

Western Cape Supplier Evidence Bank Form

IMPORTANT - BEFORE completing this form, please ensure that you have registered your company on the Central Supplier Database (CSD) and have obtained your CSD registration number. To complete the registration process, please click on the following link: www.csd.gov.za If you require further assistance please contact Provincial Treasury via the following email address: wcseb@westerncape.gov.za

Western Cape Supplier Evidence Bank (WCSEB) will utilise the National Treasury's CSD as the master database and serve as the central repository of governance documentation that will be used in the procurement process in order to give effect to the legislative requirements of the Western Cape Government (WCG).

CSD Supplier Number	M	Α	Α	Α											
Name of Business						•	•								
Trading Name															
ID Number															
Cell Phone Number															
Email Address (Administrative															
Purposes)		1	ı	1	1	I	<u> </u>	1	l	l	l	l		l	<u> </u>
Email Address (Quotation)															

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

Provincial Treasury, 4 Waterford Place, 2nd Floor, Century City, Cape Town Private Bag X9165, Cape Town, 8000









Accreditation Status (If Applicable)

EDUCATION, TRAINING AND DEVELOPMENT PROVIDERS

ETQA (Education, Training and Quality Assurance) requirements, Providers of E Development are required to submit details regarding their accreditation statu	Educat	ion, T	rainir	ng ar	ıu	
Please tick applicable level which your ETQA/SETA has awarded yo	our org	ganiza	ation			
None Eligibility Status* Accreditation Accreditation plus	RPL	A	Award	l Lev	el [
*NB – Eligibility status is a Pre-accreditation level. It is only valid for 6 months. SETA in this regard.	Please	e con	tact y	our r	elev	ant
SAQA Registration Number						
SAQA Registration Date						
APPLICABLE DOCUMENTS TO BE SUBMITTED WITH WCSEB R	EGIS	TRAT	ION			
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Compulsory Declaration of Interest – WCBD 4 (Original) Preference Point Claim Form - WCBD 6.1 (Original)				A		
Compulsory Declaration of Interest – WCBD 4 (Original) Preference Point Claim Form - WCBD 6.1 (Original) Identity Document of Certificate of Correctness Signatory (Certified copy)				A		
Compulsory Declaration of Interest – WCBD 4 (Original) Preference Point Claim Form - WCBD 6.1 (Original) Identity Document of Certificate of Correctness Signatory (Certified copy) B-BBEE Rating Certificate or Sworn Affidavit (Original) Security Officer's Board Certificate (applicable to security services only)				A		









CERTIFICATE OF CORRECTNESS OF INFORMAITON SUPPLIED IN THIS DOCUMENT

I, THE UNDERSIGNED, WARRANTS THAT I AM THE DULY AUTHORISED REPRESENTITIVE ON BEHALF OF THE SUPPLIER. I HEREBY CERTIFY THAT TO MY KNOWLEDGE, THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENTION AND SUPPORTING DOCUMENTATION IS CORRECT AND VALID WITH THE DATE OF VERIFICATION 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 provided is found to be incorrect 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	 202	_ AT	
(SIGNATURE)				IN HIS /HER CAPACITY AS
(PRINT NAME)				
ON BEHALF OF THE (SUPP	PLIER'S NAME) _	 		
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