

**PROCUREMENT**

**VENDOR APPLICATION FORM**

**Company Name………………………………… Date Submitted……………………..**

**INTRODUCTION AND GUIDELINES**

The purpose of this database is to give all current and prospective vendors, an equal opportunity to submit quotations to the University for the supply of goods and services. Preference will be given to registered suppliers. Suppliers who are not registered will not be excluded from quoting to the Sol Plaatje University (SPU). It is envisaged that this database will continue to efficient administration and compliance with the PPPFA.

Attached please find an official registration form to assist us in establishing our database according to legislation. It is imperative that suppliers read the application document carefully, complete it in full and sign it. Failure to do so will result in the applicant not qualifying for registration.

Only documents with an original signature are to be submitted. A vendor registered on the Vendors Database must notify the Sol Plaatje University of any changes to information provided in the initial application form. Failure to do so may result in such a vendor being removed from the Vendors Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Vendors providing incorrect or fraudulent information in their application form will be disqualified from tendering and removed from the Vendors Database, in addition to any other action the University may institute against such a vendor. Further, in the event of the Sol Plaatje University being prejudiced financially, it reserves the right to take legal action against the supplier. Any alterations made by the applicant must be initialed. The use of correcting fluid is prohibited and the use of thereof will lead to non-registration of the applicant business.

**Completed forms must be hand delivered at the Supply Chain Department, Luka Jantjie House, Chapel Street, Kimberley, 8301**

**For more information, you can contact: supply.chain@spu.ac.za**

**Incomplete forms will not be considered for inclusion onto the Supplier Database.**

|  |
| --- |
| **Sol Plaatje University (Official use Only)****Vendor Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Created: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Created By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Terms of Reference for registration onto SPU’s Vendor database**

**1 Registration**

1.1 SPU is implementing a Vendor Database to ensure that they have sufficient appropriately qualified vendors to provide goods and services as and when required.

* 1. Vendors that wish to register should complete this application form.
1. **Database Register**
	1. Vendors that have been registered onto the Database may have the opportunity to bid or quote on SPU’s acquisition requirements. Registration onto the Vendors Database does not guarantee business opportunities as all acquisition will be subject to the Supply Chain Management Policy of SPU.
	2. The University reserves the right to accept or reject any application.
2. **Maintenance of Database**

SPU will update vendor information on an ongoing basis. Vendors that have registered onto the Database should ensure that they furnish the University with any changes to the status of the information initially provided, as and when the information changes. It is the vendor’s responsibility to ensure that the information reflected on the Database is correct and up to date at all times.

1. **Performance and Monitoring**

Vendors that have been registered onto the Database will be continuously monitored for their performance on work awarded to them by SPU. This continuously process will form the basis to evaluate Vendor’s performance which will have an impact on future opportunities with the University.

1. **Confidentiality**

All information provided by Vendors for registration purposes will remain confidential and will only be of use by SPU unless otherwise required by law.

1. **Vetting**

All Vendors on SPU Vendor Database will be subject to vetting by a local Credit Bureau.

**IMPORTANT INFORMATION**

**Please note that registration on the SPU Vendor Database does not guarantee the receipt of business opportunities.**

**Required Information**

Please ensure that all certified copies of Mandatory Documents as per table below required by your business type are attached to your application form. If the required documents are not attached, or if the form is not completed in full, your application form will not be considered.

1. **A Company Profile**

A brief overview of the size of business, annual turnover, contactable references, goods and services offered and management structure.

1. **Tax Clearance Certificate**

An original valid Tax Clearance Certificate is to be submitted. The valid period of a Tax Clearance Certificate is 12 months from date of issue. Please ensure that SPU is always in possession of your Valid Tax Clearance Certificate.

1. **BBBEE Certificate**

Please provide proof of certificated issued by an approved Rating Agency.

1. **Owners, Shareholders**

Please provide proof and details of individual shareholding.

