



higher education
& training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

Central
Johannesburg
TVET College

ANNEXURE A TO BID NUMBER: CJC/DATABASEREG/001/2020

SUPPLIER / VENDOR DATABASE REGISTRATION FORM

Company registered name:

(In block letters)

Core Business (Service):

(Detail all Services provided as Listed on Central Database Summary Report)

Delivery address:

database@cjc.edu.za

**SUPPLIER / VENDOR DATABASE REGISTRATION FORM TO BE COMPLETED BY ALL
BUSINESSES SEEKING TO CONDUCT BUSINESS WITH CENTRAL JOHANNESBURG TVET
COLLEGE**

The following important notes should be read carefully before the completion of this form

1. It should be noted that Central Johannesburg TVET College reserves the right to accept or reject any application without being obliged to give any reasons in this respect. Suppliers that have been registered onto the Suppliers Database may have the opportunity to bid or quote on Central Johannesburg TVET College's acquisition requirements. Registration onto the Supplier Database does not guarantee business opportunities.
2. This form must be completed in full and signed by the duly authorised signatory.
3. Full signatures are required when alterations are made in this document.
4. If the information required is not applicable to your business, clearly insert the symbol "N/A" in the appropriate space.
5. Mark the appropriate square with a "X" where it is applicable to you.
6. If the space provided is left blank, your registration form will be regarded as incomplete and your business will not be registered on the database.
7. Suppliers must comply with all the registration criteria for registration to be finalised – failure to do so may result in the application being declined.
8. No faxed or e-mailed applications will be accepted. Only original and signed copies of application will be accepted. Suppliers may not alter the Application Form in any way.
9. A company profile may accompany the registration form but will not be accepted as substitute for this application form – all fields on application form must be completed by applicant.
10. Applicants will be contacted via fax or e-mail and must therefore submit an operating fax number/e-mail address – failure to comply will result in excluding the supplier from the vendor database.
11. Suppliers that have registered onto the Supplier Database should ensure that they furnish Central Johannesburg TVET College with any change to the status of the information initially provided, as and when the information changes.
12. Suppliers are to ensure the Central Johannesburg TVET College is always in possession of an Original Valid Tax Pin and Valid BEE certificate accredited by SANAS. **Suppliers whose tax clearance certificates and / or BEE certificates have expired will be blocked from Central Johannesburg TVET College's database until such time as valid documents are submitted.**
13. Suppliers are to attach an original certified copy of the relevant industry accreditation certificate, where applicable.
14. Suppliers that have registered onto the Supplier Database will be continuously monitored for their performance on work awarded to them by Central Johannesburg TVET College. This continuous monitoring process will form the basis to evaluate supplier performance which will have an impact on future opportunities with Central Johannesburg TVET College.
15. Please read notes below very carefully:

Services: The commodity the business wishes to register for as a supplier. (Only one service)

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 arrangements.

Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.

Historically Disadvantaged Individual (HDI) means a South African citizen

- (1) who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993, (Act No 200 of 1993) (“the interim Constitution); and/or
- (2) who is a female; and/or
- (3) who has a disability:

provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be a HDI.

Black people is a generic term which means: African, Coloured and Indian.

Youth refers to persons between the ages of 18 to 35, both inclusive.

16. “Except for the specific goods or service procured by the Central Johannesburg TVET College, service providers are required not to offer any gift, hospitality or other benefit to any Central Johannesburg TVET College official. To avoid doubt, branded marketing material is considered to be a gift. Furthermore, should any Central Johannesburg TVET College official request a gift, hospitality or other benefit, the service providers is required to report the matter to our toll free fraud line at 08600 22 194.”
17. Verification prior approval as prospective service provider:
 - Kindly note that all prospective goods / service providers seeking business opportunities with the Central Johannesburg TVET College are subjected to verification of company’s directors. The verification process entails security checks on registration with Companies Intellectual Property Commission (CIPC), Blacklisting of Companies and or its Directors by National Treasury.
 - As a result we are compelled to obtain consent from you to proceed with the verification failure to which will result in non-compliance and subsequently to the company not recognised as a prospective goods / service provider with the Central Johannesburg TVET College. Kindly complete the consent form attached on the website and forward to the address indicated on the cover page.
 - This organization reserves the right to institute any further action to satisfy itself on the suitability of prospective goods / prospective provider.
18. **The front page of the envelope must be clearly marked “Supplier / Vendor Database Registration”. The envelope must be hand delivered or posted via registered mail to one of the following addresses:**

