



EKURHULENI WEST TVET COLLEGE

for Further Education & Training

EKURHULENI WEST TVET COLLEGE - SUPPLIER DATABASE REGISTRATION FORM

2018/2019 Financial Year

GUIDANCE NOTES:

- A. Copies of the following documents must be attached to this form:
- i. Original Valid Tax clearance Certificate
 - ii. Certified professional registration documents (if applicable)
 - iii. Certified copy/ copies of Identity document or passport of directors/ members/ shareholders/ owners
 - iv. Company Profile
 - v. Proof of banking details
 - vi. Company registration documents
 - vii. Certified copy of BEE Certificate or sworn affidavit for EME & QSE
- B. If there is not sufficient space on this form to provide the information requested, please attach the additional information to this form.
- C. If you have any queries, please contact the supply chain office on 011-323 1600
- D. Please post this form and accompanying documentation to:

The Principal
Ekurhuleni West College for FET
Attention: Supply Chain Management
Private bag X1030
Germiston
1400

Or deliver by hand to:

Ekurhuleni West College for FET
The Supply Chain Management Office
Corporate Centre,
Cnr. Driehoek and Sol Roads
Germiston.

NB: ALL SECTIONS TO BE COMPLETED IN A BLACK INK AND SUBMITTED WITH AN ORIGINAL SIGNATURE. CLOSING DATE: 31 MAY 2018



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1. BUSINESS PARTICULARS

1.1	Name of business	
1.2	Trading name	
1.3	Physical address	
1.4	Postal address	
1.5	Telephone Number	
1.6	Fax Number	
1.7	Cell Number	
1.8	E-Mail address	
1.9	Contact Person	
1.10	Company Registration Number	
1.11	Income Tax Registration Number - if applicable	
1.12	VAT Registration Number – if applicable	
1.13	Professional affiliations	



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1.14 TYPE OF BUSINESS

Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

Form of Business	Tick	Document required
Public Company Ltd		Copy of registration document
Private Company (Pty) Ltd		Copy of registration document
Close corporation		Copy of registration document
Sole Proprietor		Certified copy of ID document
Partnership		Certified copy of partnership agreement
Trust		Certified copy of Trust document
Co-operative		Certified copy of proof of registration with the Directorate Co-operatives
Voluntary associations		Certified copy of constitution

1.15 ANNUAL AVERAGE TURNOVER

Indicate the business's annual average turnover excluding Value Added Tax during the past two years:

1. R _____ 2. R _____

NB. DOCUMENTARY PROOF OF AUDITED ANNUAL FINANCIAL STATEMENTS MUST BE SUPPLIED

1.16 BANKING DETAILS:

Name of the bank: _____

Account Holders Name: _____

Branch name: _____

Branch code: _____

Account number: _____

Type of account: _____

NB: DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED *(i.e. Bank confirmation letter with the official bank stamp)*

