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Pretoria  
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Boeing Street  
Erasmusrand  
Pretoria

## **APPLICATION FOR REGISTRATION AS SUPPLIER OF GOODS AND SERVICES ONTO THE DOD SUPPLIERS DATABASE**

### **Please complete the application form and hand it back with the following documents:**

- Company registration documents (copies must be certified)
- Vat registration certificate (copies must be certified)
- Valid tax clearance certificate (copies must be certified)
- A letter from the bank confirming banking details
- Certified copy of Identity Documents
- Signed correspondence from the company (letterhead)
- Proof of business address (Telkom, Municipality bill or lease agreement)
- PW1423 must be completed and stamped by the bank.

### **NB:** Letterhead to include only the following

- ❖ Company name
- ❖ Business address and Postal address
- ❖ Tell/Cell number
- ❖ Fax number
- ❖ Vat number
- ❖ Registration number
- ❖ Authorizing signature of the member

1. All suppliers are hereby invited to register voluntarily as prospective suppliers on the database of the Department of Defence.
2. The purpose of this database is to give all prospective suppliers equal access to the Department of Defence Procurement System, and the opportunity to develop and grow.

## RESTRICTED

3. It should be noted that the Department of Defence reserves the right to accept or reject any application without being obliged to give any reasons in this respect.
4. The completion and submission of this registration form does not guarantee that a supplier will be awarded quotations or contracts by the Department of Defence; however preference will be given to those contracted on submission of proof thereof.
6. Suppliers must comply with all the registration requirements. Failure to do so may result in the application being declined. Suppliers will not be notified whether their application was accepted or not but will be notified of the outcome if they inquire telephonically.
9. A supplier must ensure that he / she renews his / her tax clearance certificate before its date of expiry and submits it to the Supplier Registration Office. Suppliers who fail to renew the validity of their tax clearance certificates will automatically be put on hold.
11. A supplier must ensure that he / she updates his / her information when there are changes to his / her company e.g. change of addresses / telephone numbers, etc.
12. NB: Please do not cancel or use Tippex on this form, and all certification must be done by the Commissioner of Oaths or SAPS only.
- 13. Faxed, Scanned and E-mailed copies of this form and its attachments will not be considered.**
14. DOD employees must attach a Declaration signed by the Chief of Arms of Service/ Division/ Formation.
15. Forms are accepted only on Tuesdays & Thursdays from 08h00 to 14h00.

### **PART 1: SUPPLIER MASTER DETAILS**

1. Supplier name: (legal name) as it appears on the registration documents e.g. CK1 forms, Identity Document, tax clearance certificate founding documents or bank account name. (All these must bear the same names)  

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2. Trading name: This must appear in the Bank account and Tax Clearance Certificate).

RESTRICTED





- 3. Cell number: \_\_\_\_\_
- 4. E-mail address: \_\_\_\_\_
- 5. Fax number: \_\_\_\_\_
- 6. Telephone Number: \_\_\_\_\_
- 7. ID Number: \_\_\_\_\_

**PART 5: SUPPLIER CONTACT PERSON 2**

- 8. Full names: \_\_\_\_\_
- 9. Job title: \_\_\_\_\_
- 10. Cell number: \_\_\_\_\_
- 11. E-mail address: \_\_\_\_\_
- 12. Fax number: \_\_\_\_\_
- 13. Telephone Number: \_\_\_\_\_
- 14. ID Number: \_\_\_\_\_

**PART 6A: SUPPLIER ADDRESSES**

Physical address	
Address 1	
Address 2	
Address 3	
Postal code	

**PART 6B: SUPPLIER ADDRESSES**

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Postal address	
Address 1	
Address 2	
Address 3	
Postal code	

**PART 7: SUPPLIER SERVICE TYPE**

SUPPLIER SERVICE TYPE	SELECT YES / NO
1. Manufacturer	
2. Distributor	
3. Manufacturer and distributor	
4. Services supplier	
5. Commodity retailer	
6. Professional service provider	
7. Goods supplier	

Core commodity / service supplied

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Official Stamp:  
Company

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**PART 8: DIRECTORS / OWNERS**

<b>Personal details</b>	<b>First name</b>	<b>Surname</b>	<b>Identity No.</b>	<b>Telephone number</b>	<b>Fax number</b>	<b>Cell number</b>	<b>Job Title</b>	<b>Ownership Percentage</b>
<b>Director / Owner 1</b>								
<b>Director / Owner 2</b>								
<b>Director / Owner 3</b>								
<b>Director / Owner 4</b>								
<b>Director / Owner 5</b>								
<b>Director / Owner 6</b>								
<b>Director / Owner 7</b>								
<b>Director / Owner 8</b>								
<b>Director / Owner 9</b>								
<b>Director / Owner 10</b>								

**PART 9: SUPPLIER / COMPANY SIZE AND HISTORICALLY DISADVANTAGED (HDI) STATUS**

1. Number of full time employees \_\_\_\_\_
2. Total annual turnover in million or fractions thereof \_\_\_\_\_  
\_\_\_\_\_
3. Total asset value (fixed property excluded) \_\_\_\_\_  
\_\_\_\_\_
4. Percentage ownership by HDI's \_\_\_\_\_
5. Percentage ownership by women \_\_\_\_\_
6. Percentage ownership by disabled \_\_\_\_\_
7. SMME

SUPPLIER SMME	SELECT YES / NO
MICRO	
VERY SMALL	
SMALL	
MEDUIM	
LARGE	

**PART 10: BANKING DETAILS**

Bank Name: \_\_\_\_\_

Bank Account Type: 01 Current  02 Savings  03 Transmission   
(Please tick)

04 Bond  05 Subscription Shares

Bank Branch Code:

--	--	--	--	--	--

Bank Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NB: Bank Details must be FICA compliant



**PART 11: INDICATE WHETHER THE FOLLOWING MANDATORY DOCUMENTS ARE ATTACHED/SUBMITTED: (Mandatory)**

General:		Y/N
1	Close Corporation (Cipro)	
2	VAT/ Tax Clearance certificate( Confirm the expiry date)	
3	Bank Particulars of the company(Stamped)	
4	Physical Address and Postal Address	
5	Company/ business profile letter head	
6	B-BBEE Certificate	
7	ID copies of all directors of the company	
8	Declaration of interest (SBD4)	
9	Certificate of Acceptability from Municipality (Applicable to Food suppliers and Catering services)	
10	CIDB Certificate (Constructions)	
11	Boarding Certificates (Travel agents)	

*Documentary proof or all of the above are required to ensure successful registration on the Supplier Database. Please indicate which of the following documents are attached. In the event of a document not being required please tick the N/A box.*

**NB: Suppliers who does not attach the above compulsory documents will be automatically rejected.**

**PART 12: CERTIFICATION BY THE DIRECTOR / OWNER**

**(NB: To be signed by all Directors / Owners listed under Part 8 of the form)**

I hereby certify that I have satisfied myself as to the correctness and validity of the information provided above. I confirm that the mandatory documents as stipulated at Part 12 above are attached. I also certify that I am duly authorised to sign this registration form on behalf of the company.

**Director / Owner 1**

**Names in Full:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director / Owner 2

Names in Full: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director / Owner 3

Names in Full: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 13: DELIVERY OF THE SUPPLIER REGISTRATION FORM:**

The undersigned is hereby authorised to deliver the documents on behalf of the Company:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

ID No. : \_\_\_\_\_ (Please attach copy)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Company's Authorizing Official:** (Please Note: The authorizing official should be one of the directors / owners listed on Part 4 and 10 of the form)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

ID No. : \_\_\_\_\_ (Please attach copy)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

TELEPHONE NUMBER: (012) 392-2947

FAX: (012) 392-2748

**WILL ONLY BE EXCEPTED THROUGH NCB OR PROCUREMENT OFFICES**

BANKMANAGEMENT / BANKMANGEMENT / BANKMANAGEMENT / BANKMANAGEMENT / BANKMANAGEMENT / BANKMANAGEMENT



**PW1423**



**COMPLETE SUPPLIER CODE:**

I/We hereby request and authorize you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank. I/We understand that the credit transfers hereby authorized will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/We understand that no additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements). I/We understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account. This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