1. **Certificates of Registration**

Please include the following certified copies of registration with your submission:

* 1. Contractors Registration Certificate as issued by the Construction Industry Development Board (CIDB).
	2. Certificate of Registration from The Security OFFICER’S Board.
	3. Quality Management System(QMS) Certification e.g.; ISO 9000:2000
	4. Environment Management System e.g.; ISO 14001
	5. Safety Management System e.g.; OSHA 18001
	6. Registration and Certification from Financial Services Board (FSB).
1. **Identification Document**

Certified copies to be submitted.

1. **Banking Details**

Supply original cancelled cheque as cross reference or bank stamped proof of banking details letter.

1. **Amendments**

Please notify the SPU immediately of any changes to the verified information submitted.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Documents Required** | **Sole Proprietor** | **Co-operatives** | **Co-operatives** | **Public Company** | **Non-Profit Organizations** | **Close and Private Corporations** | **Where to find Documents** |
| Company Registration |  | Registration Certificates | Partnership Agreement | Certificate of Incorporation CM3 | Certificate of Incorporation Sec.21 | Certificate of Incorporation CK1/CK2 | Register of Close Corporations & Companies |
| Proof of Banking | Bank statement or cancelled cheque | Bank statement or cancelled cheque | Bank statement or cancelled cheque | Bank statement or cancelled cheque | Bank statement or cancelled cheque | Bank statement or cancelled cheque | Branch of Bank where accounts is held |
| Original Valid Tax Certificate | For the owner of the Business | For the Co-operative | For the Co-operative | For the Company | For the NPO | For the Close Corpration | SARS |

1. **VENDOR INFORMATION**

1.1 Name of Company/CC : …………………………………………………………………………………………

1.2 Postal Address : …………………………………………………………………………………………

 : …………………………………………………………………………………………

 : …………………………………………Posta Code: ..…………………………

1.3 Physical Address : …………………………………………………………………………………………

 : …………………………………………………………………………………………

 : …………………………………….Postal Code: ………………………………

1.4 Tel. Number : Code………………….. Number: …………………………………………

1.5 Fax Number : Code………………….. Number: …………………………………………

1.6 Cell Phone : ……………………………………………………..

1.7 E-mail : …………………………………………………………………………………………

1.8 Website : …………………………………………………………………………………………

1.9 Banking Details

Bank Name : …………………………………………………………………………………………

Bank Branch : …………………………………………………………………………………………

Bank Account Number : …………………………………………………………………………………………

Account Type : …………………………………………………………………………………………

1.10 Details of Statement

Date of Statement : …………………………………………………………………………………………

Discount : …………………………………………………………………………………………

1.11 Company /CC Registration : …………………………………………………………………………………………

1.12 VAT Registration Number : …………………………………………………………………………………………

1.13 Business Commencement Date : ……………………………………………………………………………..

1.14 Duration in Current Industry : ……………………………………………………………………………..

1.15 REFERENCES

 Trade Reference 1:

 Company’s Name : …………………………………………………………………………………………

 Postal Address : …………………………………………………………………………………………

 : …………………………………………………………………………………………

 : …………………………………………..Postal Code: ……………..…………

 Contact Person : …………………………………………………………………………………………

 Designation : …………………………………………………………………………………………

 Tel Number : Code…………………………………..Number: ……………….…..………..

 Trade Reference 2:

 Company’s Name : …………………………………………………………………………………………

 Postal Address : …………………………………………………………………………………………

 : …………………………………………………………………………………………

 : …………………………………………..Postal Code: ……………..…………

 Contact Person : …………………………………………………………………………………………

 Designation : …………………………………………………………………………………………

 Tel Number : Code…………………………………..Number: ……………….…..………..

 Trade Reference 3:

 Company’s Name : …………………………………………………………………………………………

 Postal Address : …………………………………………………………………………………………

 : …………………………………………………………………………………………

 : …………………………………………..Postal Code: ……………..…………

 Contact Person : …………………………………………………………………………………………

 Designation : …………………………………………………………………………………………

 Tel Number : Code…………………………………..Number: ……………….…..………..