2. COMMODITIES LIST: (NB: Choose not more than 8 commodities)

PLEASE CHOOSE THE COMMODITY THAT BEST DESCRIBE THE CORE BUSINESS OF YOUR ENTITY OR ANY AREA OF SPECIALISATION



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CATEGORY	NAME	TICK	CODE
Accommodation & Catering	Catering Services	<input checked="" type="checkbox"/>	001
	Catering Supplies	<input checked="" type="checkbox"/>	002
	Conference and Accommodation	<input checked="" type="checkbox"/>	003
	Grocery Retailers	<input checked="" type="checkbox"/>	004
Agriculture	Agricultural & Horticultural Equipment	<input checked="" type="checkbox"/>	005
	Agricultural & Horticultural Services	<input checked="" type="checkbox"/>	006
	Agricultural & Horticultural Supplies	<input checked="" type="checkbox"/>	007
	Flowers	<input checked="" type="checkbox"/>	008
	Garden & Landscaping Services	<input checked="" type="checkbox"/>	009
Construction	Architects	<input checked="" type="checkbox"/>	010
	Building Construction	<input checked="" type="checkbox"/>	011
	Building Supplies	<input checked="" type="checkbox"/>	012
	Carports	<input checked="" type="checkbox"/>	013
	Civil Material	<input checked="" type="checkbox"/>	014
	Contractor - Fencing	<input checked="" type="checkbox"/>	015
	Contractors - Building	<input checked="" type="checkbox"/>	016
	Contractors - Civil	<input checked="" type="checkbox"/>	017
	Contractors - Electrical	<input checked="" type="checkbox"/>	018
	Contractors - Engineering	<input checked="" type="checkbox"/>	019
	Contractors - Interior	<input checked="" type="checkbox"/>	020
	Contractors - Plumbing	<input checked="" type="checkbox"/>	021
	Engineering Consultants	<input checked="" type="checkbox"/>	022
	Geotechnical Surveys	<input checked="" type="checkbox"/>	023
	Glass Material	<input checked="" type="checkbox"/>	024
	Paint Resellers	<input checked="" type="checkbox"/>	025
	Plumbing	<input checked="" type="checkbox"/>	026
	Quantity Surveyors	<input checked="" type="checkbox"/>	027
Steel	<input checked="" type="checkbox"/>	028	
Consultants	Assessors	<input checked="" type="checkbox"/>	029
	SABS	<input checked="" type="checkbox"/>	030
	Epoxy Flooring	<input checked="" type="checkbox"/>	031
	Legal Services	<input checked="" type="checkbox"/>	032
	Motivational Speakers	<input checked="" type="checkbox"/>	033
	Professional Services	<input checked="" type="checkbox"/>	034
	Training Providers	<input checked="" type="checkbox"/>	035
Cosmetology	Beauty & Costmetic Equipment	<input checked="" type="checkbox"/>	036
	Beauty & Costmetic Services	<input checked="" type="checkbox"/>	037
	Beauty & Costmetic Supplies	<input checked="" type="checkbox"/>	038
	Hair Care Products	<input checked="" type="checkbox"/>	039
Electrical	Airconditioners	<input checked="" type="checkbox"/>	040
	Alarm systems, CCTV	<input checked="" type="checkbox"/>	041
	Electrical Appliances & Equipments	<input checked="" type="checkbox"/>	042
	Electrical Services	<input checked="" type="checkbox"/>	043
	Electronic Supplies	<input checked="" type="checkbox"/>	044
	Intercom intallation and repairs	<input checked="" type="checkbox"/>	045
	Lighting	<input checked="" type="checkbox"/>	046
	Sound System Hire	<input checked="" type="checkbox"/>	047
Equipment	Combi Courts	<input checked="" type="checkbox"/>	048
	Generators	<input checked="" type="checkbox"/>	049
	Hardware Supplies	<input checked="" type="checkbox"/>	050
	Hospitality PPE	<input checked="" type="checkbox"/>	051
	Merchatronic Equipment	<input checked="" type="checkbox"/>	052
	Motor trade and repairs	<input checked="" type="checkbox"/>	053
	Trellidoors	<input checked="" type="checkbox"/>	054
	Workshop Equipment / Tools	<input checked="" type="checkbox"/>	055
	Workshop PPE	<input checked="" type="checkbox"/>	056



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CATEGORY	NAME	TICK	CODE
Financial Services	Auditors		057
	Debt Collection		058
	Advisors		059
	Insurance Providers		060
	Municipality		061
Furniture & Fittings	Blinds Supplies		062
	Carpets Resellers and Installers		063
	Furniture		064
Health & Safety	Cleaning Services		065
	Cleaning Supplies		066
	Dry cleaners / Laundry		067
	Emergencies		068
	Health Equipments		069
	Health Supplies		070
	Hygiene and Pest Control Services		071
	Occupational Health & Safety		072
	Protective Clothing		073
ICT	Computer repairs and maintenance		074
	Computer Software		075
	Computers (IT) Hardware		076
	IT services		077
	ITS		078
	PABX		079
	SOFTWARE Maintenance		080
	Storage System		081
Marketing	Advertising		083
	Artworks & Design Services		084
	Communication & Media Services		085
	Corporate Clothing		086
	Corporate Image		087
	Entertainers		088
	Events & Functions		089
	Flags and Flag Poles		090
	Posters placement and removal		091
	Sports & Recreations		092
Stationery	Binding Services		093
	Photocopiers / Office Automation		094
	Postage		095
	Printing Services		096
	Publishers		097
	Stationery Supplies		098
	Trophies and Medals		099
Transport Services	Courier Services		100
	Transport Services		101
	Vehicle Supplies		102
	Vehicles Repairs & Maintenance		103
Other (please specify if there is no close match above)			
Other (please specify if there is no close match above)			



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3. SHAREHOLDING/OWNERSHIP DETAILS

List ALL persons who are owners, partners, or trustees in the business (Attach an additional list if more names need to be provided)

