This is an application to be registered- or update current information on the Eastern Cape Provincial Government’s supplier database of products and services.

All supplier information will be treated as strictly confidential.

Notice to all Departments:
This document may be faxed to the applicant. The provincial Treasury will only issue a clearing certificate after the receipt of an original application form. No supplier will be taken onto our financial system (or may considered for payment without such a clearance certificate or without the existence of a valid order

Notice to all Suppliers:
Please retain a copy of the document, for the future reference, in a safe place. The Eastern Cape Provincial Government reserves the right to decline any application. No payment to suppliers will be considered without a valid supplier number. The Provincial Government also reserves the right to verify any information on this application form. The signatories to this document, must also initial and date at the bottom of all pages.

Completed application forms should be returned to the following addresses:

1. Department of Education
   Private Bag X0032
   Bhisho, 5608
   Fax (040)-6084679
   Tel: (040)6084442-3

(For office use)

BAS SUPPLIER NO

LOGIS SUPPLIER NO.
SECTION A: REASON FOR APPLICATION

(Please mark only one selection with an “X”)

| 1. Register as a Supplier to the Eastern Cape Government for the First Time (all Sections) |
| 2. Re-registration as a Supplier to the Eastern Cape Government (All Sections) |
| 3. Updating Banking Details Only (Complete Section D) |
| 4. Updating Company Information Only (Complete Section B) |
| 5. Updating Director Information Only (Complete Section B and C) |
| 6. Archive Registration Only |
| 7. Other (Specify) |
SECTION B: COMPANY INFORMATION

**Personal Details:**
Title (Prof./ Dr / Mr. / Mrs. / Ms / and Surname): ................................. (01)
(if one person concern)

“Trading as” name of business: ............................................................ (02)
(Contracts/orders will be placed on this name and invoices must reflect it)

Registration name of the business: ......................................................... (03)

Business registration number (if applicable) ........................................... (04)
(in case of one-man concern, please furnish identity number plus copy of identity documents)

**Physical address of business:**
Building / complex name: ................................................................. (05)

Street name and number: ................................................................. (06)

Suburb: .......................... (07) City : ............................................... (08)

Postal code: ............................... Country: ...........................................

**Postal address of business:** (This is the address to which all correspondence would be sent. If left blank, all correspondence would be sent to your physical address)

Postal address: ..........................City/Town: .................................Code: .........

Telephone numbers of business: Code: ..........Number:.........................
Alternative number of business (Cell): Code: ..........Number:.........................
Fax number: Code: ..........Number:.........................
Business Email: ..........................................................................................

The name of your accountant / bookkeeper / auditor and his/her contact phone number: (It’s compulsory)

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

Tax number of business: .................................................................

VAT Registration number : (if applicable) ..................................................

**Type of firm: (please tick the relevant box)**

- Partnership
- Sole Proprietor
- Closed Corporation
- Public Company
- Private Company (Pty) Ltd
- Other (Specify)

**Company Flags: (please tick the relevant box or boxes)**

<table>
<thead>
<tr>
<th>ISO Listed</th>
<th>Manufacturer</th>
<th>Distributor</th>
<th>Sales</th>
<th>Services</th>
<th>Importer</th>
<th>Exporter</th>
<th>Repairer</th>
<th>Black Owned</th>
</tr>
</thead>
</table>


### CRITERIA

<table>
<thead>
<tr>
<th></th>
<th>1 Point</th>
<th>2 Points</th>
<th>3 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills transferred (% transferred to PDI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDI supplier Procurements(% Procurement from PDI enterprise)</td>
<td>5.0-9.9%</td>
<td>10-20%</td>
<td>+50%</td>
</tr>
</tbody>
</table>

Score:------------------------

### Historic information on Company:

- Previous name(s) of business (if applicable):
- Previous Eastern Cape Government Supplier Number/s (if applicable):
- Other provincial Governments’ Supplier Number/s (if applicable):

### SECTION C: DIRECTOR DETAILS:

List of directors / owners / partners:
Information on ALL directors / owners / partners must be provided. Attach your own list if the space provided is inadequate.