- ▶ Please ensure information is validated as per required bank screens .
- ▶ I/We understand that bank details provided should be exactly as per the records held by the bank.
- ▶ I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

**COMPANY / PERSONAL DETAILS**

ACCOUNT HOLDERS NAME	<input type="text"/>
TRADING NAME	<input type="text"/>
VAT NUMBER	<input type="text"/>
TAX NUMBER	<input type="text"/>
TITLE	<input type="text"/>
INITIALS	<input type="text"/>
FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>
ID	<input type="text"/>

	BOX / P/BAG	STREET
POSTAL ADDRESS	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

POSTAL CODE

BUSINESS TEL NR




HOME TEL NR

FAX NR

CELL NR

E MAIL ADDRESS

CONTACT PERSON

BANKMANAGEMENT / BANKMANGEMENT / BANKMANGEMENT / BANKMANAGEMENT /BANKMANAGEMENT / BANKMANGEMENT																							
																							
<b>COMPLETE SUPPLIER CODE:</b>		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																					
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<h2 style="margin: 0;"><u>TO BE COMPLETED BY THE BANK</u></h2>																							
<p><small>(Please note that this account MUST be in the name of the supplier. No 3rd party payments allowed)</small></p> <p><b>PLEASE TAKE NOTE: THE BANK MUST FILL IN THE NAME OF THE COMPANY OR INDIVIDUAL (Account holder name) AND CONFIRM IF THE ACCOUNT WAS OPENED WITH AN ID/PASSPORT NR OR COMPANY REGISTRATION NR AND IF CK IS A</b></p>																							
<b>ACCOUNT HOLDER'S NAME CAN NOT BE MORE THAN 60 DIGITS WITH SPACES</b>		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					
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<b>ACCOUNT TYPE</b>		<input type="checkbox"/> <b>CHEQUE ACCOUNT</b>		<input type="checkbox"/> <b>CONFIRM SCREEN TYPE</b>						<input type="checkbox"/> <b>INDIVIDUAL</b>													
		<input type="checkbox"/> <b>SAVINGS ACCOUNT</b>								<input type="checkbox"/> <b>COMPANY</b>													
		<input type="checkbox"/> <b>TRANSMISSION ACCOUNT</b>								<input type="checkbox"/> <b>CC</b>													
		<input type="checkbox"/> <b>BOND ACCOUNT</b>								<input type="checkbox"/> <b>TRUST</b>													
		<input type="checkbox"/> <b>OTHER (Please specify)</b>								<input type="checkbox"/> <b>PARTNERSHIP</b>													
										<input type="checkbox"/> <b>OTHER</b>													
<b>ID NUMBER</b>		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					
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<p><b>IT IS HEREBY CONFIRMED THAT THIS DETAILS HAVE BEEN VERIFIED AGAINST THE FOLLOWING SCREENS</b></p> <p style="text-align: center;"><b>UNIVERSAL BRANCH CODES TO BE USED FOR EACH BANK</b></p>																							
<b>ABSA:</b>		CIF SCREEN								632005													
<b>FNB:</b>		HOGANS SYSTEM ON THE CIS4								250655													
<b>STANDARD:</b>		BANK LOOK UP SCREEN								051001													
<b>NEDBANK:</b>		BANKING PLATFORM UNDER THE CLIENT DETAIL								187505													
<b>OTHER BANK:</b>		MUST VERIFY THEIR CLIENTS DETAILS																					
<b>CONSULTANT SIGNATURE</b>								<b><u>BANK STAMP</u></b>															
<b>CONSULTANT NAME IN PRINT:</b>																							
<b>CONSULTANT TELEPHONE NUMBER:</b>																							
<b>DATE / DESIGNATION</b>																							
		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					
Directorate Central Accounts/ Bankmanagement																							

**VERY IMPORTANT TO READ BEFORE COMPLETE BANK DETAILS**

PLEASE COMPLETE THE PW1423 ACCORDING TO THE RELEVANT BANK SCREEN.