Full names	ID number	BCA		White		Youth		Woman		Disabled		African (PPG)		Capacity in the business	% of the time devoted to the business
		Yes/No	%	Yes/No	%	Yes/No	%	Yes/No	%	Yes/No	%	Yes/No	%		

Note:

- * BCA = Black, Coloured & Asian
- * Proof of disability must be supplied with this form
- * Priority Population Group (PPG) = African



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4. PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

	MALE		FEMALE	
	Permanent	Temporary	Permanent	Temporary
BLACK				
COLOURED				
INDIAN				
WHITE				
OTHER				
DISABLED				



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5. EXPERIENCES

Company name	Name of the project	Date contract received	Value of the contract	Date completed / to be completed by	Contact person and contact details



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6. Declaration of any Conflict of Interest

6.1 Are you currently working as an employee in at Ekurhuleni West College? Yes
 No

If "Yes" specify: _____

6.2 Have you worked in Ekurhuleni West College for the past 12 months? Yes
 No

If "Yes" specify: _____

6.3 Do you have any relative working for Ekurhuleni West College? Yes
 No

If "Yes" specify: _____

6.4 Do you have any closed relationship with any official working in our Procurement division? Yes
No

If "Yes" specify: _____

6.5 Are you currently servicing on any structure of Ekurhuleni West College? Yes
 No

If "Yes" specify: _____

6.6 Is there any relevant information that you would like to disclose? Yes
 No

If "Yes" specify: _____

7. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED

I/We, the undersigned, certify that the information supplied in this document, including the annexure, is correct and accurate and acknowledge that:

If the information supplied is found to be incorrect, the College, in addition to any other remedial action it takes, may:

- 7.1 Disqualify my/our company from participating in any work from the College
- 7.2 Reject my/our company from registering on the database of the College
- 7.3 If already registered on the database, de-register the supplier from the Suppliers Database of the College
- 7.4 Cancel the contract and claim damages which the College may suffer by having to make less favourable arrangements after such cancellation.

Signed on this day of 20___, at

Signature of the supplier/duly authorised
Representatives of the company

Name in block letter

Designation



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FOR OFFICE USE ONLY – PROCUREMENT DEPARTMENT

Information confirmed and submitted for approval:

Signature: _____ Date: _____

Vendor approved for:

Commodity Code: _____ Description: _____

Commodity Code: _____ Description: _____

Commodity Code: _____ Description: _____

Commodity Code: _____ Description: _____

Commodity Code: _____ Description: _____

Commodity Code: _____ Description: _____

Commodity Code: _____ Description: _____

Commodity Code: _____ Description: _____

Signature: _____ Date: _____

Creditor Information Validity Check completed

Approved (mark with X): Yes No

If No, reason/s for rejection:

Captured on ITS:

Creditor code: _____

Signature: _____ Date: _____

Successful Vendor applicant notified by:

E-mail E-mail address: _____

Fax Fax Number: _____

Signature: _____ Date: _____



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SBD 4

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, 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, shareholder²):
.....

2.4 Company Registration Number:
.....

2.5 Tax Reference Number:
.....

2.6 VAT Registration Number:
.....



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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.

¹“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.

²“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:

.....

.....



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.....

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**

2.9.1 If so, furnish particulars.

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

2.10 Are you, or any person connected with the bidder, 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? **YES/NO**

2.10.1 If so, furnish particulars.

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

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

2.11.1 If so, furnish particulars:

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

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

Full Name	Identity Number	Personal Reference Number	Tax Number	State Number	Employee Peral Number



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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



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SBD 8: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Standard Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Item	Item	Item	Item
4.1	Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? To access this Register enter the National Treasury's website, www.treasury.gov.za , click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		



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4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder



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SBD 9

CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (SBD) must form part of all bids¹ invited.
- 2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).² Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4 This SBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
- 5 In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

¹ Includes price quotations, advertised competitive bids, limited bids and proposals.



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² Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.



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SBD 9

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

in response to the invitation for the bid made by:

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: _____ that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - (a) has been requested to submit a bid in response to this bid invitation;
 - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder



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6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - (a) prices;
 - (b) geographical area where product or service will be rendered (market allocation)
 - (c) methods, factors or formulas used to calculate prices;
 - (d) the intention or decision to submit or not to submit, a bid;
 - (e) the submission of a bid which does not meet the specifications and conditions of the bid;

or

SBD 9

- (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

³ Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder