



ANNEXURE A SUPPLIER REGISTRATION APPLICATION FORM

Doc No.

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This is an application to be registered on the Housing Company Tshwane supplier database for Goods, Works and Services.

SECTION 1: COMPANY INFORMATION

1.1 Company registration name:

1.2 'Trading as' name of business:

(Contracts/orders will be placed on this name and invoices must reflect it)

**Company E-Mail
address:** _____

Field of Trade (**Products /
Services**) _____

1.3 Physical address of business:

City: _____ Province: _____ Code: _____

1.4 Postal address of business:

City: _____ Province: _____ Code: _____

1.5 Details of the contact person: Name & Surname:

Tel: _____ Fax _____

Cell: _____ Email: _____

(Used by HCT for Email, electronic faxing of Request for Quotations, Contracts and Purchase orders)

1.6 Alternative number of business: Code: _____ Number: _____

Is this a dedicated fax number?
(YES/NO) _____



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1.7 Accounting fax number: Code: _____ Number: _____

(Used by HCT for electronic faxing of the APS remittance advices)

Is this a dedicated fax number? (YES/NO)

**Company E-mail
address:** _____

1.8 Previous name of business (if applicable):

Is your business:

An agent ____ Manufacturer ____ Distributor ____ Consultant ____ Contractor: ____

Other

(specify) _____

SECTION 2: TAXATION

2.1 Business Registration number (if applicable)

2.2 Income tax reference: _____

2.3 VAT registration number: _____

2.4 PAYE employer's registration number: _____



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SECTION 3: COMMERCIAL INFORMATION

A: Trade References

1. Name **3 commercial references** of previous business or tenders and provide their **name(s)** and **telephone no's** :

A. _____ -

B. _____

C. _____

Year in which the company was registered: _____

B: Financial Information.

1. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? (YES/NO)_____ If yes, please elaborate:

2. Indicate annual turnover excluding Value Added Tax for the past three years:

NB: Attach the latest audited copies of Financial Statements.

C: Technical

1. Is your business a permit holder under the SABS marks scheme or ISO? (YES/NON): _____
If yes, indicate product(s) for which permits are held, including permit numbers:



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2. Are you working to national or International Standards? (YES/NO)_____If yes, indicate products and to which standards:

D: Quality

1. Does your business operate a Quality Management System covering the product/service applying for? (YES/NO) _____Please elaborate:

2. Has your Quality Management System been assessed and certified by any National / Internationally recognised accredited body? (YES/NO)_____If yes, please provide copy of certificate.

E: Safety

1. Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (OHASA)? (YES/NO)_____
2. Are you registered with Compensation of Occupational Injuries and Diseases Act (COID)? (YES/NO) _____ COID registration number: _____

F. Environmental

1. Do you have an environmental Policy in place?
YES/NO _____

2. Does your facility routinely work with any hazardous substances? _____

G. Facilities, Plants and Equipment

1. Please attach a detailed summary of your facilities, plants and equipment

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2. Describe all property agreements relating to facilities used by the firm and the nature of the agreements indicating whether facilities are owned or leased:



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3. Number of employees

Part time: _____

Full Time: _____

SECTION 4: IMPORTANT ATTACHMENTS

All suppliers must include the following information, which must be submitted together with this application form:

- Your **company profile**
- Verified **BEE compliance certificate**
- Valid **tax clearance certificate**
- Original **cancelled cheque** or **stamped letter** from the **bank verifying banking details**
- Company **registration documents** (copies)
- **Vat Registration**
- **U.I.F Certificate**
- **Audited** copies of **financial statements**
- Close Corporations must attach Association Agreements
- **Employment equity report certified** by the Department of Labour
- Copy of **Compensation for Occupational Injuries and Diseases Certificate**

The above information is certified correct at the time of completion. I certify that I have the appropriate authority to furnish the above-mentioned information on behalf of my employer.

Name and Surname:

Signature



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Designation:	Date and company stamp:
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TAKE NOTE:

If there are any changes to the information supplied on this form, please inform Housing Company Tshwane within 7 working days. Outdated information could lead to your company not being invited to tender or not receiving correct payment! Suppliers providing false or fraudulent information or documentation shall subject themselves to immediate disqualification.

SECTION 5 : DECLARATION OF INTEREST

Any legal person, including persons employed by Housing Company Tshwane, or persons having kinship with persons employed by Sentech including a blood relationship, may apply to register and or to submit a tender. However full disclosure of the particulars of the relationship is required in the interest of fairness and transparency, as indicated in this declaration of interest form.

5.1 Are you or any person connected with your organization employed by Housing Company Tshwane?
YES/NO

If so, furnish particulars

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5.2 Have you or any person in your organization been employed by Housing Company Tshwane over the past twelve months?

YES/NO

If so, furnish particulars.

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.....

5.3 Do you have any relationship (family, friend, partner or other) with persons employed by Housing Company Tshwane?

YES/NO

If so furnish particulars

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.....

5.4 Are any of your company's directors, managers, shareholders or stakeholders in service of the Housing Company Tshwane? YES/NO

If so, furnish particulars

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 5.5 Are any spouses, children or parents of the company's directors, managers, shareholders or stakeholders in service of Housing Company Tshwane?
 YES/NO
 If so, furnish particulars

DECLARATION

I, UNDERSIGNED (FULL NAMES)
 CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.
 I ACCEPT THAT HOUSING COMPANY TSHWANE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

SECTION 6: INTERNAL USE

Housing Company Tshwane reserves the right to verify and /or follow-up on any of the claims made or references in this application form. Housing Company Tshwane can request additional information during its evaluation process. Incomplete submissions will not be processed. This includes the supporting documentation as stipulated in Section 4.

FOR INTERNAL USE ONLY

This section is to be completed by Housing Company Tshwane authorised employees only.

Application assessed and documentation checked by (full name)_____

Signature:_____

Designation:_____

Comments: _____



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Approved/Rejected by: _____

Date: _____

Reasons for rejection: _____

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