THE NAME AND ID OR COMPANY REGISTRATION NUMBER MUST BE 100% CORRECT ACCORDING THE SCREEN

T / BANKMANAGEMENT / BANKMANAGEMENT / BANKMANAGEMENT

B A N K M A N A G E M E N T  /  B A N K M A N A G E M E N T  /  T / B A N K	<b><u>REQUIRED DOCUMENTATION</u></b>	<b>CHECK LIST PLEASE BEFORE FAX</b>	<b>X</b>	B A N K M A N A G E M E N T  /  B A N K M A N A G E M E N T  /  T / B A N K
	<b><u>DOCUMENTS NEEDED FROM THE PRECUREMENT OFFICE</u></b>			
	1. Application of registration (2 pages).			
	2. Precurement's letter or a memorandum			
	3. Kaysmenu: Physical and postal address must correspond with suppliers documentation. (ATTACHED PRINTSCREEN)			
	<b><u>(THE NAME OF COMPANY/INDIVIDUAL AT THE BANK MUST THE SAME ON KAYSMENU)</u></b>			
	<b><u>DOCUMENTS NEEDED FROM THE SUPPLIER</u></b>			
	4. SARS certificate/vat certificate.			
	5. Supplier maintenance document (PW1423). Complete 3rd page according to bank screens.			
	6. Ck1/Ck2.			
	7. Confirmation letter from bank,bank statement (1st page) and our PW1423 3rd page must be complete by the bank			
	8. Copy of ID document of owner(s)/ partner(s) of business.			
	a. Letter head (NO CV OR PROFILE) of business with:			
	b. Name of business and phone number.			
	c. Physical and postal address.			
	d. Tax registration number.			
	e. Business registration number.			
	f. Banking details.			
	g. Auth signature of authorized member.			
	9. All the Directors of the company must complete a letterhead with there full names, surnames and id numbers with a copy of there id document.			
	10. Confirmation letter from supplier if changing bank details.			
	<b><u>11. THE CHANGING OF BANKING DETAILS OF COMPANIES, WE REQUEST A LETTERHEAD OF A COMPANY WITH THE FOLLOWING:</u></b>			
	A. INITIALS AND SURNAME			
	B. ID NUMBER			
	C. SIGNATURE			
	D. THEY AGREED THAT THE COMPANY CHANGING THE BANKING DETAILS.			
	<b>ENSURE THAT YOUR APPLICATION IS FULLY COMPLETED BEFORE SUBMITTING.</b>			
	DCA/BANKMANAGEMENT			
T / BANKM				



**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (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 state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(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 evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder or his or her representative: .....

2.2 Identity Number: .....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>): .....

2.4 Company Registration Number: .....

2.5 Tax Reference Number: .....

2.6 VAT Registration Number: .....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

<sup>1</sup>"State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? YES / NO

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

.....

Name of state institution at which you or the person connected to the bidder is employed :

.....

Position occupied in the state institution:

.....

Any other particulars:

.....

.....

.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES / NO

2.7.2.1 If yes, did you attached proof of such authority to the bid Document? YES / NO

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

.....

.....

.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES / NO

2.8.1 If so, furnish particulars:

.....

.....

.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? YES / NO



RESTRICTED

2.9.1 If so, furnish particulars.

.....  
 .....  
 .....

2.10 Are you, or any person connected with the bidder, YES/NO  
 aware of any relationship (family, friend, other) between  
 any other bidder and any person employed by the state  
 who may be involved with the evaluation and or adjudication  
 of this bid?

2.10.1 If so, furnish particulars.

.....  
 .....  
 .....

2.11 Do you or any of the directors / trustees / shareholders / members YES/NO  
 of the company have any interest in any other related companies  
 whether or not they are bidding for this contract?

2.11.1 If so, furnish particulars:

.....  
 .....  
 .....

3 Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Pernal Number

4 DECLARATION

I, THE UNDERSIGNED  
(NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE  
IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN  
TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT  
SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

October 2013