

**HSC 32/2013/2014**  
**APPLICATION FOR REGISTRATION ON THE WESTERN**  
**CAPE: DEPARTMENT OF HUMAN SETTLEMENTS**  
**CONTRACTORS DATABASE**

**Name of Service Provider:**

\_\_\_\_\_

**Name of Authorized representative:**

\_\_\_\_\_

**Tel No:** \_\_\_\_\_

**For office use only**

**Received on: DD** \_\_\_\_\_ **MM** \_\_\_\_\_ **YY** \_\_\_\_\_

**Received by (print full name)**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Reference Number:** \_\_\_\_\_

**Service Provider Registration Code:** \_\_\_\_\_

**Verified by Chief Directorate/ Professional Services:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enhanced Peoples Housing Process (EPHP) Contractor Database Application Form**

SUPPLIER DETAILS			
Registered name of the company			
Trading name of the company			
Company/ Close Corporation registration number:	Western Cape Supplier Database reference number:	NHBRC registration number:	CIDB registration number:
Business start date:		Fax Number:	
Telephone Number:		E-mail Address:	
Web Address		Business Contact Telephone Number:	
Name of Contact Person:		Contact numbers Cell:	
Business Physical Address:		Postal Address:	
Contact Person:		Contact Person:	

OWNERSHIP & EQUITY (NB: Percentage distribution of equity)					
	African	Coloured	Indian	White	Total
Men					
Women					
People with Disabilities					
Youth					

WHAT IS THE FIRM'S AVERAGE ANNUAL TURNOVER (EXCL. VAT)?				
R _____				
INDIVIDUALS IN MANAGEMENT OF FIRM (INCLUDE OWNERS AND NON-OWNERS) RESPONSIBLE FOR DAY-TO-DAY MANAGEMENT AND BUSINESS DECISIONS				
NAME	RACE	GENDER	DISABILITY	LENGTH OF SERVICE (YEARS)

**CONSTRUCTION REFERENCES**

LIST THE THREE LARGEST PROJECTS COMPLETED BY YOUR FIRM IN THE LAST FOUR YEARS			
Name of Project Completed	Name of Project Manager & Telephone no	Name of Client & Telephone no	Value of Project

LIST THE CURRENT PROJECTS THAT YOUR FIRM IS INVOLVED IN			
Name of Current Project	Name of Project Manager & Telephone no.	Name of Client & Telephone no.	Value of Project

## LOCALITY

Please indicate with (✓) areas where your business currently operates:

**West Coast ....**

**Metro ....**

**Eden ....**

**Central Karoo ....**

**Overberg ....**

**Cape Winelands ....**

### ATTACHMENTS (COMPULSARY):

Please attach certified copies of the following documents	TICK
➤ Fully Completed Contractors Questionnaire	
➤ ID Documents of owners	
➤ Company Registration Documents	
➤ Shareholders agreements/certificates for companies	
➤ Proof of NHBRC Registration	
➤ Proof of CIDB	
➤ Proof of Western Cape Supplier Database Registration	

**I hereby declare that the above information is correct at the time of completion. I declare that I (the undersigned) have the appropriate authority to furnish the above mentioned information on behalf of the company.**

**I hereby declare that the information provided, is to the best of my knowledge true and correct and furthermore give consent rights to allow the WCG Department of Human Settlements to verify all the information provided**

\_\_\_\_\_  
For and on behalf of the  
company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Capacity of signatory (position  
held in Company)