as at this date:***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| ***Name*** | ***Signature*** | ***Designation*** | ***Date*** |
|  |  |  |  |

A member of staff or any relative of a staff member wishing to supply goods or services to the CENTRAL UNIVERSITY OF TECHNOLOGY and who responds to a request for quotation/tender must declare his/her interest in writing and may only participate once the DVC: Finance and Operations has approved the application of the prospective supplier. Any staff member with a declared interest is excluded from the decision-making process.

The supplier herewith declares the following interest:

1 If the supplier or any person connected with the supplier is employed by the CUT, please furnish the following details of the CUT employee:

Name : …………………………………………………

Address : ...……………………………………………….

 ………………………..……………………….

 ……………………………..………………….

Contact Details : ………………………………………………...

2 If the supplier has any relationship (family, friend, other) with a person employed by the CUT or its administration and who may be involved with the procurement of goods/services, please furnish the following details of the CUT employee:

Name : ………………………………………………...

Address : ..……………………………………………….

 ………………………..……………………….

 ……………………………..………………….

Contact Details : ………………………………………………...

**To be signed even if no interest is declared**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF DECLARANT NAME AND SURNAME IN BLOCK LETTERS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION OF DECLARANT REGISTERED BUSINESS NAME

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| --- |
| **PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION****ALL COPIES TO BE CERTIFIED BY A COMMISIONER OF OATH** |
| **#** | **Confirmation** | **Documents****Required** | **Please Tick****Appropriate Box** |
|  |  |  | **Yes** | **No** |
| 1. | Supplier Registration Application Completed in full | Supplier RegistrationForm |  |  |
| 2. | Company Registration | Certificate of Incorporation or founding statement |  |  |
| 3. | Proof of Ownership | Share certificates |  |  |
| 4.  | B-BBEE Verification by Accredited agency (SANAS) and or Independent Regulatory Board of Auditors (IRBA) as stipulated in the Government Gazette of 23 September 2011 | B-BBEE Certificate |  |  |
| 5. | Proof of Banking Details | Cancelled cheque or bank statement |  |  |
| 6. | National Contract Cleaners Association | Membership certificate |  |  |
| 7. | Joint Venture Arrangement(If applicable) | Joint Venture Agreement |  |  |
| 8. | Partnership arrangement(If applicable) | Partnership Agreement |  |  |
| 9. | VAT registration | SARS TAX CLEARANCE Certificate |  |  |
| 10.  | Proof of registration to a statutory body regulating your industry (e.g. CIDB) | Certificate of Registration |  |  |
| 11. | Workman compensation (WCA) | Certificate of Good Standing |  |  |
| 12.  | Owners / Shareholders Identities | Certified copies of ID’s |  |  |
| 13.  | Profile of Company | Company Profile |  |  |
| 14. | Health and Safety | Acceptability / Occupancy certificate |  |  |