

TO ALL SUPPLIERS SEEKING REGISTRATION ON THE DATABASE OF EASTERN CAPE RURAL DEVELOPMENT AGENCY

All supplier information will be treated as strictly confidential.

IMPORTANT NOTES

Please read carefully

- The Eastern Cape Rural Development Agency will only issue a supplier number after the receipt of an original application form accompanied by all required documentation.
- No supplier will be taken onto our financial system or may be considered for payment without a valid Tax Clearance certificate and without the existence of a valid order.
- The questionnaire must be completed in full and be signed

**THE FOLLOWING DOCUMENT/INFORMATION SHOULD BE ATTACHED TO A COMPLETED APPLICATION FORM:
CHECKLIST**

DOCUMENTATION/INFORMATION REQUIRED	YES	NO	N/A
Company Registration Document (e.g. CK 1)			
Certified Proof of Ownership/ Shareholder's certificate			
Certified Copies of ID Documents of all Directors/ Company Shareholders			
Proof of Banking Document			
SBD 4			
An original Valid Tax Clearance Certificate			
Company Profile/ Individual Profile			
Projects completed(references per services type and projects) – list of references and contacts			
Certified copies of other certificates (i.e. registration certificated or certificates relevant to your business sector/ areas of expertise).			
Valid BBBEE certificate or letter confirming BBBEE status			

Completed application forms should be returned to the following addresses:

Note: It is the duty of the supplier to submit valid certificate(eg: tax clearance and BBBEE) each year upon expiry thereof:

SECTION B: COMPANY INFORMATION:

Contact Person :

Title (Prof. / Dr / Mr / Mrs / Ms/) Name and Surname : _____

"Trading as" name of business: _____

(Contracts/orders will be placed on this name and invoices must reflect it)

Registered name of business: _____

Business Registration number (if applicable) _____

Physical address of business:

Building / complex name: _____

Street name and number : _____

Suburb : _____ City : _____

Postal Code: _____ Municipality: _____

Postal address of business: *(This is the address to which all correspondence would be sent.)*

Postal address: _____ City/Town: _____ Code _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business (Cell) : Code: _____ Number: _____

Fax number: Code: _____ Number: _____

Business e-mail : _____

The name of your accountant / bookkeeper / auditor and his / her contact phone number:

Tax Clearance number _____

Expiry Date _____

VAT Registration number: (if applicable) _____

BUSINESS ACTIVITIES

Please marked with an X to relevant box to clearly indicate the goods and services that you supply

(Only a maximum of six commodities maybe selected. If the supplier selects more than six(6) commodities, only the FIRST SIX will be considered)

