Department of Public Enterprises
"Maximising Shareholder Value"

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APPLICATION FORM TO REGISTER IN THE SUPPLIER AND SERVICE PROVIDER DATABASE OF THE DEPARTMENT OF PUBLIC ENTERPRISES

Procurement Contacts

For any enquiries, please contact:

Taki Mapasa

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1. **SECTION 1: PARTICULARS OF THE ORGANISATION**

Please note that all information will be treated confidentially.

Provide details regarding the organisation. Where organisation is a joint venture the individual members of the joint venture are to separately provide information on their organisation.

1.1 **REGISTERED NAME OF THE ORGANISATION:**

1.2 **TRADING NAME:**

1.3 **CONTACT PERSON:**

1.4 **POSTAL ADDRESS:** **PHYSICAL ADDRESS:**

Postal Code: Postal Code:

1.5 **TELEPHONE NUMBER:** **FAX NUMBER:**

( ) ( )

1.6 **CELLPHONE NUMBER:** **e-MAIL:**

@

1.7 **TYPE OF THE ORGANISATION:** (e.g.: cc, (Pty) Ltd, Partnership

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1.8 **COMPANY REGISTRATION NUMBER:**

1.9 INCOME TAX REGISTRATION NUMBER:

1.10 VAT REGISTRATION NUMBER:

1.11 BANK DETAILS:NAME OF BANK

1.12 BRANCH CODE

1.13 ACCOUNT NUMBER

1.14 TYPE OF ACCOUNT

1.15 ANY OTHER INFORMATION:

_____

_____

_____

_____

2. SECTION 2: EVALUATION SECTION

2.1 **PLEASE INDICATE SIZE OF THE ORGANISATION BASED ON ANNUAL TURNOVER IN THE PAST THREE YEARS:**

TURNOVER

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2.2 PLEASE INDICATE THE YEAR OF THE ORGANISATION ESTABLISHMENT

(Please state the actual year):

YEAR OF ESTABLISHMENT	
< 1994	
≥ 1994	

2.3 PLEASE INDICATE THE LEVEL OF OWNERSHIP OF YOUR ORGANISATION BY HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) IN THE FORM OF A PERCENTAGE:

i.e. Individuals who, being South African citizens, are socially and economically disadvantaged by the legacy of the South African political dispensation prior to April 28 1994."

(Please state the actual percentage)

HDI %	
0%	
0% - 9%	
10% - 19%	
20% - 29%	
30% - 39%	
40% - 49%	
50% - 59%	
60% - 69%	
70% - 79%	
80% - 89%	
90% - 100%	

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2.4 **PLEASE PROVIDE DETAILS OF OWNERSHIP OF THE ORGANISATION BY LISTING NAMES OF DIRECTORS, SHAREHOLDERS, OWNERS AND PARTNERS INCLUDING THEIR OWNERSHIP PERCENTAGE:**

If total number exceeds 20 please attach a separate list.

	NAME	ID NUMBER	CITIZEN SHIP	HDI Y/N	%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

2.5 **PLEASE PROVIDE TOTAL NUMBER OF STAFF MEMBERS:**

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2.6 PLEASE PROVIDE DETAILS ON THE CURRENT STAFFING IN THE ORGANISATION IN A FORM OF A PERCENTAGE.

GRADE	% OF FEMALE	% OF PEOPLE WITH DISABILITY	% OF HDI STAFFING
DIRECTORS / PARTNERS / MEMBERS			
ASSOCIATES			
PROFESSIONALS			
TECHNICIANS			
ADMIN STAFF			
OTHER			

2.7 PLEASE INDICATE BUSINESS TYPE:

SERVICE CODE	DESCRIPTION	
CON	CONSULTANTING SERVICES	
TOR	CONTRACTOR	
SUP	SUPPLIER	

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3 SECTION 3: AREA OF SPECIALISATION

3.1 PLEASE INDICATE AREA OF INTEREST

Please tick only one sector.

CODE	SECTOR/DESCRIPTION	
Trans	Transport Sector	
Def	Defence Sector	
Tele	Telecom Sector	
Ener	Energy Sector	
IT	Information Technology	
Train	Training	
Consul	Consulting Services	

3.2 LIST OF PRODUCTS/SERVICES OFFERED:

_____

_____

_____

_____

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