**SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY**



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| **SUPPLIER REGISTRATION FORMS** |

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| **DATABASE REGISTRATION FORMS** |

**APPLICATION TO REGISTER AS A SUPPLIER**

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| **TO:**  **THE SUPPLY CHAIN MANAGEMENT DEPARTMENT**  **SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY**  **PO BOX 199**  **MEDUNSA, 0204**  [**Tel: (012)**](Tel:(012)) **521 4554/4679 Fax (012)521 3026/086 768 7830 E-mail** [**ronny.mampana@smu.ac.za**](mailto:ronny.mampana@smu.ac.za) **or Naledi.khunou@smu.ac.za** |

**VENDOR NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For office use only***

**N.B. THIS APPLICATION MUST BE ACCOMPANIED BY COPIES OF:**

* **VALID SARS-TAX CLEARANCE CERTIFICATE**
* **CIPRO DOCUMENTS**
* **DETAIL COMPANY PROFILE**
* **BBBEE CERTIFICATE**
* **STATUTORY REQUIREMENT (COIDA, CIBD)**
* **STAMPED BANK ACCOUNT LETTER FROM THE BANK**

***PLEASE NOTE: No service should be rendered or goods delivered without an Official SMU Purchase Order. Failure to comply would lead to non-payment and all goods and services must be delivered in a central store department.***

1. **SERVICE PROVIDER DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Registered Name of the Company: | | | | |
| Trading Name of the Company: | | | | |
| Company / Close Corporation registration Number: | | | VAT Registration Number: | Income Tax Reference Number: |
| Telephone Number: | | | Fax Number: | |
| Name of Contact Person: | | | Contact Numbers Cell: | |
| Business Physical Address: | | | Postal Address: | |
| Web Address: | | | E-mail Address: | |
| **TYPE OF FIRM** (Please tick the relevant box or boxes) | | | | |
| |  | | --- | | □ Public Company (Ltd) | | □ Private Company (Pty) Ltd | | □ Closed Corporation (CC) | | □ Sole Proprietor | | □ Partnership | | □ Trust | | |  | | --- | | □ Section 21 Company | | □ Government/ Parastatal | | □ Joint Venture | | □ Consortium | | □ Other, (Specify) | | | | |
|  |  | | | |
| **PARTICIPATION CAPACITY** (Please tick the relevant box or boxes) | | | | |
| |  | | --- | | □ Prime Contractor | | □ Sub-Contractor | | □ Supplier | | □ Services including Professional | | □ Manufacturer | | □ Repairer | | | |  | | --- | | □ ISO Listed | | □ Importer | | □ Exporter | | □ Distributor | | □ Sales | | | |
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| **BUSINESS SECTOR** (Please tick the relevant box or boxes) | | | | | |
| |  | | --- | | □ Agriculture | | □ Mining and Quarrying | | □ Manufacturing | | □ Electricity, Gas and Water | | □ Construction | | □ Retail and Motor trade | | □ Wholesale trade, commercial and other trade | | □ Catering, accommodation and other | | | | |  | | --- | | □ Transport, storage and other trade | | □ Communications | | □ Finance and Business Services | | □ Repair/Allied Services | | □ Commercial Agents | | □ Community and Social Services | | □ Personal Services | | □ Other, (Specify) | | | |
| **SMALL, MEDIUM, MICRO COMPANY (SMME) STATUS** (Please the relevant box) | | | | | |
| □Micro | □Very Small | □Small | | □Medium | □Large |
| **CONTACT: ACCOUNTS DEPARTMENT** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | Fax No: |  |
| Main contact person: |  | Cellphone No: |  |
| E-mail: |  |  |  |

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| **LIST ALL PARTNERS, PROPRIETORS & SHAREHOLDERS AS INDICATED BELOW (COMPULSORY)** | | | | | | |
| **NAME AND SURNAME** | **IDENTITY NUMBER** | **CITIZENSHIP** | **DATE OF OWNERSHIP** | **% OF OWNERSHIP** | **SPECIFY STATUS IF HDI, WOMEN, OR DISABLED** | **% VOTING** |
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| ***BLACK ECONOMIC EMPOWERMENT (BEE):*** In recognition and support of Government’s imperative objectives of BEE, the University of Limpopo will credit suppliers that meaningfully demonstrate this commitment. Please indicate (with a tick) which criteria applies to your Company: | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CRITERIA | MINIMUM % OWNERSHIP TARGETS | 0,0% to  25,0% | 25,1% to  50,0% | 50,1% to  75,0% | 75,1% to 100% |
| Black | 50+1% |  |  |  |  |
| Black-Empowered Company | 25+1% |  |  |  |  |
| Black Small Medium Company | 25+1% |  |  |  |  |
| Youth-Owned Company | 25+1% |  |  |  |  |
| Black woman owned Company | 30+1% |  |  |  |  |

