
**SUPPLIER DATABASE
WATERBERG TVET COLLEGE**

These forms must be completed in full, placed in an envelope marked clearly "VENDOR APPLICATION", sealed and delivered to the following address:

WATERBERG TVET COLLEGE
CENTRAL OFFICE
Cnr Totius and Hooge street
Mokopane
0600

- All forms to be completed in black ink only
- Please PRINT so that all information is legible.
- Forms that are not readable or are incomplete will be rejected.

NEW APPLICATION: YES / NO

If NO, please supply current TVET vendor number:

PLEASE KEEP COPIES OF THE REGISTRATION FORM AND ALL
DOCUMENTATION SUBMITTED FOR YOUR OWN RECORDS AS NO COPIES WILL
BE MADE BY THE COLLEGE

NOTE: ALL FIELDS MARKED WITH * ARE MANDATORY. FIELDS MARKED
 WITH # ARE TO BE COMPLETED, ONLY IF APPLICABLE

- POINTS TO REMEMBER -

COMPLETING VENDOR REGISTRATION APPLICATION FORM

- 1) **Mandatory fields** - Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type have been completed and if a field is not applicable to your business type, clearly mark it as N/A.
- 2) **Required documentation** - Please refer to the attached table (following page) to determine the mandatory supporting documentation required for your business type. Please ensure that all copies of mandatory documents (certified copies where applicable) are attached.
- 3) **Completion of questions** - Clearly state Yes, No or N/A to questions asked. Do not leave any Mandatory fields blank.
- 4) **Certified documents** - Please ensure that a Commissioner of Oaths has certified your Company Registration document and Proof of Shareholding Certificates. The stamp of certification should be on the front of the document.
- 5) **Copies of documents** - Please keep copies of the registration form and all supporting documentation submitted for your own records and ensure that all data is maintained and up to date on a continual basis. It is required from all applicants to update their detail every five years or as and when a change occurs.
- 6) **Owners, Shareholders and Partners** - Please ensure that the percentage of ownership calculated up to 100% and that a field is completed for each of the business owners.
- 7) **Certification of correctness** - Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been attached and completed.
- 8) **Collection points** - Completed registration forms and supporting documentation can be delivered to the address supplied herein.
- 9) **Processing of registration** - Your completed registration will be processed and once verified, will be approved or rejected. The letter of confirmation of registration will be dispatched to the correspondence details supplied on page ten. Please note that this administration process will take a minimum of 5 working days. Once your registration has been included on the TVET Database your details will be accessible to the purchasing officers of TVET. Formal registration as a creditor of TVET shall only be done on placement of the first official order. A formal creditor number shall then be issued which shall have to be quoted in all future correspondence with the University.
- 10) **Business opportunities** - Please note that registration on the TVET Supplier Database does not guarantee business opportunities. Inclusion of the name in a database does not in any way guarantee any persons, company, service provider, vendor, etc. any business from the Waterberg TVET College. All procurement will be subjected to the Procurement- and Tender Policies of Waterberg TVET College.
- 11) **Amendments** - Please notify the Waterberg TVET College - Procurement Department immediately of any changes to the information submitted.
- 12) **Queries** - Should you have any queries or if you require assistance completing the registration form, please contact the Procurement Department on **Tel 015 490 9000**
- 13) If a company has more than one office, each office must fill in a separate form unless the point of transaction is centralized in the company's head office.
- 14) Please note that the key facilities in the database are classified as commodities and each potential vendor must indicate the commodity/commodities in which it would like to register for RFQ's. A vendor shall only be allowed to register for the **maximum of five (5) commodity groups**.
- 15) The main objective of this process is to **enhance transparency and equality** on the part of the College and to facilitate effective communication with its vendors.
- 16) **Applications must be delivered by hand** and must be fully completed with all the relevant documentation attached.
- 17) It is a condition of bidding that a vendor's taxes must be in order or satisfactory arrangements must have been made with the Receiver of Revenue to meet his/her tax obligations. In bids where consortia/joint ventures/sub-contractors are involved; each party must submit a separate valid Tax Clearance Certificate.

**PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION
SUBMITTED**

CONTACT DETAILS	

COMMODITY GROUPS

PLEASE NOTE:

Any vendor may only register for a maximum of FIVE commodity groups

TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION
	001	Laboratory equipment		035	Welding & Flame Cutting Equipment		069	Catering & Events Equipment Hire
	002	Fasteners, Bolts, Nuts, Rivets & Washers		036	Office Furniture, Components & Accessories		070	Engineers & Contractors
	003	Containers & Packaging		037	Hospital, Medical & Surgical Equipment & Furniture		071	Castors, Ladders, Trolleys & Wheels
	004	Bricks & Blocks		038	Outdoor & Pavement Furniture		072	Recreational & Sports Requisites
	005	Canteen, Kitchen & Cooking equipment & Appliances		039	Agricultural & Horticultural Equipment & Machinery		073	Artwork, Crafts, Curios & Gifts
	006	Tableware, Hollowware & Utensils		040	Compressors, Blowers & Vacuum Equipment		074	Hygiene, Beauty & Cosmetic Products
	007	Sand, Soil, Cement & Concrete		041	Air conditioners, Ventilation, Fans & Coolers		075	Publications, Videos & Films, Books, Newspapers, Magazines & Periodicals

TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION
	008	Home & Industrial Fabrics & Textiles		042	Furnaces, Kilns, Ovens & industrial Dryers		076	Fresh Flowers, Plants & Seeds
	009	Clothing, Safety Clothing & Footwear		043	Office Machines & Equipment		077	Medications & Pharmaceuticals by General Classification
	010	Cordage, Ropes, Twines, String & Nets		044	Machine Tools & Accessories		078	Financial, Insurance & Legal Services
	011	Electronic Components & Equipment		045	Radio, Television, Audiovisual & Communication Equipment		079	Analysis, Inspection & Evaluation Services
	012	Computer Hardware & Supplies		046	Pumps, Engines, Spares & Accessories		080	Installation Services
	013	Computer Software & Solutions		047	Fertilizers		081	Maintenance & Repair Services
	014	Electric & Data Cable, Wire & Equipment		048	Animal Feeds		082	Manufacturing & processing Services
	015	Electric Lamps, Lighting & Accessories		049	Transport Vehicles, Trailers, Motorcycles, Boats, Aircraft & Spares & Accessories		083	Cleaning Services
	016	General Electrical Equipment & Parts		050	Washing, Scrubbing, Cleaning Plant and Supplies		084	Administration & Management Services
	017	Control, Process & Measurement Instrumentation		051	Nails, Pins, Screws & Staples		085	Engineering & Related Services
	018	Test & Analysis instrumentation		052	Fuels, Petrol, Oils & Lubricants		086	Advertising & Marketing Services

TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION
	019	Scopes, Lenses & Optical Equipment		053	Coatings, Waterproofing & Paints		087	Consultants
	020	Security Equipment & Requisites, Walling, Fencing & Gates		054	Stationery		088	Communication, Publishing & Printing Services
	021	Signs, Nameplates, Notices & Labels		055	Steel, Pipes and Profiles		089	Consulting Engineers
	022	Engravers, Die-Sinkers & Embossers		056	Valves and Pressure Vessels		090	Chemicals & Associated Products
	023	Insulation Products		057	Pest Control services		091	Security Services
	024	Precious Stones and Materials		058	Adhesives		092	Food Services
	025	Building requisites, fittings & Materials		059	Heaters and Heating Equipment		093	Computer Related Services
	026	Flooring Products		060	Timbers and Timber materials		094	Accommodation, Tourism & Entertainment
	027	Sanitary ware & Accessories		061	Plant & Equipment Hire		095	Agricultural Services
	028	Sewing, Knitting & Textile Machines & Equipment		062	Brush ware		096	Retailers & Wholesalers
	029	Printing, Marking, Engraving & Labeling Equipment		063	Power Tools & Accessories		097	Accounting, Auditing and Forensic services
	030	Printing Supplies		064	Hand Tools & Accessories		098	Accounting, Auditing and Forensic services
	031	General Foodstuffs		065	Transport Hire & Transport and Cartage Services		099	Lifts and escalators service

TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION	TICK	CAT NO	DESCRIPTION
	032	Training services		066	Human Resource Services		100	Other: Specify
	033	Legal Consultants		067	Cartridges		101	Other: specify
	034	Government Services - National, Local & Municipal		068	Cleaning Materials and chemicals		102	Other: specify

DOCUMENTS ATTACHED	PLEASE TICK BOX		
	YES	NO	N/A
Workman's Compensation Certificate (Certified)			
VAT 103 (Certified)			
P.A.Y.E./SDL/UIF (EMP103) (Certified)			
Company Registration Document (Certified)			
Proof of Ownership/Shareholder certificate (Certificate)			
Tax Compliant status letter with pin			
Proof of Business Banking Details			
Disability Documents (Certified)			
Security Officer's Board registration (Certified)			
Proof of residence not older than three months (Municipal Account / Letter from the tribal authority/ Lease agreement)			
Labour Broker			
Company Profile with organogram			
Proof of CSD registration			
Proof of CIDB registration			
Valid BBEE certificate or sworn affidavit			

Please note: Proof of documents for all of those above are required to ensure successful registration on the Supplier Database. In event of a document not being required please tick the N/A box.

1. COMPANY REGISTRATION DOCUMENTS

ALL FIELDS MARKED WITH * ARE MANDATORY. FIELDS MARKED WITH # ARE TO BE COMPLETED ONLY IF APPLICABLE

1.1 COMPANY TYPE * (NB. Documentary Proof of Registration must be provided. Mark N/A if not applicable)

PUBLIC COMPANY LTD:	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD:	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CLOSE CORPORATION CC:	CERTIFIED COPY OF CK1 DOCUMENT OR CK2 IF APPLICABLE
SOLE PROPRIETOR:	CERTIFIED COPY OF REGISTRATION DOCUMENT
PARTNERSHIP:	CERTIFIED COPY OF PARTNERSHIP AGREEMENT
BUSINESS TRUST:	CERTIFIED COPY OF REGISTRATION DOCUMENT
OTHER (If Joint Venture):	CERTIFIED COPY OF REGISTRATION DOCUMENTS

Company or CC number:
Not applicable to all companies, please specify if N/A.

Did you attach your company Registration document?
YES / NO / N/A

1.2 PROOF OF SHAREHOLDING *

CERTIFIED COPIES of Shareholders certificates or CC members share allocation documents must be supplied.
Not applicable to all companies, please specify if N/A.

Did you attach your proof of shareholders documents?
YES / NO / N/A

1.3 PROOF OF BANKING DETAIL *

Current bank statement or copy of cancelled cheque.

Did you attach your proof of banking detail?
YES / NO / N/A

1.4 VAT REGISTRATION

VAT Registration Number
If you qualify for VAT exemption, please attach confirmation of VAT exemption.
Not applicable to all companies, please specify if N/A

Did you attach proof of your VAT registration (VAT 103)?

YES / NO / N/A

1.5 P.A.Y.E. REGISTRATION #

Not applicable to all companies, please specify if N/A

Did you attach proof of your P.A.Y.E. registration?

YES / NO / N/A

1.6 UNEMPLOYMENT INSURANCE FUND REGISTRATION #

U.I.F Number:

Not applicable to all companies, please specify if N/A

Did you attach proof of your UIF registration?

YES / NO / N/A

1.7 WORKMAN'S COMPENSATION FUND REGISTRATION #

Workman's Compensation Fund No:

Not applicable to all companies, please specify if N/A

Did you attach proof of your Workman's Compensation Fund registration?

YES / NO / N/A

1.8 SECURITY OFFICERS BOARD REGISTRATION #

Security officers board registration no:

Not applicable to all companies, please specify if N/A

Did you attach proof of your Security Officers Board Registration?

YES / NO / N/A

1.9 DISABILITY #

Not applicable to all companies, please specify if N/A

Did you attach proof of your disability?

YES / NO / N/A

1.10 INCOME TAX REGISTRATION #

Income Tax Registration number:

Not applicable to all companies, please specify if N/A

Did you attach proof of your Income Tax Registration?

YES / NO / N/A

2.3 Postal address *

	<input type="text"/>
	<input type="text"/>
City	<input type="text"/>
Code	<input type="text"/>
Province	<input type="text"/>

2.4 Telephone Number. *

<input type="text"/>

2.5 Fax Number. *

<input type="text"/>

2.6 Cell Number. *

<input type="text"/>

2.7 E-Mail Address. *

<input type="text"/>

2.8 Web-Page Address. *

<input type="text"/>

2.9 How would you like to receive your correspondence from us? *

Post Fax E-Mail

2.10 Correspondence Address *

	<input type="text"/>
	<input type="text"/>
City	<input type="text"/>
Code	<input type="text"/>
Province	<input type="text"/>

2.11 Contact Person for correspondence as per 2.10

Title	<input type="text"/>
Name	<input type="text"/>
Surname	<input type="text"/>

3. SALES AND ACCOUNTS DEPARTMENT

3.1 Sales Department

Contact Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2 Accounts Department *

Contact Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. CORE BUSINESS OPERATIONS *

(Mark with X in applicable fields)

- | | |
|--|---|
| <input type="checkbox"/> Primary Contractor | <input type="checkbox"/> Labour Agency |
| <input type="checkbox"/> Sub-Contractor (Less than 25% generated turnover as prime contractor) | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Labour-only Contractor | <input type="checkbox"/> Education, Development & Training Service Provider |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Construction (CIDB) |
| <input type="checkbox"/> Manufacturer | |

Other, please specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. ANNUAL AVERAGE TURNOVER *

Indicate annual average turnover excluding Value Added Tax during the past three years:

R .

