



**public enterprises**

Department:  
Public Enterprises  
**REPUBLIC OF SOUTH AFRICA**

Suite 401, Infotech Building 1090 Acadia Street Hatfield, 0083 Private Bag X15 Hatfield 0028

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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:**

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**Tel: +27(0)12 431 1005/1030**

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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:

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Postal Code:

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1.5 **TELEPHONE NUMBER:**

**FAX NUMBER:**

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1.6 **CELLPHONE NUMBER:**

**e-MAIL:**

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

1.8 **COMPANY REGISTRATION NUMBER:**

**1.9 INCOME TAX REGISTRATION NUMBER:**

**1.10 VAT REGISTRATION NUMBER:**

**1.11 SUBMISSION OF DOCUMENTATION**

**The following documents must accompany your application:**

- **Valid tax clearance certificate**
- **BEE status report**
- **Copy of registration form issued by CIPRO**
- **Company profile**

**1.12 ANY OTHER INFORMATION:**

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**2. SECTION 2: EVALUATION SECTION**

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

<b>TURNOVER</b>

**2.2 PLEASE INDICATE THE YEAR OF THE ORGANISATION ESTABLISHMENT**

**(Please state the actual year):**

<b>YEAR OF ESTABLISHMENT</b>	
<b>&lt; 1994</b>	
<b>≥ 1994</b>	

**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)**

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

**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.

	<b>NAME</b>	<b>ID NUMBER</b>	<b>CITIZENS HIP</b>	<b>HDI Y/N</b>	<b>%</b>
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:**

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

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

**2.7 PLEASE INDICATE BUSINESS TYPE:**

<b>SERVICE CODE</b>	<b>DESCRIPTION</b>	
CON	CONSULTANTING SERVICES	
TOR	CONTRACTOR	
SUP	SUPPLIER	

**3 SECTION 3: AREA OF SPECIALISATION**

**3.1 PLEASE INDICATE AREA OF INTEREST**

Please tick only one sector.

<b>CODE</b>	<b>SECTOR/DESCRIPTION</b>	
Sta	Stationery	
Assess	Assessment test	
Recruit	Recruitment agent	
News	Newspapers	
Fum	Fumigation	
Train	Training	
Consul	Consulting Services	
Serv	Services	

**3.2 LIST OF PRODUCTS/SERVICES OFFERED:**

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