

SERVICE PROVIDER/SUPPLIER REGISTRATION FORM

SERVICE PROVIDER/SUPPLIER NAME (Business name): _____

TRADING NAME (if different from the above): _____

SERVICE PROVIDER/SUPPLIER GROUPING DETAIL/ TYPE OF BUSINESS: (please tick the relevant box) **DETAIL OF BUSINESS:**

| | | |
|----|---------------------------------------|--------------------------|
| 1 | Public Company (Ltd) | <input type="checkbox"/> |
| 2 | Private Company (Pty) Ltd | <input type="checkbox"/> |
| 3 | Close Corporation (CC) | <input type="checkbox"/> |
| 4 | Joint Venture | <input type="checkbox"/> |
| 5 | Consortium | <input type="checkbox"/> |
| 6 | Sole Proprietor | <input type="checkbox"/> |
| 7 | Foreign Company | <input type="checkbox"/> |
| 8 | Partnership | <input type="checkbox"/> |
| 9 | Trust | <input type="checkbox"/> |
| 10 | Section 21 Company | <input type="checkbox"/> |
| 11 | Government/Organ of state/Parastatals | <input type="checkbox"/> |

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Company registration number: * | | | | | | | | | | | | | | | | | | |
| Close Corporation registration number: * | | | | | | | | | | | | | | | | | | |
| Sole Proprietor ID number: (if applicable) | | | | | | | | | | | | | | | | | | |
| VAT registration number: | | | | | | | | | | | | | | | | | | |
| Income tax reference number (1): # | | | | | | | | | | | | | | | | | | |
| Income tax reference number (2): # | | | | | | | | | | | | | | | | | | |
| Income tax reference number (3): # | | | | | | | | | | | | | | | | | | |
| CSD Registration Number | | | | | | | | | | | | | | | | | | |
| Web Address: | | | | | | | | | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | | | | | | | |
| Fax Number: | | | | | | | | | | | | | | | | | | |

ADDRESS OF BUSINESS:

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| Postal Code: | | | | | | | | | | | | | | | | | | | |

PHYSICAL ADDRESS OF BUSINESS:

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| Postal Code: | | | | | | | | | | | | | | | | | | | |

*Registration number as with the Registrar of Companies/CC
 # Sole Proprietor – insert personal income tax number
 # Partnerships – insert tax numbers of all parties to the partnership

SERVICE PROVIDER/SUPPLIER CLASSIFICATION: (please tick the relevant box)

| | | |
|---|--------------|--------------------------|
| 1 | Sales | <input type="checkbox"/> |
| 2 | Importer | <input type="checkbox"/> |
| 3 | Services | <input type="checkbox"/> |
| 4 | Manufacturer | <input type="checkbox"/> |
| 5 | Repairer | <input type="checkbox"/> |
| 6 | Construction | <input type="checkbox"/> |
| 7 | Distributor | <input type="checkbox"/> |
| 8 | Exporter | <input type="checkbox"/> |
| 9 | Other | <input type="checkbox"/> |

SERVICE PROVIDER/SUPPLIER REGISTRATION FORM

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MAIN CONTACT PERSON IN YOUR ORGANISATION:

CONTACT PERSON RESPONSIBLE FOR SALES IN YOUR ORGANISATION:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position in organisation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position in organisation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

COMMODITIES/SERVICES (a maximum of 3 will be registered):

List the **main** three Commodities/Services which the registering supplier will be capable of providing:

| Commodities: (Example: corporate clothing or cleaning supplies) | Services: (Example: catering services or computer services) |
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SHAREHOLDING/OWNERSHIP:

| NAME OF INDIVIDUAL <u>OR</u> NAME OF COMPANY OR TRUST THAT HAS OWNERSHIP IN THE REGISTERING FIRM | ID NUMBER <u>OR</u> ENTITIIY REGISTRATION NUMBER | INCOME TAX REFERENCE NUMBER | If state employed provide State Employee Number/Persal Number |
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- Definition:
- “State” means:
- 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);
 - Any municipality or municipal entity;
 - Provincial legislature;
 - National Assembly or the national Council of provinces; or
 - Parliament

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B-BBEE STATUS:

In terms of the Preferential Procurement Regulations, regulations 5(2) and 6(2), preference points must be awarded to a bidder for attaining B-BBEE status levels of contribution when considering quotes/bids/contracts.

Bidders who qualify as Exempted Micro Enterprises (an enterprise with annual total revenue of R5 million or less) in terms of the B-BBEE Act must submit a certificate issued by an Accounting Officer as contemplated in the CCA or a Verification Agency accredited by SANAS or a Registered Auditor. Registered Auditors do not need to meet the prerequisite for IRBA's approval for the purpose of conducting verification and issuing EMEs with B-BBEE status level certificates.

