



**APPLICATION TO BE REGISTERED ON THE
FREE STATE DEVELOPMENT CORPORATION
SUPPLIER DATABASE**



**TO ALL SUPPLIERS SEEKING REGISTRATION
AS AN APPROVED SUPPLIER ON THE
DATABASE OF THE FDC**

All suppliers are herewith invited to register as an approved supplier on the database of the FDC.

In order to comply with the procedures set out in the Supply Chain Management Guidelines, as referred to in the Public Finance Management Act (PFMA), the FDC developed a supplier database to be used by the Procurement section.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to the FDC.

Preference will be given to registered suppliers but it does not necessarily mean that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to the FDC. It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

Attached please find an official registration form to assist us in updating our database according to legislation.

It is imperative that suppliers read the application document carefully, complete it in full and sign it. Please note that an Original Valid Tax Clearance Certificate must be attached and/or delivered to the FDC.

When completed this document must delivered at:

FDC Head Office
33 Kellner, Cnr Markgraaf Street
Westdene
Bloemfontein

**For Attention: Me Dineo Leeuw
Procurement Department**

SUPPLIER APPLICATION FORM

IMPORTANT NOTES

Please read carefully

- To be completed by **all** vendors seeking registration as an approved supplier;
- The questionnaire must be completed in **full** and be **signed by the owners as in order to be accepted**;
- A **company profile** must accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed by applicant;
- Applicants will be contacted via fax and **must** therefore submit an **operating fax number**; failure to comply will result in excluding the supplier from the data base;
- It should be noted that the FDC reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- Supplier must comply with all the **registration-criteria** for registration to be finalized - **failure** to do so may result in the application being declined.

	Please tick in box	Y	N	N/A
Company Registration Document (Certified)				
Proof of Ownership / Shareholder Certificate				
Proof of banking - Cancelled cheque or Bank Statement				
Original Valid Tax Clearance Certificate				
Company Profile				
BEE Certificate				
Disability Documents				
Identification documents (Certified)				

FINANCIAL DETAILS (BANKING)

Banking Institution name																				
Branch																				
Town / City																				
Banking account number																				
Account Type																				
Account Holder name																				

Supplier Detail:

Company / Supplier Name:																				
Company / CC Registration Number:																				
VAT Registration Number (If Applicable):																				
Income Tax Reference Number (compulsory):																				
Web Address:																				
E-Mail Address:																				
Telephone Number:																				
Fax Number (Compulsory):																				
Toll Free Number:																				
Number of Full Time Employees:																				
Number of years in business																				

Postal Address: (Compulsory)																				
Code																				

Physical Address: (Compulsory)																				

Supplier Grouping detail: Type of Firm: (Please tick the relevant box)

1	Public Company (Ltd)	
2	Private Company (Pty) Ltd	
3	Closed Corporation (CC)	
4	Other (Specify)	
5	Joint Venture	
6	Consortium	
7	Sole Proprietor	
8	Foreign Company	
9	Partnership	
10	Trust	
11	Section 21 Company	
12	Government / Parastatals	

Main Contact Person in your Company:

Name:																		
Company Position:																		
Cell Phone Number:																		
Fax Number:																		
E-Mail Address:																		

Sales Contact Person in your Company:

Name:																		
Company Position:																		
Cell Phone Number:																		
Fax Number:																		
E-Mail Address:																		

Please indicate not more than three core business types or service rendered:

CORE BUSINESS	SERVICE / GOODS	
Logistics	Indicate list of equipment ,tools in possession separately	
	<i>Please supply documents of key competences separately</i>	

TRACK RECORD

LIST THE FOUR LARGEST MOST IMPORTANT CONTRACTS/ASSIGNMENTS COMPLETED BY YOUR FIRM IN THE LAST THREE YEARS

WORK PERFORMED	FOR WHOM	CONTACT PERSON AND TELEPHONE NUMBERS

PDI OWNERSHIP STATUS: PLEASE READ NOTES BELOW VERY CAREFULLY

Instructions and Definitions:

(Please read carefully before completing PDI Ownership Status)

Legislation:

- Procedures are set out in the **Supply Chain Management Guidelines**, as referred to in the **Public Finance Management Act, 2003 (PFMA)**, to give all prospective suppliers an equal opportunity to submit quotations to the FDC.

Terminology:

- **Commodities:** The commodities the company wishes to be registered for as a supplier to the FDC.
- **Trade Names:** The trade names that the company own or distribute, which you wish to be registered for as a supplier to the FDC.
- **Owned:** Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Previously Disadvantaged Individuals (PDI):** For the purpose of registering as a supplier for the Commission, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Previously Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.
- **Woman:** A female person who is a SA citizen.
- **Establishment of PDI / Women Equity Ownership in a enterprise:** Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.
- **Service of state:** An employee of 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)

Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.

List all Partners, Proprietors and Shareholders: (Compulsory)

Name	Position in Company	Occupation	ID Number

Identify by name, Historically Disadvantage Individuals ,responsible for day –to – day management and business decisions.

	Position in Company	HDI Status (Yes/No	ID Number
Cheque Signing			
Signing and Co-signing for Contracts			
Business Financing (Overdraft ,lease etc)			
Approval of Purchases/Acquisitions			
NB :Please supply cancelled blank cheque			

EQUITY OWNERSHIP

% Shares owned by the following groups: (Compulsory)

	MALE	FEMALE	DISABLED
AFRICAN			
COLOURED			
INDIAN			
WHITE			

PDI Ownership Status:

(Failure to complete this section will result in the application being rejected)

Previously Disadvantaged Individuals (PDI)	%
Women Equity (WE)	%
Disabled Individuals (DA)	%

SMME Status of Your Enterprise:

- Please use this table to determine the SMME status of your enterprise
- Please tick the relevant box in each column

A. Sector	B. Full Time Paid Employees				C. Annual Turnover (R millions)				Total Gross Asset value (R millions)			
	Med	Small	Very Small	Micro	Med	Small	Very Small	Micro	Med	Small	Very Small	Micro
* Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Catering / Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport / Storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Finance & Business Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
*Repair /Maintenance Services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Communications	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Other Trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1

SMME Status of your Enterprise: (Please tick the relevant Box)

Micro	
Very Small	
Small	

Declaration of any Conflict of Interest:

- Do you, have any relationship (family, friend, other) with persons in the service of state and whom may be involved with the evaluation and adjudication of the Bids? **YES/NO**

- If so, Furnish particulars

- Are any of the company`s directors, managers, principle shareholders or stakeholders in the service of state? **YES/NO**

If so, furnish particulars

- Are any spouse, child or parent of the company`s directors, managers, principal shareholders or stakeholders in service of state? **YES/NO**

If so, furnish particulars.

Comment / Notes:

CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT :

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

- 2. If the informatin supplied is found to be incorrect then the client 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 procided for in the relevant organisation’s regulations.**

SIGNED ON THIS _____ DAY OF _____ 20_____ AT _____

(SIGNATURE)

IN HIS /HER CAPACITY AS

(PRINT NAME)