



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA



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SUPPLIER'S REGISTRATION FORM

1. BUSINESS PARTICULARS

1.1	Name of business	
1.2	Trading name	
1.3	Physical address	
1.4	Postal address	
1.5	Telephone Number	
1.6	Fax Number	
1.7	Cell Number	
1.8	E-Mail address	
1.9	Contact Person	
1.10	Company Registration Number	
1.11	Income Tax Registration Number - if applicable	
1.12	VAT Registration Number – if applicable	
1.13	Professional affiliations (optional)	

1.14 TYPE OF ORGANISATION/INDUSTRIAL SECTOR:
(Choose not more than 2 sectors)

Type of organization/Industrial sector	Yes
Agriculture	
Architect	
Catering and / or accommodation	
Civil Engineering	
Cleaning Services and /or cleaning materials	
Community, social and personal services	
Construction	
Electricity, Gas, Water	
Equipment suppliers (any equipment) Specify:	
Finance and business	
Information and communication technology	
Legal Services	
Manufacturing	
Motor trade and repair services	
Office suppliers	
Printing services	
Security services	
Town planning	
Training	
Transport	
Travel agents	
General Supplies	
Other: Specify: _____	

1.15 TYPE OF BUSINESS

Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

Form of Business	Tick	Document required
Public Company Ltd		Certified copy of certificate of incorporation (CM3)
Private Company (Pty) Ltd		Certified copy of certificate of incorporation (CM3)
Close corporation		Certified copy of CK 1 document and CK 2 if applicable
Sole Proprietor		Certified copy of ID document
Partnership		Certified copy of partnership agreement
Trust		Certified copy of Trust document
Co-operative		Certified copy of proof of registration with the Directorate Co-operatives
Voluntary associations		Certified copy of constitution

1.16 CLASSIFICATION FOR KING HINTSA PFET COLLEGE VENDOR DATABASE

IN ORDER TO BE IDENTIFIED/SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

Tick the appropriate block to indicate the correct classification of your company as a service provider:

- Goods & Services
- Engineering & Construction
- Building Environment Consultant/Professional Service Provider
- Education, Training & Development
- Legal Services

To assist us in the categorisation process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specialisations.

Complete the following:

Our core business is:

Key Words:

Specialisations:

1.17 ANNUAL AVERAGE TURNOVER

Indicate the business's annual average turnover excluding Value Added Tax during the past two years:

1. R _____ 2. R _____

NB. DOCUMENTARY PROOF OF AUDITED ANNUAL FINANCIAL STATEMENT OR ORIGINAL AUDITORS LETTER OR SIGNED AFFIDAVIT MUST BE SUPPLIED (if applicable)

2. SHAREHOLDING/OWNERSHIP DETAILS

List ALL persons who are owners, partners, or trustees in the business (Attach an additional list if more names need to be provided)

Full names	ID number	BCA		White		Youth (35 years or younger)		Woman		Disabled		African (PPG)		Capacity in the business	% of the time devoted to the business
		Yes/No	%	Yes/No	%	Yes/No	%	Yes/No	%	Yes/No	%	Yes/No	%		

Note:

- * **BCA = Black, Coloured & Asian**
- * **Proof of disability must be supplied with this form**
- * **Priority Population Group (PPG) = African**

3. PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

	MALE		FEMALE	
	Permanent	Temporary	Permanent	Temporary
BLACK				
COLOURED				
INDIAN				
WHITE				
OTHER				
DISABLED				

4. BUSINESS INFORMATION (MANDATORY FIELD)

The following table must be completed in order to establish whether a business can be classified as SMME in terms of the National Small Business Amendment Bill pertaining to the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4.

If unsure of the applicable sector, please contact the KHC SCM Unit on 047 401 6400

COLUMN 1		COLUMN 2		COLUMN 3		COLUMN 4	
Sector or sub-sectors in accordance with the Standard Industrial Council		Total full time equivalent of paid employees		Total Annual Turnover		Total gross asset value (fixed property excluded)	
TICK WHERE APPLICABLE		TICK WHERE APPLICABLE		TICK WHERE APPLICABLE		TICK WHERE APPLICABLE	
Agriculture		More than 100		More than R5m		More than R5m	
		Less than 100		Less than R5m		Less than R5m	
Mining and Quarrying		More than 200		More than R39m		More than R23m	
		Less than 200		Less than R39m		Less than R23m	
Manufacturing		More than 200		More than R51m		More than R19m	
		Less than 200		Less than R51m		Less than R19m	
Electricity, Gas and Water		More than 200		More than R51m		More than R19m	
		Less than 200		Less than R51m		Less than R19m	
Construction		More than 200		More than R26m		More than R5m	
		Less than 200		Less than R26m		Less than R5m	
Retail, Motor Trade and Repair Service		More than 100		More than R39m		More than R6m	
		Less than 100		Less than R39m		Less than R6m	
Wholesale Trade, Commercial Agents & Allied Services		More than 100		More than R64m		More than R10m	
		Less than 100		Less than R64m		Less than R10m	
Catering, Accommodation & other Trade		More than 100		More than R13m		More than R3m	
		Less than 100		Less than R13m		Less than R3m	
Transport, Storage and Communications		More than 100		More than R26m		More than R6m	
		Less than 100		Less than R26m		Less than R6m	
Finance and Business Services		More than 100		More than R26m		More than R5m	
		Less than 100		Less than R26m		Less than R5m	
Community, Social & Personal Services		More than 100		More than R13m		More than R6m	
		Less than 100		Less than R13m		Less than R6m	

5. EXPERIENCES / TRADE REFERENCES

Company name	Date contract received	Value of the contract	Description of contract received	Date completed / to be completed by	Contact person and contact details

- the vendor is employed by the college; and/or
- the legal person on whose behalf the proposing document is signed, has a relationship with persons/a person who are/is involved in the selection of the quotation(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 selection of the quotations/proposals.

8.2 In order to give effect to the above, the following questionnaire must be completed and submitted with the proposal/quotation.

- 8.2.1 Full Name of vendor or his or her representative:
- 8.2.2 Identity Number:
- 8.2.3 Position occupied in the Company (director, shareholder etc):
- 8.2.4 Company Registration Number:
- 8.2.5 Tax Reference Number:
- 8.2.6 VAT Registration Number:

8.2.7 Are you or any person connected with the vendor presently employed by the college? **YES/NO**

If so, furnish the following particulars:

Name of person / director / shareholder/ member:

Position occupied in the college :

Any other particulars:

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8.2.8 Did you or your spouse, or any of the company's directors / shareholders / members or their spouses conduct business with the college in the previous twelve months? **YES/NO**

If so, furnish particulars:

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8.2.9 Do you, or any person connected with the vendor, have any relationship (family, friend, other) with a person employed by the college and who may be involved with the selection of suppliers? **YES/NO**

If so, furnish particulars.

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8.2.10 Are you, or any person connected with the vendor, Aware of any relationship (family, friend, other) between the vendor and any person employed by the college who may be involved with the selection of suppliers? **YES/NO**

If so, furnish particulars.

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