Application for Registration on the Western Cape Supplier Database (WCSD)

Ariba, on behalf of the Western Cape Government, is responsible for populating and maintaining the WCSD. This supplier database serves to enable the effective implementation of Preferential Procurement Policies. These policies are in line with the Preferential Procurement Policy Framework Act (PPPFA) No. 5 of 2000, the Broad Based Black Economic Empowerment Act, (B-BBEE Act), No 53 of 2003, and the Regulations pertaining to these Acts. In terms of the latest Regulations forth-flowing from these Acts, preference points are allowed in accordance with the scores obtained for price and B-BBEE status level of companies, accompanied by an original signed Preference Point Claim form (WCBD 6.1).

The **original,** duly completed, registration form with accompanying documentation must be submitted to:

|  |
| --- |
| **Ariba**1st Floor, Liesbeek House, River Park, Liesbeek Parkway, Mowbray,Cape Town**Ariba**PO Box 1207, Cape Town, 8000 |

**Direct enquiries to the Western Cape Supplier Database Helpdesk - Tel: 0861 – 225 577 or 021 – 680 4666 Email:** supplierdatabase@ariba.com **Fax: 021 – 441 1288**

PLEASE KEEP COPIES OF THIS REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Business |  |  |  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |  |
| Trading Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***.*** | **Y** | **N** | **N/A** |
| **Company Registration Document (Certified Copy)** |  |  |  |
| **An Original Valid Tax Clearance Certificate (TCC)** |  |  |  |
| **VAT Registration number to appear on the TCC if VAT registered** |  |  |  |
| **U.I.F Registration number to appear on the TCC if registered for U.I.F** |  |  |  |
| **Security Officer’s Board Certificate (applicable to security services only) (Copy)**  |  |  |  |
| **Contractors Registration Certificate (applicable to construction industry only) (Copy)** |  |  |  |
| **Co-Operatives – Registration Certificate (Certified Copy)** |  |  |  |
| **B-BBEE Rating Certificate (Original Certified copy)** |  |  |  |
| **Declaration of Interest – WCBD 4 (Original)** |  |  |  |
| **Identity Document for Certificate of Correctness Signatory (Original Certified Copy)** |  |  |  |
| **Preference Point Claim Form - WCBD 6.1 (Original)** |  |  |  |

 **PAGE 2**

1. COMPANY REGISTRATION DOCUMENTS

NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE *(Please mark N/A if not applicable.)*

**1.1 COMPANY TYPE (NB Documentary Proof of registration must be provided)**

|  |  |  |
| --- | --- | --- |
|  **PUBLIC COMPANY LTD** |  |  |
| **PRIVATE COMPANY (PTY) LTD** |  |  |
| **CO-OPERATIVE** |  |  |
| **CLOSE CORPORATION CC** |  |  |
| **SOLE PROPRIETOR** |  |  |
| **PARTNERSHIP** |  |  |
| **BUSINESS TRUST** |  |  |
| **OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **1.2 COMPANY, CK NUMBER** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not applicable to all companies, please specify if N/A | **Y** | **N** | **NA** |
| Have you attached a Certified copy of your Company Registration document or other applicable documentation if N/A? (see attached table) |  |  |  |

**1.3 VERIFICATION OF BANKING**

|  |  |  |
| --- | --- | --- |
| Bank Stamp and signature (Pg 5)  | **Y** |  |
| Has the bank stamped and signed page 5 of this document? |  |  |

**1.4 VAT REGISTRATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VAT Registration No.** as reflected on the Tax Clearance Certificate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**1.5 TAX CLEARANCE CERTIFICATE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Income Tax Registration number** as reflected on the Tax Clearance Certificate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **An original valid Tax Clearance Certificate must be supplied** |  | **Y** |
| As this is only valid for a twelve-month period from date of issue, an original valid Tax Clearance Certificate is to be submitted upon or before expiry to avoid suspension on the WCSD. Have you attached an original valid Tax Clearance Certificate? |  |

**1.6 UNEMPLOYMENT INSURANCE FUND**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unemploy Unemployment Insurance fund No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **1.7 SECURITY OFFICERS BOARD REGISTRATION NO** **(MANDATORY, IF APPLICABLE)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Security officers board registration No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Applicable to security industry only, please specify if N/A |  | **Y** | **NA** |
| Have you attached your Security Officers Board Registration document? |  |  |  |