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| **CLIENT DETAILS FOR REFERENCE CHECK** | | |
| **Company/ Institution Name** | |  |
| Address | |  |
| Contact Person | | Telephone: |
| Value of contract | | R Date: |
| Description of Work | |  |
|  |  | |
| **Company/ Institution Name** |  | |
| Address |  | |
| Contact Person | Telephone: | |
| Value of contract | R Date: | |
| Description of Work |  | |
|  |  | |
| **Company/ Institution Name** |  | |
| Address |  | |
| Contact Person: | Telephone: | |
| Value of contract | R Date: | |
| Description of Work |  | |
|  |  | |
| **Company/ Institution Name** |  | |
| Address |  | |
| Contact Person | Telephone: | |
| Value of contract | R Date: | |
| Description of Work |  | |
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| **GENERAL** | | |
| 1. Did the firm exist under a previous name? **YES/ NO** | | |
| If **YES**, what was its previous name? | | |
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| 1. Does your company have membership to Professional Institutions or Statutory Bodies? | | |
| If **YES**, which Professional Institutions or Statutory Bodies? | | |
|  | | |
| 1. Does your company have National/International certification for quality standards (e.g. SAB/ISO)? | | |
| If **YES**, please name them. | | |
|  | | |
| 1. Does your company comply with the Occupational Health Safety Act? **YES/NO** | | |
| If not why? Or Yes provide proof | | |
|  | | |
| 1. Do you have a Human Resources Policy that complies with the Labour Relations Act? **YES/NO** | | |
| If not why? | | |
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| 1. Does your company have an after-hours service policy? (If **YES**, specify) | | |
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| 1. Is your company registered with a SETA? If so, which one? | | |
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| 1. Does your company have a Workplace Skills Development Plan? | | |
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| 1. Do you have an Environmental Policy? | | |
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| 1. Do your company/any of its employees have a vested interest in University of Limpopo? If **YES**, state which Department / Unit within **Sefako Makgatho Health Sciences University** of the said employee(s) have such vested interest | | |
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| 1. Indicate as to whether any of the Partners, Proprietors & Shareholders is in the service of **Sefako Makgatho Health Sciences University,** or has been in the service of **Sefako Makgatho Health Sciences University in** the previous twelve months? | | |
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|  | | |
| 1. At what % of full capacity is your firm / company currently operating? % | | |
|  | | |
| 1. What percentage of work, directly/indirectly, is for **Sefako Makgatho Health Sciences University**? % | | |
|  | | |
| 1. What was your firm’s / company’s average turnover (excluding VAT) during the previous three financial years? | | |
| R | | |
|  | | |
| 1. Have your firm / company previously been on an approved supplier list with **Sefako Makgatho Health Sciences University**? Yes/No | | |
| If **YES**, specify | | |
| 1. Are there any pending legal proceedings or previous judgments against the company or any of the Shareholders/Directors/ Members? If so, please explain. | | |
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| 1. Has the company ever been declared bankrupt, or have any of the Shareholders/Directors/Members been declared insolvent or rehabilitated from insolvency? If so, please explain. | | |
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| 1. Do you consent to the University of Limpopo conducting clearance check with a National credit bureau? **YES / NO**. (NB: Please note that by refusing the Sefako Makgatho Health Science University to conduct clearance checks may result in your application being rejected.) | | |

1. **BANKING DETAILS**

I/We hereby request and authorize you to pay any amounts which accrue to me/us to the credit of my/our bank account with the below-mentioned bank. I/we understand that the credit transfer hereby authorized may be processed by computer through a system known as Electronic Funds Transfer or cheque, and I/we also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to issue bank statements.) I/we understand that a payment will be applied by University of Limpopo in a normal way, and that it will indicate the date on which funds will be available in my/our account.

**Bank Account Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Bank:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Branch Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Account:** □Cheque □Savings □Transmission

**Bank details to be certified as correct by bank official and BANK DATE STAMP:**

Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BANK DATE STAMP**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DECLARATION OF INTEREST**

This suppliers database registration forms excludes any persons employed by the Sefako Makgatho Health Science University, or persons having a kinship with persons employed by the Sefako Makgatho Health Science University, including a blood relationship and such persons may not make an offer or apply for registration.

* 1. **In order to give effect to the above, the following questionnaire must be completed.**

Full Name of Supplier/ Service provider or his or her representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position occupied in the Company (director, trustee or shareholder): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAT Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee numbers must be indicated below.

(“Shareholder” means a person who owns shares in the company and is actively involved in the management of the Company or business and exercises control over the Company.)

Are you or know any other person connected with your company presently employed by the university? YES **/ NO**

If so, furnish the following particulars:

Name of person (s) / director(s) / trustee(s) / shareholder(s)/ member(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the division(s) at which you or the person connected to your company is employed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position occupied at Sefako Makgatho Health Science University:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other particulars: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you or your spouse, or any of the company’s director’s trustees / shareholders / members or their spouses conduct business with the University? **YES / NO**

If so, furnish particulars:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you, or any person connected to your company, have any relationship (family, friend, other) with a person employed by the university and who may be involved in the procurement department? **YES / NO**

If so, furnish particulars:

* 1. **Full details of directors / trustees / members / shareholders.**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Identity Number | Personal Tax Reference Number | University employee personnel number |
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**(If the space provided above is not enough, please add the information on a separate sheet and annex it to this form.)**

* 1. **Declaration**

I, THE UNDERSIGNED (FULL NAMES AND SURNAMES) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT. I ACCEPT THAT THE SEFAKO MAKGATHO HEALTH SCIENCE UNIVERSITY MAY REJECT MY SUPPLIER REGISTRATION FORM OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Company

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date