Indicate total gross asset value (fixed property excluded):

R .

Indicate number of permanent employees

0-5 6-50 51+

Note: Certified copy of shareholder certificates or proof of ownership must be supplied

(Multiple copies of this page may be submitted if required)

COMPLETE THE FOLLOWING FOR THE SHAREHOLDERS WHO ARE ACTIVELY INVOLVED IN THE MANAGEMENT AND DAILY BUSINESS OPERATION OF THE BUSINESS

1)

First Name:

Surname:

Identification Number:

Percentage of Share: % Capacity:

Gender: HDI Status

Disabled: *(a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)*

YES / NO

Were you a South African citizen on or before 26th April 1994?

YES / NO

Are you actively involved in the management and the daily business operation of the business?

YES / NO

(Please provide a written breakdown e.g. company profile)

2)

First Name:

Surname:

Identification Number:

Percentage of Share: % Capacity:

Gender: HDI Status

Disabled: *(a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)*

YES / NO

Were you a South African citizen on or before 26th April 1994?

YES / NO

Are you actively involved in the management and the daily business operation of the business?

YES / NO

(Please provide a written breakdown e.g. company profile)

3)

First Name:

Surname:

Identification Number:

Percentage of Share: % Capacity:

Gender: HDI Status

Disabled: (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)

YES / NO

Were you a South African citizen on or before 26th April 1994?

YES / NO

Are you actively involved in the management and the daily business operation of the business?

YES / NO

(Please provide a written breakdown e.g. company profile)

6. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT *

I/We the undersigned am/are duly authorized to do it on behalf of the firm, hereby certify that:

- 1. The information supplied is correct.
2. All copies of relevant information are attached.
3. The HDI points claimed are correct and based on owners/shareholders who are actively involved in the day to day management of the enterprise.
4. I take note that payment will be affected 30 days after delivery was accepted if delivered with an original invoice.
5. If I am classified as a dependent service provider/labour broker as stated in the fourth schedule of the Income Tax Act I hereby authorize the University to deduct P.A.Y.E. and supply me with a yearly IRP 30 (only if no valid Labour Broker Certificate can be supplied).

SIGNATURE OF AUTHORIZED PERSON

DATE

Personal information in block letters

Name: [grid of boxes]

Surname: [grid of boxes]

Telephone no: [grid of boxes]

Capacity: [grid of boxes]

On behalf of: [grid of boxes]

(Supplier's name)

7. AUTHORISATION FOR ELECTRONIC TRANSFER OF FUND (EFT) TO VENROR'S BANK ACCOUNT *

Surname/Company name:

First Names/Company of Account Holder:

Address:

Code:

Telephone:

Fax:

Mobile:

E-mail:

Bank:

Branch:

Bank Account:

Branch Number:

Type of Account:

- Cheque *(attach cancelled cheque as proof)*
- Savings *(attach bank statement as proof)*
- Transmission *(attach bank statement as proof)*

I, the undersigned hereby authorize the Waterberg TVET College to credit my account via EFT as aforementioned with the amount payable/due to specified beneficiary for goods and services rendered.

Please note that if a cancelled cheque is not attached, an official stamp should be obtained from the bank to confirm the information given above.

SIGNATURE OF AUTHORIZED PERSON **DATE**

FOR OFFICE USE ONLY - CREDITORS DEPARTMENT

**CREDITOR INFORMATION VALIDITY CHECK COMPLETED AND RETURNED TO
TENDER OFFICE**

Approved (*mark with X*): **YES** / **NO**
Reason/s for rejection attached: **YES** / **NO**

SIGNATURE OF AUTHORIZED PERSON DATE

CAPTURED ON:

Creditor code:

SIGNATURE OF AUTHORIZED PERSON DATE

SUCCESSFUL VENDOR APPLICANT NOTIFIED BY:

E-mail: **YES** / **NO**
E-mail address:

Fax: **YES** / **NO**
Fax Number:

SIGNATURE OF AUTHORIZED PERSON DATE