**1.8 CONSTRUCTION INDUSTRY DEVELOPMENT BOARD (CIDB) REGISTRATION (MANDATORY, IF APPLICABLE)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CIDB Contractors registration No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Applicable to Construction industry only, please specify if N/A |  | **Y** | **NA**  |
| Have you attached your CIDB Contractors Registration Certificate? |  |  |  |

**1.9 CO-OPERATIVES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **T = Tertiary, S = Secondary or P = Primary** |  |  |  |  |  |  |  |  |  |  |  | **T** | **S** | **P** |
| Indicate which Co-operative level your company is registered under |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  | **Y** | **N** |
| Have you attached a certified copy of your Co-operative registration document? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **1.10 B-BBEE RATING CERTIFICATE** |  |  |  |  |  |  |  |  |  |  |  |  | **Y** | **N** |
|  Have you attached an **Original Valid Certified Copy** of the B-BBEE Rating Certificate? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   Please select the relevant status below and attach the relevant document:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Valid BEE Certificate |  | EME Certificate |  | Letter / proof from agency that application has been submitted to BEE verification agency (no preference points allocated) |  | Letter from agency that the supplier is in process of BEE verification (no preference points allocated) |

 |

**1.11 Preference Points Claim Form (WCBD 6.1)**

Have you completed and attached an ORIGINAL Preference Points Claim form?

|  |
| --- |
| **Y** |
|  |

**1.11.1**

Will you be claiming preference points for every RFQ and formal bid submitted to WCG for the duration of the validity period of the signed WCBD 6.1?

|  |  |
| --- | --- |
| **Y** | **N** |
|  |  |

**1.12 DECLARATION OF INTEREST (WCBD 4)**

|  |  |  |
| --- | --- | --- |
| Have you completed and attached an ORIGINAL Declaration of Interest form? | **Y** |  |
|  |  |  |

**1.13 IDENTITY DOCUMENT**

|  |
| --- |
| **Y** |
|  |

Have you attached an original certified copy of the ID of the authorised signatory who signed the Certificate of Correctness (Page 7)?

 **PAGE 3**

##### 2. BUSINESS PARTICULARS

**2.1 Name of Business**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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* + 1. **Business Trading Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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* + 1. **Head Office**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Postal address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Code |  |  |  |  |
| Province |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* + 1. **Head Office**

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| Physical address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Code |  |  |  |  |
| Province |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Municipal Area  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* + 1. **Head Office Telephone No.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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* + 1. **Head Office Fax No.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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* + 1. **Head Office E-mail Address**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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* + 1. **Contact Person for correspondence**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  |  |  |  | FirstName |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| E-mail Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Fax Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Cell No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2.1.8 Correspondence Method**

 Please select your preferred method of correspondence. All correspondence will be sent using the method you select below.

Explanation of abbreviations used in the following table

|  |
| --- |
| **Capacity** |
| Fax | **F** |  |
| E-mail | **E** |  |

 **PAGE 4**

3. BRANCHES, SALES AND ACCOUNTS DEPARTMENTS

**3.1 Sales Department**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax No. |  |  |  |  |  |  |  |  |  |  |  | Cell No |  |  |  |  |  |  |  |  |  |  |  |

**3.2 Accounts Department**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax No. |  |  |  |  |  |  |  |  |  |  |  | Cell No |  |  |  |  |  |  |  |  |  |  |  |

**3.3 Branches**

|  |  |  |
| --- | --- | --- |
|  | **Y** | **N** |
|  Do you have any other branches in this region? |  |  |
|  If yes, kindly complete the under-mentioned fields |  |  |
|  Multiple copies of this page may be submitted if required. |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name / Area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Code |  |  |  |  |
| Province |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |  |  | Fax |  |  |  |  |  |  |  |  |  |  |  |

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| Name / Area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Code |  |  |  |  |
| Province |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |  |  | Fax |  |  |  |  |  |  |  |  |  |  |  |

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| Name / Area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Code |  |  |  |  |
| Province |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |  |  | Fax |  |  |  |  |  |  |  |  |  |  |  |

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| Name / Area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Code |  |  |  |  |
| Province |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |  |  | Fax |  |  |  |  |  |  |  |  |  |  |  |

 **PAGE 5**

**4.1 CORE BUSINESS OPERATION (MANDATORY FIELD)\* \***

 ***(Mark with X in applicable fields)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prime Contractor |  | Sub-Contractor (less than 25 % generated turnover as prime contractor) |  | Labour-only Contractor |  |
| Supplier |  | Manufacturer |  | Legal Service Provider\* |  |
| Professional Services BUILT Environment |  | Education, Training and Development Service Provider (ETD) |  | Other\*\* |  |

