



higher education
& training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

Central Office
P O Box 2364
Port Shepstone
4240

Tel (039) 684 0140
Fax (039) 682 6200

Email:
esayidi.scm@gmail.com



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ESAYIDI TVET COLLEGE SUPPLIER DATABASE FORM

Notes

1. Certified copies of the following documents must be attached to this form:
 - Tax Clearance Certificate, if applicable
 - Company registration document, if applicable
 - Professional registration documents, if applicable
 - BBBEE Verification Certificate
 - Founding Statement
 - ID Copy Certified
2. This form must be certified by a Commissioner of Oaths in terms of correctness of the information supplied (see page 9).
3. If there is not sufficient space on this form to provide the information requested, please attach the additional information to this form.
4. If you have any queries please contact the Supply Chain Manager on 039 684 0140.

Esayidi TVET Supplier database registration form

5. Please post this form to:

ESAYIDI TVET COLLEGE
ATT: SUPPLY CHAIN MANAGER – DATABASE FORM
Private Bag X 2364
PORT SHEPSTONE
4240

Deliver by hand to:

THE SUPPLY CHAIN MANAGER
3 Shooters Hill
Lot 462, Nelson Mandela Drive
PORT SHEPSTONE

Please give us your full physical address: **(please, print clearly)**

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1. BUSINESS PARTICULARS (please, print clearly)

1.1	Name of business	
1.2	Physical Address of business	
1.3	Postal Address of business	
1.4	Telephone Number	
1.5	Fax Number	
1.6	Cell Phone Number	
1.8	E-mail	
1.7	Company Registration Number	
1.8	Income/VAT Tax Registration Number	
1.9	Professional affiliations	

TYPE OF ORGANISATION / INDUSTRIAL SECTOR: (Choose not more than 2 sectors)

Type of organization/Industrial sector	YES	Type of organization/Industrial sector	YES
Agriculture		Information and Communications Technology	
Architect		Manufacturing	
Catering and/or accommodation		Motor trade and repair services	
Civil engineering		Office supplies	
Cleaning Services and/or cleaning materials		Printing services	
Community, social and personal Services		Security services	
Construction		Town planning	
Electricity, Gas, Water		Training	
Equipment suppliers (any equipment)		Transport	
Finance and business services		Travel agents	
Other			

Please specify:

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TYPE OF BUSINESS

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

Form of Company	Tick	Document required
Public Company LTD		Certified copy of Certificate of Incorporation (CM3)
Private company (PTY) LTD		Certified copy of Certificate of Incorporation (CM3)
Close corporation CC		Certified copy of CK 1 document and CK 2 if applicable
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

2. SHAREHOLDING/OWNERSHIP DETAILS

(please, print clearly)

List **all** persons who are owners, partners, or trustees in the business

Full Name	ID Number	BCA		White		Youth		Woman		Disabled:		African (PPG)		Capacity in the business	% of 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

3. EXPERIENCE (please, print clearly)

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

4. BANKING DETAILS: (please, print clearly, please attach letter from the bank)

Name of the bank:

Account Name:

Branch name of code:

Account Number:

Type of Account:

5. DISCLOSURE OF STATE / DECLARATION OF INTEREST

5.1. Please indicate whether you or a director, manager, principal shareholder of your enterprise is/ are or has/ have been in service of the Esayidi TVET College i.e. Head Office, Central Office or any of the Esayidi TVET Campuses in the previous twelve months.

5.1.1. If so, furnish particulars.

5.2. Please indicate whether your spouse, child, parent, brother or sister or the spouse, child, parent, brother or sister of a director, manager, shareholder or stakeholder of your enterprise is/are or has/ have been in the service of the Esayidi TEVET College i.e. Head Office, Central Office or any of the Esayidi TEVET Campuses in the previous twelve months.

5.2.1. If so, furnish particulars.

6. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED (please, print clearly)

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

- i) If the information supplied is found to be incorrect, the College, in addition to any other remedial action it takes, may:
 - a. disqualify my/our company from participating in any work from the College
 - b. reject my/our company from registering in the database of the College
 - c. if already registered in the database, de-register the supplier from the Suppliers Database of the College
 - d. Cancel the contract and claim damages which the College may suffer by having to make less favourable arrangements after such cancellation.

Signed on thisday ofyear.....at
Before the commissioner of oaths.

.....
Signature of the supplier/duly authorized Representative of the company	Name in block letters

Signed and affirmed before me at
on this.....day of.....year....., by the deponent who has acknowledged that he/she knows and understands the content of this document, and he/she has no objection to affirming, that he/she regards the affirmation to be binding on his/her conscience.

.....
COMMISSIONER OF OATHS

Full name:

Business address:
.....

Capacity: Area

7. FOR OFFICE USE ONLY – (ESAYIDI TVET COLLEGE)

For Office Use

Supplier Name: _____

Date Application Received: _____

Register Number: _____

Captured By: _____ Date Captured: _____

Assistant Director: Finance: _____ Date Verified: _____