1. **Surname, Full Name:**
   - Position:
   - Identity Number:
   - Nationality:

2. **Surname, Full Name:**
   - Position:
   - Identity Number:
   - Nationality:

3. **Surname, Full Name:**
   - Position:
   - Identity Number:
   - Nationality:

4. **Surname, Full Name:**
   - Position:
   - Identity Number:
   - Nationality:
Report Fraud and Corruption to email: tobezweni.gazo@edu.ecprov.gov.za or phone 040 – 6084442/3

<table>
<thead>
<tr>
<th>State any connection / vested interest of your directors / owners / partners with any Eastern Cape Provincial Government official. Please mention also whether your directors / owners / partners are Current or ex-government officials indicating details of when they left the service and which branch of Government they were in.</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

(Please continue on separate page should more space be needed)
Report Fraud and Corruption to email: tobezweni.gazo@edu.ecprov.gov.za or phone 040 – 6084442/3

SECTION D: BANKING DETAILS:
(Please provide the details to which any payments due are to be transferred. The bank MUST certify this form in the space provided)

<table>
<thead>
<tr>
<th>Current Banking Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please attach an original cancelled cheque or an original bank verification letter.</td>
</tr>
<tr>
<td>Bank:_______________________ Branch Number/code ____________________________</td>
</tr>
<tr>
<td>Branch Location:______________________________________________________________</td>
</tr>
<tr>
<td>Bank Account number:_________________________ Account Type_____________________</td>
</tr>
<tr>
<td>Date the account was opened:__________________________________________________</td>
</tr>
<tr>
<td>Name of the account:__________________________________________________________</td>
</tr>
<tr>
<td>Signatories Name/s, Surname/s, and ID number/s:</td>
</tr>
<tr>
<td>___________________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate from Bank:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, (full names and surname)(Printed)___________________________________________ (Official Bank stamp)</td>
</tr>
<tr>
<td>________________________ an employee and _________________________</td>
</tr>
<tr>
<td>authorized person / agent of (Bank Name) ___________________</td>
</tr>
<tr>
<td>________________________ (Branch Name) ____________________ and ________________________ telephone number (Code, Number) ____________________ herewith</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credit Order Instruction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I / We (the signatories hereto) hereby request and authorize the Eastern Cape Provincial Government to pay any amounts which may accrue to me / us to the credit of my / our account with the mentioned bank (see SECTION D).</td>
</tr>
<tr>
<td>I / We understand that the credit transfers hereby authorized will be processed by computer through a system known as the &quot;ACB ELECTRONIC TRANSFER SERVICES&quot; AND I / We also understand that no additional advises of payment will be provided by my / our bank statement or any accompanying voucher ( This does not apply where it is not customary for banks to furnish bank statements)</td>
</tr>
<tr>
<td>I / We understand that a payment advice will be supplied by the Province of the Eastern Cape in the normal way, and that it will indicate the date on which funds will be available in my / our account. I / We also understand that the payment for services rendered will be by way of electronic transfer only and no other methods of payment will be considered.</td>
</tr>
<tr>
<td>The Province of the eastern Cape, by means of giving thirty (30) days notice, may cancel this authority by prepaid registered post.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Bank Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank:_______________________ Branch number/code ____________________________</td>
</tr>
<tr>
<td>Branch Location:_________________________ Bank</td>
</tr>
<tr>
<td>Account number:_________________________ Account type:________________________</td>
</tr>
</tbody>
</table>

6
**SECTION E: SUPPLIER PROFILE**

In order for the Cape Provincial Government to build up a profile of its suppliers, we would like you to complete to complete the following:

### SECTION E1: Commercial:

1. Name 3 commercial references of previous project, by providing their name(s) and telephone number(s)
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

### SECTION E2: Financial

1. Are there any legal proceedings or previous judgments against your business or has your business ever been declared bankrupt? (y/n)-----if yes, please elaborate:
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

### SECTION E3: Technical:

1. Is it required of your business / industry to register with any professional bodies? (y/n):-----if yes, indicate product(s) for which permits are held, including permit numbers:
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

(i.e SOB for Security Industry, Building Federation, etc)

### SECTION E4: Quality:

1. Does your business operate a Quality Management System covering the product/services to be supplied? (y/n)-------if yes, please elaborate
   - ________________________________________________________________
   - ________________________________________________________________

1. Has your Quality Management System been assessed and certified by any National by Internationally recognized accreditation body? (y/n):-----if yes, please provide copy by certificate.
   - ________________________________________________________________

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SECTION E5: Fraud Policy

It is the intention of the Eastern Cape Government to do business only with companies that have an acceptable policy on the reporting of all crime and / or misconduct. It is also the policy of government that an official may not receive, request or offer any gifts in whatever form. Any such actions or attempts thereto will be considered in a very serious light.