\*\*Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For more detail relating to your classification on the WCSD and commodity grouping, pages 8 and 9 of this registration form must also be completed.**

**5.1 ANNUAL AVERAGE TURNOVER\***

Indicate annual average turnover excluding Value Added Tax during the past three **years (If applicable):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1\_\_\_\_\_** | R | **2\_\_\_\_\_** | R | **3\_\_\_\_\_** | R |

5.2 FINANCIAL DETAILS (BANKING)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Banking institution name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Branch  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Branch Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Town / City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Banking account number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account holders name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Type  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**NB. MANDATORY REQUIREMENT**

**The template below must be completed, signed and stamped by your Bank to validate the financial data above.**

|  |  |
| --- | --- |
| *DATE STAMP OF BANK* | *FOR COMPLETION BY BANK OFFICIAL* |
|  | *Bank Official’s Detail*

|  |  |
| --- | --- |
| *Name* |  |
| *ID Number* |  |
| *Signature* |  |
| *Branch Tel Nr* |  |

*Supplier’s Detail*

|  |  |
| --- | --- |
| *Account nr* |  |
| *Branch Code* |  |

 |

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**6.1 OWNERS AND SHAREHOLDERS**

 **List all persons who are shareholders/owners in the business**

 **Multiple copies of this page may be submitted, as needed.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Holding company/trust |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage Share |  |  |  | **%** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Identification Number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage Share |  |  |  | **%** |
|  | **M** | **F** |
| Gender |  |  |  |
|  | **A** | **C** | **I** | **W** |
| Race Group |  |  |  |  |  |
|   | **Y** | **N** |
| Disabled  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Identification Number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Percentage Share |  |  |  | **%** |
|  | **M** | **F** |
| Gender |  |  |  |
|  | **A** | **C** | **I** | **W** |
| Race Group |  |  |  |  |  |
|  | **Y** | **N** |
| Disabled  |  |  |

6.2 PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | MALE |  | FEMALE |
|  | Permanent | Temporary |  | Permanent | Temporary |
| AFRICAN |  |  |  |  |  |
| COLOURED |  |  |  |  |  |
| INDIAN |  |  |  |  |  |
| WHITE |  |  |  |  |  |
| DISABLED |  |  |  |  |  |

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 **7. CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT**

**I, THE UNDERSIGNED, WHO WARRANTS THAT I AM DULY AUTHORISED ON BEHALF OF THE SUPPLIER TO CERTIFY THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT IN ITS SEMI-COMPLETE, COMPLETE AND AMENDED STATES, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE WITH THE DATE OF VERIFICATION DATE AS THE EFFECTIVE DATE AND ACKNOWLEDGES THAT: -**

1. The supplier will be required to furnish documentary proof of the claims if requested to do so.

2. If the information supplied is found to be incorrect then the client (Western Cape Government) may, in addition to any remedies it may have: -

i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or

ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or

iii. Impose a penalty on the contractor as provided for in the relevant organisation’s regulations.

**SIGNED ON THIS \_\_\_\_\_\_\_\_\_ DAY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_ AT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(SIGNATURE) IN HIS /HER CAPACITY AS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PRINT NAME)**

**ON BEHALF OF THE (SUPPLIER’S NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT NOTICE**

**Your Tax Clearance Certificate and B-BBEE Rating Certificate is only valid for a twelve (12) month period from the date of issue. You will be required to submit an updated original, valid Tax Clearance Certificate and an original valid certified copy of the B-BBEE Rating Certificate on or before the expiry of the currently housed Certificates, as well as an updated Declaration of Interest (WCBD 4) and Preference Points Claim Form (WCBD 6.1)**

**As a valid Tax Clearance Certificate and Declaration of Interest (WCBD 4) are mandatory requirements to conduct business with the Western Cape Government, failure to submit these will result in your immediate suspension on the WCSD, only to be lifted when the relevant valid documentation are submitted. Whilst in suspension, companies will be regarded as non-compliant and no quotes or tenders of such companies will be considered.**

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|  |  |  |
| --- | --- | --- |
|  |  |  |

**8. CLASSIFICATION ON WESTERN CAPE SUPPLIER 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** |  | **Built Environment Consultant / Professional Service Provider** |  | **Education, Training & Development** |  | **Legal Services** |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Our core business is:** |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Words**: |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Specializations:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



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