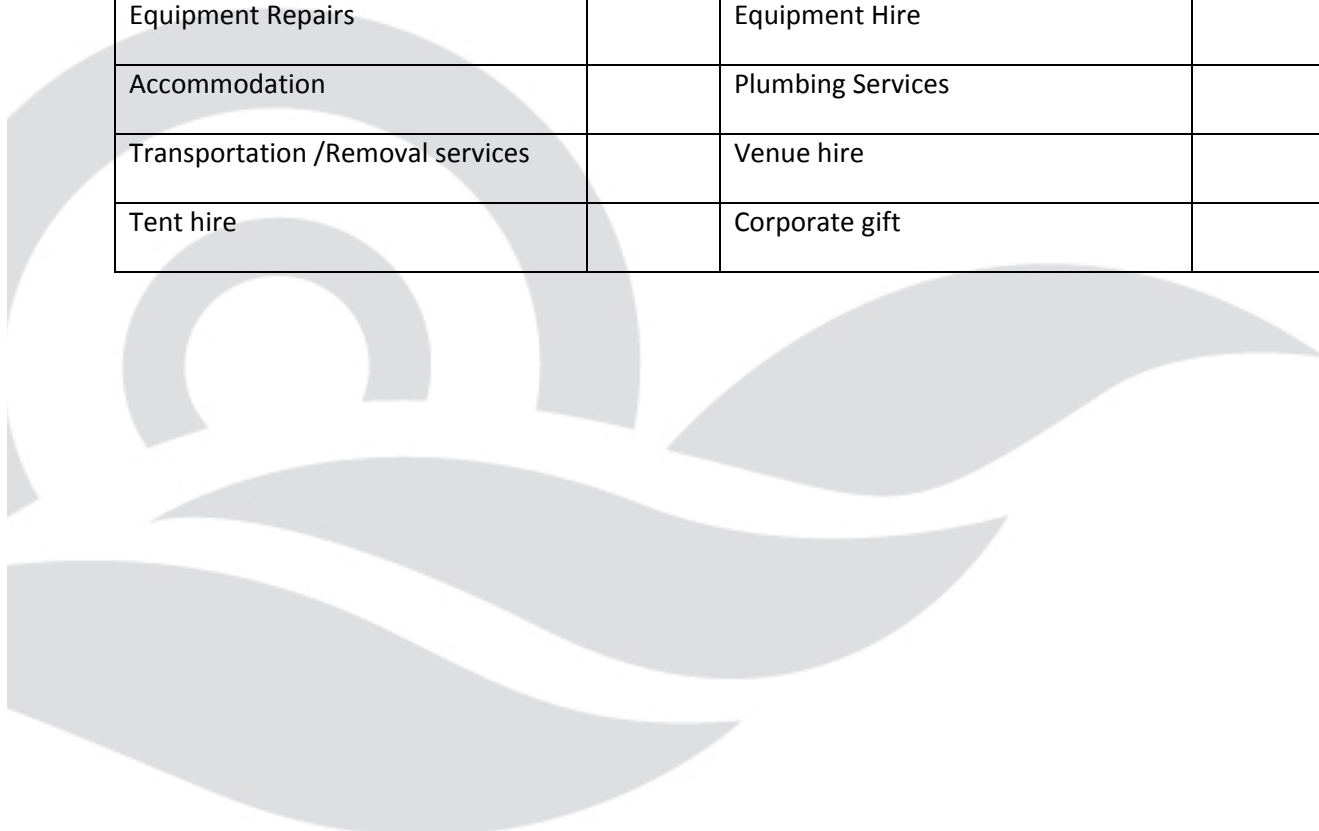
FINANCE, BUSINESS AND PROFESSIONAL SERVICES			
Business & Management Consultant		Chartered Accountant/Accounting Services	
Auditing Services		Engineering	
Forensic Auditing		Asset Management	
Banking		Insurance	
Project Management		Fleet Management	
Investments		Marketing & Public Opinion Research	
Due Diligence Experts		Social Facilitation	
		Other(Specify)	
AGRICULTURE			
Mechanization(Ploughing, Disking, Spraying, Topdressing, planting ect)		Inputs(Seeds, Bulbs, Seedlings, Fertiliser, Chemicals)	
Harvesting Contractor		Agricultural Equipment & Repairs	
Animal Feeds		Live Animals	
Irrigation schemes & equipment		Forestry	
Livestock Valuers		Other(specify)	
Insurances			

CONSTRUCTION AND MAINTAINANCE			
Construction services(CIBD registered contractor)		Construction(Roads, Bridges ect)	
Building, Fencing material		Engineering services- design, management, ect	
Structural building(Sand , stone, concrete blocks, ect)		General maintenance & Repairs (Buildings)	
Heavy contractors		Electrical	
Other(specify)			
HUMAN RESOURCES			
Training and Development Specialists		Human Health/Wellness activities	
Recruitment & Placement		Assessment & Development	
Human Resource Specialist		Team Building Specialist	
Organisational design		Remuneration Benchmarking	
Job Grading		Other(specify)	
LEGAL SERVICES			
Attorneys / Advocate		Labour Law	
Commercial Law			
Criminal		Other (specify)	

COMMUNICATION AND INFORMATION TECHNOLOGY

Printing		Communication devices & Accessories(eg: Cell phones, telephones)	
Marketing & Advertising		Computer Equipment, Accessories and Consumables	
Communication Management		Computer Repairs	
Event Management		Computer Software(Licenses, training, installation , development)	
Uniform & Protective Clothing		Telecommunications (eg: internet, data services, network)	
News Paper & magazine		Office Labour Saving Devices(Fax machine, photocopier, shredders)	
Postal & delivery services		GIS (systems design, database development& design)	
* Promotional Items (Branding , boards, brochures, business cards ect.)		Signage	
Data Analysis & Capturing		Website Design & Management	