1. Does your company / organization have a policy on the reporting of crime, including but not limited to theft, fraud and corruption to the authorities as soon as it is suspected (yes/no)--------------

2. Does your company / organization have a policy on the reporting of any suspected misconduct by employees of your clients, to your clients? (yes /no)-------------

(Any suspicions that a government official might have committed or attempted to commit any act of misconduct MUST be reported in writing to the Provincial Treasury, Eastern Cape).

Please attach certified copies of the following documents

- Company Registration Documents.
- ID documents of all directors / members / owners with a clear picture.
- VAT certificate where applicable.
- Regional Council certificate where applicable.
- Any other registration certificate pertaining to your relevant industry, e.g. SOB for Security companies; ECB (Electrical Contractors Board).

The original copies of the following documents

- Original cancelled cheque or an original bank verification letter.
- Original Tax Clearance Certificate.
- Original tender award letter or a proof that you have rendered services.

PLEASE NOTE

- LETTER FROM THE BANK; THIS PORTION MUST BE COMPLETED SIGNED AND STAMPED BY THE BANK.
- NO TIPEX IS ALLOWED IN APPLICATION FORMS.
- AT LEAST TWO MEMBERS / DIRECTORS MUST SIGN IN PAGE 9.
- ALL BLANK SPACES SHOULD BE FILLED.

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WARNING
Without prejudice to any legal or contractual rights or remedies the province may have, a supplier and/or its directors/owners/members will be restricted from doing any business with the Eastern Cape provincial government, if the supplier:

1. Provide false or incorrect information in this application
2. Promise, offer or give or attempt to promise, offer or give to an official, employee or any other related to the Eastern Cape Government any bribe, commission, gift, loan, advantage or any other consideration whatsoever.
3. fail to testify, or make their employees available to testify in any criminal, misconduct procedures against any government official of the Eastern Cape Government.
4. Fail to report in writing within 24-hours after any suspected misconduct by any government official of the EASTERN Cape Provincial Government, including but not limited to attempts to bribe or commits any unethical behaviour to Provincial Treasury
5. Makes any statements to the media concerning the Eastern Cape Provincial Government or on information obtained whilst working for the Eastern Cape Provincial Government, without written authority from government.
6. Promotes or incites labour unrest amongst government officials on or off government property.
7. Is the direct or indirect cause of disciplinary or criminal action taken against any government official of the Eastern Cape Provincial Government
8. Cause racial conflict on any government property, or property occupied by government
9. Is in unauthorized possession of, or removes or attempt to remove any property belonging to or which is under the control of government, government officials, other suppliers or visitors of the Eastern Cape Provincial Government.
10. Is found guilty by a competent court, or has paid an admission of guilt, in respect of any criminal offence which can breach a necessary trust relationship between the Eastern Cape provincial Government and the supplier, or may offend the general public.
11. Prevent or obstruct any government official of the purpose of inspecting records or material relevant to the functions, duties, services, or products of the supplier to government.
12. Wilfully or negligently damages any government property, or directly or indirectly causes any loss of government assets.
13. Makes a false statement or representation, which relates to or arises from its contractual duty to the Eastern Cape provincial Government
14. Falsifies any document or records which relates to its duties to the Eastern Cape Provincial Government
15. Builds up a history of poor performance to the Eastern Cape Provincial Government
16. Knowingly gives false evidence during criminal or departmental proceedings related to its contractual obligations to the Eastern Cape Provincial Government.
17. Has a bad credit history or track record with other suppliers or the Eastern Cape Provincial Government that could damage the trust relationship
18. Is in debt with the Receiver of Revenue or has a bad track record with the Receiver of Revenue
19. Fails to react to any written notices sent to it by certified post by Provincial Treasury or other Eastern Cape Provincial Departments
20. Fails to or has to comply with any conditions of an agreement or performs or has performed unsatisfactorily under an agreement with the Eastern Cape Provincial Government.

If there are any changes to the information supplied on this form, please inform the eastern Cape Provincial Government’s Supplier Management Section / Eastern Cape Provincial Treasury. Purchasing Office as soon as possible. Outdated information could lead to your company not being invited to tender or not receiving correct payment!

I / we, the undersigned, herewith certify that all of the above information is correct at the time of completion. I / we furthermore certify that I / we have the appropriate authority to furnish the above-mentioned information on behalf of our employer.

Name: 
Signature 
Designation: Date

Name: 
Signature
Designation: Date

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