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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) | | Disabled | | African (PPG) | | Capacity in the business | % of the time devoted to | | | | |
|------------|-----------|------------|---|--------------------------------------|---|------------|---|------------------|---|--------------------------|--------------------------|------------|---|--|-----------------|
| | | Yes/ No | % | Yes/ No | % | Yes/ No | % | Yes/ No | % | Yes/ No | % | Yes/ No | % | | the business |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |

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.

| | MAL | E | FEMALE | | |
|----------|-----------|-----------|-----------|-----------|--|
| | Permanent | Temporary | Permanent | Temporary | |
| BLACK | | | | | |
| COLOURED | | | | | |
| INDIAN | | | | | |
| WHITE | | | | | |
| OTHER | | | | | |
| DISABLED | | | | | |

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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 th 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 | |
| Agricultura | More than 100 | More than R5m | More than R5m | |
| Agriculture | Less than 100 | Less than R5m | Less than R5m | |
| Mining and Overning | More than 200 | More than R39m | More than R23m | |
| Mining and Quarrying | Less than 200 | Less than R39m | Less than R23m | |
| Manufacturing | More than 200 | More than R51m | More than R19m | |
| Manufacturing | Less than 200 | Less than R51m | Less than R19m | |
| Flootricity, Coo and Water | More than 200 | More than R51m | More than R19m | |
| Electricity, Gas and Water | Less than 200 | Less than R51m | Less than R19m | |
| Construction | More than 200 | More than R26m | More than R5m | |
| Construction | Less than 200 | Less than R26m | Less than R5m | |
| Retail, Motor Trade and Repair | More than 100 | More than R39m | More than R6m | |
| Service | Less than 100 | Less than R39m | Less than R6m | |
| Wholesale Trade, Commercial Agents | More than 100 | More than R64m | More than R10m | |
| & Allied Services | Less than 100 | Less than R64m | Less than R10m | |
| Catering, Accommodation & other | More than 100 | More than R13m | More than R3m | |
| Trade | Less than 100 | Less than R13m | Less than R3m | |
| Transport, Storage and | More than 100 | More than R26m | More than R6m | |
| Communications | Less than 100 | Less than R26m | Less than R6m | |
| Finance and Business Services | More than 100 | More than R26m | More than R5m | |
| Finance and business Services | Less than 100 | Less than R26m | Less than R5m | |
| Community, Social & Personal | More than 100 | More than R13m | More than R6m | |
| Services | 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 |
|--------------|------------------------|-----------------------|----------------------------------|-------------------------------------|------------------------------------|
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| 6. BANKING DETAILS | |
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| Name of account holde | : |
| Banking Institution: | |
| Branch Name: | |
| Branch Code: | |
| Account Number: | |
| Account Type: | SAVINGS CHEQUE TRANSMISSION |
| | ROOF OF BANKING INSTITUTION MUST BE SUPPLIED ink Confirmation letter) |
| 6. CERTIFICATION C | F CORRECTNESS OF INFORMATION SUPPLIED |
| /We, the undersigned, o | ertify that the information supplied in this document, including the annexure, is correct and ge that: |
| f the information supplic | d is found to be incorrect, the College, in addition to any other remedial action it takes, |
| 7.1 disqualify my/o | ir company from participating in any work from the College |
| 6.2 reject my/our c | mpany from registering on the database of the College |
| 6.3 if already regist | ered on the database, de-register the supplier from the Suppliers Database of the College |
| 7.4 cancel the cont arrangements after suc | act and claim damages which the College may suffer by having to make less favourable a cancellation. |
| Signed on this | day of |
| Signature of the supplie Representatives of the o | |
| Designation | |

7. DECLARATION OF INTEREST

Any legal person, including persons employed by the college*, or persons having a kinship with persons employed by the college, including a blood relationship, may make an offer or offers in terms of this invitation to bid/quote (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the college, or to persons connected with or related to them, it is required that the vendor or his/her authorised representative declare his/her position in relation to the college authority and/or take an oath declaring his/her interest, where-

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

DECLARATION

| I, THE UNDERSIGNED (NAME) | | |
|------------------------------------|---|-------------------|
| CORRECT. I ACCEPT THAT THE STATE M | TION FURNISHED IN PARAGRAPHS 8.2.1 MAY ACT AGAINST ME IN TERMS OF PAITERACT SHOULD THIS DECLARATION PROV | RAGRAPH 23 OF THE |
| Signature | Date | |
| Position | Name of bidder | |

KING HINTSA TVET COLLEGE DATABASE FORM

NOTES:

- 1 Certified copies of the following documents must be attached to this form:
 - i. Professional registration documents
- 2 Original Valid Tax Clearance Certificate
- 3 Company Profile
- 4 Disclosure of Declaration of interest
- If there is not sufficient space on this form to provide the information requested, please attach the additional information to this form.
- 6 Confirmation letter on the company account/cancelled cheque
- 7 Latest municipal account / Proof of address / Letter from Councillor
- 8 Central Supplier Database registration report (Full Report)
- 9 If you have any queries, please contact SCM at 047 401 6400
- 10 Please post this form to:

The Principal Attention: Supply Chain Management 218 Mthatha Road Next to WSU Ibika BUTTERWORTH 4960