LOGISTICAL SERVICES AND GENERAL SERVICES			
Catering services		Cleaning service	
Conference Facilities		Security services	
Travel Agencies		Air conditioning, Repairs and maintenance	
Office Furniture and Fittings		Electrical Services	
Stationery supplies(incl: toner cartridges)		Gardening services(hiring of plants, landscaping and maintenance)	
Vehicle Hire		Vehicle Repairs	
Equipment Repairs		Equipment Hire	
Accommodation		Plumbing Services	
Transportation /Removal services		Venue hire	
Tent hire		Corporate gift	



SECTION C: DIRECTOR DETAILS:

List of directors / owners / partners:

(Information on ALL directors / owners / partners must be provided. Attach your own list if the space provided is inadequate.)

Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

State any connection / vested interest of your directors / owners / partners with any Eastern Cape Provincial Government official. Please mention also whether your directors / owners / partners are current or ex-government officials indicating details of when they left the service and which branch of government they were in.

Please continue on separate page should more space be needed)

Please list all other entities owned by or where the Directors or members of this entity (in respect of this application) have an interest in. Attach all original or certified copies of Tax Clearance Certificates in respect of all of the under mentioned entities

Warning: Failing to declare all information may result in your application being rejected.

Reg Number	Name of Entity	Address	Core Business

SECTION D: BANKING DETAILS:

(Please provide the banking details to which any payments due are to be transferred. The bank MUST certify this form in the space provided)

Current Banking Details:

Please attach an original cancelled cheque or an original bank statement.

Bank : _____ Branch number/code: _____

Branch Location: _____

Bank Account number: _____ Account type: _____

Date the account was opened: _____

Name of the account: _____

Signatories Name/s, Surname/s and ID number/s:

Certificate from Bank:

I, (full names and surname)(Printed) _____
_____ an employee and authorised
person / agent of (Bank Name) _____
(Branch Name) _____ and telephone number
(Code, Number) _____ herewith certify that the
"Current Banking Details" as provided in SECTION D above, are true and
correct. Signed: _____.

(Official Bank Stamp)

Credit Order Instruction: I / We (the signatories hereto) hereby request and authorise Eastern Cape Rural Development Agency to pay any amounts which may accrue to me / us to the credit of my / our account with the mentioned bank (see SECTION D).

I / we understand that the credit transfers hereby authorised will be processed by computer through a system known as the "ACB ELECTRONIC TRANSFER SERVICES", and I / we also understand that no additional advises of payment will be provided by my / our bank, but details of each payment will be printed on my / our bank statement or any accompanying voucher (This does not apply where it is not customary for banks to furnish bank statements).

I / we understand that a payment advice will be supplied by the Province of the Eastern Cape in the normal way, and that it will indicate the date on which funds will be available in my / our account. I / we also understand that the payment for services rendered will be by way of electronic transfer only and no other methods of payment will be considered.

The Province of the Eastern Cape, by means of giving thirty (30) days notice, may cancel this authority by prepaid registered post.

SECTION E: SUPPLIER PROFILE

In order for Eastern Cape Rural Development Agency to build up a profile of its suppliers, we would like you to complete the following:

Section E1: Commercial:

1. Name 3 commercial references/referees of previous project, by providing their name(s) and telephone number(s):

Section E2 : Financial

2. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? (yes/no)_____ If yes, please elaborate:

Section E3: Technical:

3. Is it required of your business / industry to register with any professional bodies? (y/n):_ _____

If yes, indicate product(s) for which permits are held, including permit numbers and attach relevant registration certificate issued by the professional body:

(I.e. SOB for Security Industry, Building Federation, etc.)

Section E4: Quality:

4. Does your business operate a Quality Management System covering the product/service to be supplied? (y/n) _____. If yes please elaborate:

Has your Quality Management System been assessed and certified by any National by Internationally recognised accreditation body? (y/n) _____. If yes, please provide copy of certificate.

Designation:	Date:
Name:	Signature:
Designation:	Date:

FOR OFFICE USE ONLY

Submitted date	
Supplier number	
Captured by	
Date	

ECRDA STAMP