Submission Email Addresses:

Supplier / Vendor Database Registration
Central Johannesburg TVET College
database@cjc.edu.za



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19. Please mark the back of the envelope with Sender (*Business Name*), Contact Person, Telephone Number and the Core Business (Service) for ease of reference.
20. I have read and understood the important notes on pages 2 and 3

Authorised signatory

1. Business Profile (**Please complete or tick where applicable**)

Registered Company Name: _____

Trading Name (if different): _____

Business Type:

- | | |
|---|---|
| <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Close Corporation | <input type="checkbox"/> Company (Private/Public) |
| <input type="checkbox"/> Government Institution | <input type="checkbox"/> Other (please specify) _____ |

Business Registration Number:

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(Please attach certified copy of proof of registration)

Income Tax Number:

--	--	--	--	--	--	--	--	--	--

Vat Number:

--	--	--	--	--	--	--	--	--	--

PAYE Number:

--	--	--	--	--	--	--	--	--	--

UIF number:

--	--	--	--	--	--	--	--	--	--

Skills Development number:

--	--	--	--	--	--	--	--	--	--

Compensation for Occupational Injuries and Diseases (COID) number:

--	--	--	--	--	--	--	--	--	--

Original Tax Clearance Certificate/Tax Pin

YES	NO
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Attached Expiry Date:

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Valid BEE Certificate Attached

YES	NO
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Expiry Date:

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Enterprise Profile Attached

YES	NO
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Share certificates / Cipro documents attached

YES	NO
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Number of Years in Business Postal Address:

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_____ Physical Address: _____

Province: _____ Province: _____

Postal Code: _____ Postal Code: _____

Toll Free Number: _____ Switchboard Number: _____

Web Address: _____



CONTACT PERSONS

Finance Department

Name: _____
Surname: _____
Designation: _____
Tel: _____
Cell: _____
Fax: _____
Email: _____

Sales Department

Name: _____
Surname: _____
Designation: _____
Tel: _____
Cell: _____
Fax: _____
Email: _____

Documentation to be attached to this application form

Item No	Documentation required	Included	If not included provide reason
1	Original certified copy of company registration forms		
2	Original valid tax clearance certificate		
3	Original certified copies of shareholder certificates / CIPRO documents		
4	Original certified copies of shareholders / directors / owners / members identity documents.		
5	Original certified copy of accreditation certificate for relevant industry		
6	Current BBBEE Certificate issued by SANAS accredited rating agency or letter from auditor/accountant confirming annual turnover or Affidavit for SMMES and Emerging Suppliers		
7	Company Profile		
8	Audited financial statements for the past 3 years		
9	Original Cancelled cheque/ Original bank stamped letter confirming bank details		
10	Declaration of interest (SBD 4)	n/a	n/a



DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, 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 favouritism, 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 authorised representative declare his/her position in relation to the evaluating/adjudicating authority 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 bid.**

2.1 Full Name of bidder or his or her representative: _____

2.2 Identity Number: _____

2.3 Position occupied in the Company (director, trustee, shareholder²): _____

2.4 Company Registration Number: _____

2.5 Tax Reference Number: _____

2.6 VAT Registration Number: _____

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / personnel numbers must be indicated in paragraph 3 below.

¹"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"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state?
YES / NO

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member _____



Name of state institution at which you or the person connected to the bidder is employed:

Position occupied in the state institution: _____

Any other particulars:

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES / NO

2.7.2.1 If yes, did you attach proof of such authority to the bid document?

YES / NO

Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

2.8 Did you or your spouse, or any of the company's directors / trustees / 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 any other 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 / trustees / 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:

3. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Personnel Number

4. DECLARATION

I, THE UNDERSIGNED (NAME) _____

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR 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

**COMPANY BANKING DETAILS
INDEMNITY FORM**

Company registered name _____

Payments will be transferred into this account:

Bank Name	_____	COMPULSORY <i>Bank stamp confirming banking details are correct</i>			
Branch Name	_____				
Account number	_____				
Controlling Branch Code	_____				
Type of account	_____				
Bank Official Name & Surname	_____	Signature	_____	Date	_____

In addition submit original cancelled cheque / Original bank stamped letter confirming bank details.

GLUE ORIGINAL CANCELLED CHEQUE HERE

OFFICE USE ONLY				
Captured by	_____	Initial:	Date	_____
Checked by	_____	Initial:	Date	_____
Confirmed by	_____	Initial:	Date	_____