Bidders other than EMEs must submit their original and valid B-BBEE status level verification certificate or a copy thereof, substantiating their B-BBEE rating issued by a Registered Auditor approved by IRBA or a Verification Agency accredited by SANAS.

A trust, consortium or joint venture, will qualify for points for their B-BBEE status level as an unincorporated entity, provided that the entity submits their consolidated B-BBEE scorecard as if they were a group structure and that such a consolidated B-BBEE scorecard is prepared for every separate bid.

Tertiary institutions and public entities will be required to submit their B-BBEE status level certificates in terms of the specialized scorecard contained in the B-BBEE Codes of Good Practice.

Points claimed:

| B-BBEE STATUS LEVEL OF CONTRIBUTOR | NUMBER OF POINTS (80/20 System) | TICK TO INDICATE APPLICABLE LEVEL |
|------------------------------------|------------------------------------|--------------------------------------|
| 1 | 20 | <input type="checkbox"/> |
| 2 | 18 | <input type="checkbox"/> |
| 3 | 16 | <input type="checkbox"/> |
| 4 | 12 | <input type="checkbox"/> |
| 5 | 8 | <input type="checkbox"/> |
| 6 | 6 | <input type="checkbox"/> |
| 7 | 4 | <input type="checkbox"/> |
| 8 | 2 | <input type="checkbox"/> |
| Non-compliant contributor | 0 | <input type="checkbox"/> |

SERVICE PROVIDER/SUPPLIER REGISTRATION FORM

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DECLARATIONS:

A General

I/we, the undersigned, who warrants that I/we am/are duly authorized to do so on behalf of the registering service provider/supplier:

- Certifies that all the information supplied in this form, including the supporting documentation is correct, accurate and true.

I/We Acknowledge that:

- The Museums reserves the right to require a registering/registered service provider/supplier, at any time, to substantiate any information provided on this registration form in any manner required by the Museums.
- If information provided on this registration form is found to be incorrect, the Museums may, in addition to any other remedy –
 - a) Recover costs, losses or damages it has incurred or suffered as a result of the incorrect information being supplied; and
 - b) Cancel a purchase order and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation.

Duly authorised to sign on behalf of _____ (insert Business Name)

Signature: _____

Full Name: _____

Capacity: _____

Date: _____

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B Past supply chain management practices:

The application of any registering service provider/supplier may be rejected if that service provider/supplier or any of its owners have:

- a) Abused the Museum's supply chain management policy or committed any fraud or improper conduct in relation to such policy;
- b) Failed to comply with any government, municipal or other public sector contract; or
- c) Been listed in the register for Tender Defaulters or Restricted Suppliers of National Treasury

1. Is the registering service provider/supplier or any of its directors listed on National Treasury's database as a company of person prohibited from doing business with the public sector?

If Yes, furnish particulars:

YES

NO

| |
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| |
| |

2. Is the registering service provider/supplier or any of its directors listed on the Register of Tender Defaulters with National Treasury?

If Yes, furnish particulars:

YES

NO

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| |

3. Was any contract between the registering service provider/supplier and the Museums or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?

If Yes, furnish particulars:

YES

NO

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| |
| |

Duly authorised to sign on behalf of _____ (insert Company Name)

Signature: _____

Capacity: _____

Full Name: _____

Date: _____

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2.1 Are you or any person connected to the registering service provider/supplier presently employed by the state?

| | |
|-----|----|
| YES | NO |
|-----|----|

If Yes, furnish the following particulars of that person:

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of person/director/trustee/shareholder/member: | | | | | | | | | | | | | | | | | | | | |
| Name of state institution at which you or the person connected to the registering supplier is employed: | | | | | | | | | | | | | | | | | | | | |
| Position occupied in the state institution: | | | | | | | | | | | | | | | | | | | | |
| Any other particulars: | | | | | | | | | | | | | | | | | | | | |

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 |
|-----|----|

If Yes, attach proof of such authority – non-submission may result in non-registration.

Furnish reasons for non-submission of proof of authority:

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2.2 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 12 months?

| | |
|-----|----|
| YES | NO |
|-----|----|

If Yes, furnish particulars:

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2.3 Do you, or any person connected with the registering service provider/supplier, 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 |
|-----|----|

If Yes, furnish particulars:

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2.4 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 |
|-----|----|

If Yes, furnish particulars:

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|--|
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| |

I, (NAME) _____, the undersigned certify that the information furnished in section 2 above is correct.

I accept that the Museum may reject the application or any contract or bid resulting from subsequent registration should this declaration prove to be false.

Signature: _____

Capacity: _____

Full Name: _____

Date: _____