1.16 Type of Business

|  |  |  |
| --- | --- | --- |
| 1 | Public Company  |  |
| 2 | Private Company |  |
| 3 | Closed Corporation |  |
| 4 | Joint Venture |  |
| 5 | Consortium |  |
| 6 | Sole Proprietor |  |
| 7 | Foreign Company |  |
| 8 | Partnership  |  |
| 9 | Trust |  |
| 10 | Section 21 Company |  |
| 11 | Government/Parastatals |  |
| 12 | Other (specify) |  |

1. **MAIN CONTACT PERSON IN YOUR COMPANY**

Name : ………………………………………………………………………………………………………………..

Designation : ………………………………………………………………………………………………………………..

Tel Number : Code……………………. Number : ………………………………………………………

Fax Number : Code…………………… Number : ………………………………………………………

Email Address : ………………………………………………………………………………………………………………..

1. **CONTACT PERSON IN YOUR COMPANY FOR PURPOSE OF OBTAINING QUOTATIONS**

Name : ………………………………………………………………………………………………………………..

Designation : ………………………………………………………………………………………………………………..

Tel Number : Code……………………. Number : ………………………………………………………

Fax Number : Code…………………… Number : ………………………………………………………

Email Address : ………………………………………………………………………………………………………………..

1. **DETAILS OF SHAREHOLDING/OWNERSHIP**

**Directors Race/Gender ID Numbers % Shareholding**

**………………………. ……………………….. ……………………….. ……………………………….**

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1. **PRODUCTS AND SERVICES**
	1. Are you a manufacturer/ Distributor/ Wholesaler/ Retailer: ………….………………………………..

5.2 List your patents or brand : …………………………………………..

 : …………………………………………..

 : …………………………………………..

 : …………………………………………..

5.3 list Sole Agency held by you : …………………………………………..

5.4 Quality Control Standards and Awards : …………………………………………..

5.5 List the type goods/services you provide : …………………………………………..

(other than list as per Annexure)

1. **BROAD BASED BLACK ECONOMIC EMPOWERMENT**
	1. Is your business empowered in terms of the definition according to Department of Trade and Industry (DTI) legislation GAZETTE 9 February 2007?

YES: …………………………………… NO: …………………………………..

* 1. BBBEEE Rating

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Start Date** | **Expiry Date** | **Score Card** |
| Level 1 |  |  |  |
| Level 2 |  |  |  |
| Level 3 |  |  |  |
| Level 4 |  |  |  |
| Level 5 |  |  |  |
| Level 6 |  |  |  |
| Level 7 |  |  |  |
| Level 8 |  |  |  |

(Please supply grading Certificate issued by an Approved Agency approved by SANAS)

1. **SMME STATUS OF YOUR ENTERPRISE**

Please tick with x on the relevant box in column marked Full Time Employers.

Insert amount in rand to Annual Turnover and Total Gross Asset Value respectively under appropriate SMME column.

|  |  |  |
| --- | --- | --- |
| **FULL TIME EMPLOYEES** | **ANNUAL TURNOVER** | **TOTAL GROSS ASSET VALUE** |
| Medium | Small | Very Small | Micro | Medium | Small | Very Small | Micro | Medium | Small | Very Small | Micro |
| 100 | 50 | 10 | 5 |  |  |  |  |  |  |  |  |

1. **CONFLICT OF INTEREST**

Are you, any of your relatives or anyone of your staff or their relatives an employees of SPU?

YES: …………………………………………… NO: ……………………………………………..…

***If yes to the above then please provide details of relationship and Department in which you, your staff or your relative is employed and contact details.***

……………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………….

**We hereby undertake**

* Not to deliver goods or services to any department or individual of Sol Plaatje University without receipt of an official purchase order form/ order number by the Procurement Department of SPU.
* To always add the order number as issued, as well as the VAT Numbers of both SPU and Vendor on the invoice furnished for the appropriate order.
* To supply the University of statements on a monthly basis.

**I hereby confirm that the abovementioned information is correct and that I am authorized to undertake this agreement on behalf of the company.**

………………………………………..…………………….. …………………………………………………………………….

Initials and Surname Signature

………………………………………………………………. ……………………………………………………………………..

Capacity Date

1. **VETTING**

I hereby give SPU permission to do a vetting on my business as well as personal.

 **ANNEXURE 1**

|  |  |
| --- | --- |
| **NO** | **DESCRIPTION OF BUSINESS OFFERING** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |