



higher education  
& training

Department:  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA

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**TO:**

**ALL SUPPLIERS SEEKING REGISTRATION AS APPROVED SUPPLIER ON THE MALUTI TVET COLLEGE'S DATABASE**

All suppliers are herewith invited to register as an approved supplier on the database of the Maluti TVET College.

In its endeavor to comply with the procedures set out in the Supply Chain Management Guidelines, as referred to in "the college procurement policy", the Maluti TVET College developed a supplier database to be used by the College in fair selection of suppliers.

**The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to Maluti TVET College**

Preference will be given to, but not limited to registered suppliers. Suppliers who are not yet registered will not be totally exempted from quoting for the supplying of goods or services to the Maluti TVET College but certain procedures will have to be followed for such suppliers to be considered. It is envisaged however, that this database will contribute to efficient administration and compliance with "the college procurement policy".

Attached please find an official registration form to assist us in updating our database according to legislation.

**It is imperative that suppliers read the application document carefully, complete in full and sign it.** Please note that a valid Tax Clearance Certificate, proof of banking details, company profile, BBBEE Certificate, CIDB and proof of residential address must be attached.

Completed documents can be submitted using the follow channels:

**For the attention: Ms L Sempe - Supply Chain Database Administrator**

**Post:** Maluti TVET College  
Private Bag X 33  
Bethlehem  
9700

**By Hand:** Maluti TVET College  
C/O High & Broster Street  
Bethlehem  
9700

**Email:** sempe.l@malutitvet.co.za

# SUPPLIER APPLICATION FORM

## IMPORTANT

### Please read carefully

- To be completed by all suppliers seeking registration as an approved supplier;
- The questionnaire must be completed in full and be signed;
- The following documents to be submitted with the application:
  1. Company Profile;
  2. ID Documents of Directors/Members/Shareholders;
  3. Tax Clearance Certificate;
  4. Any other registration Certificate pertaining to the industry;
  5. Company Registration;
  6. Vat Certificate;
  7. Any Joint Venture Certificates or Agreement signed under oath.
- It should be noted that Maluti TVET College reserves the right to accept and reject any application without being obligated to give any reasons in this respect;
- Suppliers will be notified whether application was declined or accepted.
- Suppliers must comply with all the registration criteria for registration to be finalized, failure to do so may result in the application being declined.

(Maluti TVET College Official Use Only)

Created By : \_\_\_\_\_

Created Date : \_\_\_\_\_

Verified By : \_\_\_\_\_

Verified Date : \_\_\_\_\_

Supplier Vetted By: \_\_\_\_\_

Vetting Date : \_\_\_\_\_

**Section A**

**Supplier Information**

1. FULL REGISTERED NAME OF BUSINESS

2. IDENTITY NUMBERS OF OWNERS		
	NAME	ID NUMBER
	<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. REGISTRATION NUMBER OF COMPANY OR CLOSE CORPORATION   
(Copy of registration certificate to be attached)

4. TAX REFERENCE NUMBER   
(Attach an Authorization form for municipality to obtain a Tax Clearance from SARS if an original copy is not attached)

5. VAT REGISTRATION NUMBER IF REGISTERED   
(Supply a VAT registration certificate)

6. WEB ADDRESS

7. TELEPHONE NUMBER

8. FAX NUMBER

9. EMAIL ADDRESS

10. CONTACT PERSON

11. HOW MANY RESIDENTS OF THABO MOFUTSANYANE DISTRICT DO YOU HAVE IN YOUR EMPLOYMENT?

12 (a) HOW MANY DIFFERENTLY DISABLED PERSONS ARE IN YOUR EMPLOYMENT?

(b) HOW MANY WOMEN ARE IN YOUR EMPLOYMENT?

13. PHYSICAL ADDRESS OF BUSINESS 

<input type="text"/>	<input type="text"/>	<input type="text"/>
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14. POSTAL ADDRESS 

<input type="text"/>	<input type="text"/>	<input type="text"/>
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15. SALES CONTACT

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16. ACCOUNTS SECTION

	NAME	TEL NO	FAX NO	E-MAIL

17. Attached find a list of the main commodities and/or services in respect of which you wish to be registered as an accredited prospective service provider and provide information on those that are not listed.

18. Black Economic Empowerment Act Information (Kindly supply the following information, if applicable as set out below and supply documentary proof as requested)

18.1 Details of previously disadvantaged Equity Holders (please attach a copy of Share Holding Certificate)

NAME	ID NUMBER	EQUITY HOLDING %
NAME	ID NUMBER	EQUITY HOLDING %
NAME	ID NUMBER	EQUITY HOLDING %

18.2 Details of grading on the BEE score card (Attach certificate if available)

18.3 Human Resource Development:

Number of Employees

Number of Previously Disadvantaged Individuals Employed

18.4 Details of Previously Disadvantaged individuals in Management Position:

NAME	ID NUMBER	POSITION OCCUPIED
NAME	ID NUMBER	POSITION OCCUPIED
NAME	ID NUMBER	POSITION OCCUPIED

19. Details of BBBEE businesses doing business with, Attach proof of the Three (3) top major suppliers mentioned below:

Number of your service providers

Number of BEE businesses in your list of service providers

Number of BEE businesses in your list of service providers

**Details of your Top Three major Suppliers:**

1			
	<b>Name of Business</b>	<b>Name of the Owner</b>	<b>Contact Numbers</b>
	<b>Street Address</b>	<b>Service/Goods Procured</b>	

2			
	<b>Name of Business</b>	<b>Name of the Owner</b>	<b>Contact Numbers</b>
	<b>Street Address</b>	<b>Service/Goods Procured</b>	

3			
	<b>Name of Business</b>	<b>Name of the Owner</b>	<b>Contact Numbers</b>
	<b>Street Address</b>	<b>Service/Goods Procured</b>	

## Section B

### Financial Information

#### Banking Details

*(please attach a bank confirmation letter)*

Bank Name \_\_\_\_\_

Branch Code \_\_\_\_\_

Branch \_\_\_\_\_

Account Type \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

I/We hereby will not hold MALUTI TVET COLLEGE liable for any payment not made to our bank account if the bank account details are incorrect or were not supplied to MALUTI TVET COLLEGE prior to payment.

\_\_\_\_\_  
Initials and Surname

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

Date Stamp of Bank

## COMMODITIES AND SERVICES PROVIDED

To identify your organization as a potential service provider, types of commodities or services rendered have to be classified.

Please tick appropriate commodities or services that your organization renders.

Details	Selection
Commodities	
Advertising	
Audio Visual Aids & Equipment	
Building materials & hardware	
Building Contractors	
Catering	
Cleaning chemicals	
Clothing: General/Protective & Uniforms	
Computer & IT Equipment (Hardware &Software)	
Corporate Gifts & Promotion	
Consulting Engineers	
Event Management	
Fire extinguishing	
Furniture & Equipment	
Office Equipment & Consumables	
Printing & Stationery - Cartridges	
Refrigeration & Air Conditioning	
Security Services	
Training and Development	
Travel & Transport	
Valuation Consultants	
Workshop & Training Equipment	
Policy Developers	
Removal Services & Waste Management	
Other	

**DECLARATION OF SERVICE PROVIDERS'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES**

- 1 It serves as a declaration to be used by institutions in ensuring that when goods and services are being Procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 2 The service of any service provider may be disregarded if that service provider or any of its directors Have-
  - a. abused the institution's supply chain management system;
  - b. committed fraud or any other improper conduct in relation to such system; or
  - c. failed to perform on any previous contract.
- 3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Description	Yes	No
3.1	<b>Is the service provider or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing Business with the public sector?</b> (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.1	If so, Furnish particulars:		
3.2	Was the service provider or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or Corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3.1	If so, Furnish particulars:		
3.4	Was any contract between the service provider and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.1	If so, Furnish particulars:		



# CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) .....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Service Provider

**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the State, or persons who act on behalf of the state or persons having kinship with persons employed by the State, including a blood relationship, may make an offer or offers in terms of the invitation to provide a service. In view of possible allegations of favouritism, should the resulting service, or part thereof, be awarded to persons employed by the State, or to persons who act on behalf of the State, or to persons connected with or related to them, it is required that the service provider or his authorised representative shall declare his position vis-a-vis the evaluating authority and/or take an oath declaring his interest,

Where –

- The service provider is employed by the State or acts on behalf of the State;
- The legal person on whose behalf the application form is signed, has a relationship with person/ a person who is/are involved with the evaluation of the application, or where it is known that such a relationship exists between the person / persons for or on whose behalf the declarant acts and performs who are involved with the evaluation application. In order to give effect to the above, the following questionnaire shall be completed and submitted with the application.

2. Are you or any person connected with the service provider, employed by the State?

2.1 If so, state particulars:

\*YES/NO .....  
.....

3. Do you, or any person connected with the service provider, have any relationship (family, friend, other) with a person employed in the department concerned or with the State Tender Board or its administration and who may be involved with the evaluation or adjudication of this application?

3.1 If so, state particulars:

\*YES/NO .....  
.....

4. Are you, or any other person connected with the service provider, aware of any relationship (family, friend, other) between the service provider and any person employed by the department concerned, State Tender Board or its administration, who may be involved with the evaluation or adjudication of this application?

4.1 If so, state particulars:

\*YES/NO .....  
.....  
.....

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**Signature of Declarant**

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**Tender Number**

---

**Date**

---

**Position of Declarant**

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**Name of Company**