SUPPLIER DATABASE REGISTRATION QUESTIONNAIRE - SERVICES

Name of company ……

Town / City……

FOR OFFICE USE ONLY

The Supplier will be utilised for **(Please mark with a tick)**

Programmes ( ) or
Overheads ( )

ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL.

NOTE:

a) The information required is mandatory.
b) IDT reserves the right to conduct audits and investigations on any applicant or information supplied in this questionnaire.
c) Submit with your application the following documents:

1. An original cancelled cheque or stamped letter from the bank, verifying the banking details.
2. Copy of Company Registration documents.
3. Certified Copy of ID documents of Directors/Owners/Members/ Shareholders.
4. Valid VAT certificate (where applicable).
5. Valid Tax Clearance Certificate (original).
6. Copy of registration certificate pertaining to your relevant industry.
7. Companies claiming Black Economic Empowerment as per IDT's definition (see below) to submit copies of the following:

7.1 Close Corporations to attach an Association Agreement
7.2 (Pty) Ltd's to attach Shareholders Agreement, Memorandum of Association as well as share certificates

The above documents to stipulate management responsibilities, profit sharing, liabilities/responsibilities, management contribution, protection in case of death etc.

7.3 Letter from the Bank stating all signatories

BLACK ENTERPRISES

The following is a guide on how Independent Development Trust defines Black Enterprise Companies:

Definition: **'Black'** means South African citizens who are Black, Indian or Coloured persons and EXCLUDES individuals belonging to such communities from any other country.

Black Women-owned Enterprises (BWO):

- At least 50% of the voting shares or interests are held and controlled by Black Women, and
- Black Women have contributed at least 50% of the required capital, and
- Black Women in the enterprise have not been given voting shares or interest just to capture or retain contracts, and
- Black Women participate in the day to day management and decision making of the enterprise. They necessarily have the aptitude and potential to understand all issues involved in the running of the enterprise including knowledge of the product and market within which their enterprise operates.

- In a joint venture, skill must be transferable to the Black Women entrepreneur, which means that the Black Women entrepreneur must have the required educational level and/or aptitude.

SECTION A

A1. BUSINESS INFORMATION

Title (Prof./ Dr / Mr / Mrs / Ms/) and Surname
:_____
(if sole proprietor)

'Trading as' name of
business:_____
(Contracts/order will be placed on this name and invoices must reflect it)

Previous name of the business (if applicable)
_____

Physical address of business:
Building / complex name:
_____

Street name and number:
_____

Suburb: _____
City:_____

Code: _____
Country:_____

Postal address of business: (This is the address to which an Invitation to render services and orders/contracts must be sent to)

P O Box / Private Bag:
_____City/Town:_____Code:_____

Telephone numbers of business: Code: _____ Number:_____

Accounts department (Tel no) Code_____ Number:_____

Contact person fax number: Code: _____
Number_____
(Will be used by IDT for electronic faxing of Request for Services, Contracts and Purchase Orders)

Business e-
mail:_____

Your own business contact person/marketing representative name and telephone number:
_____

Business registration number (**if applicable**) _____
(In case of sole proprietor, please furnish identity number plus certified copy of identity documents)

Tax number of business: (**if applicable**) _____

VAT Registration number: (**if applicable**)_____

A2. BANK INFORMATION:

Please attach an original cancelled cheque or an original bank verification letter.

Bank: _____ Branch code:_____

Branch Location:

_____

Account Holder:_____

Bank Account number: _____ Account type:_____

All payments will be made electronically directly to your bank account.
Kindly note that it will be your responsibility to inform the IDT, in writing, of any changes in your banking details.

(KINDLY ENSURE THAT ALL THE SECTIONS BELOW ARE FULLY COMPLETED)

SECTION B:
EMPOWERMENT

1. EMPLOYMENT EQUITY

Black Economic Empowerment (BEE)

A BALANCED SCORECARDS MEASURING BROAD BASED BEE SHALL BE USED IN THE ALLOCATION OF BEE POINTS.

B1. MANAGEMENT STRUCTURE			
(Percentage of management on executive level in each of the following groups)			
% Black	***% Asian***	***% Coloured***	***% White***

B2. **PERCENTAGE OF TOTAL SHARES OWNED BY EACH OF THE FOLLOWING GROUPS (Attach shareholders' Certificate)**			
% Black	**% Asian**	**% Coloured**	**% White**
%	%	%	%
% Black Female	**% Asian Female**	**% Coloured Female**	**% White Female**
%	%	%	%
% Black Disabled	**% Asian Disabled**	**% Coloured Disabled**	**% White Disabled**
%	%	%	%

B3. LIST OF ALL PARTNERS, PROPRIETORS AND SHAREHOLDERS.
(Attach shareholders' Certificate)

B4. COMPLETE THE FOLLOWING INFORMATION FOR EACH PARTNER, PROPRIETOR, SHAREHOLDER, DIRECTOR AND OFFICER OF THE FIRM*(eg Chairman, Secretary, Director, etc)*

Name	***Race***	***Gender M/F***	***Disabled Yes/No***	***% of time devoted to firm***	***Home Address***

(PLEASE ATTACH THE COMPANY'S EMPLOYMENT EQUITY TARGET FOR NEXT FIVE YEARS)

B5.	**WHAT IS THE FIRM'S AVERAGE ANNUAL TURNOVER (EXCLUDING VAT)?**
R. _____	
B6.	**IDENTIFY BY NAME, RACE, GENDER, DISABLILTY AND LENGTH OF SERVICE, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON-OWNERS) RESPONSIBLE FOR DAY-TO-DAY MANAGEMENT AND BUSINESS DECISIONS**

Activity	Name	Race	Gender M/F	Disabled Yes/No	Length of Service (Years)
Financial Decisions					
Cheque Signing					
Acquisition of Lines Credit					
Sureties					
Major Purchase or Acquisitions					
Signing Contracts					
Management Decisions					
Costing					
Marketing and Sales Operations					
Hiring and firing of Management Personnel					

Supervision of Office Personnel					
Supervision of Office Personnel					
Supervision of Field/ Production Activities					

B7. TOTAL NUMBER OF EMPLOYEES?	
Full time	
Part time	

B8. LOCALITY

PLEASE INDICATE WITH (X) AREAS WHERE YOUR BUSINESS CURRENTLY OPERATES/ AREAS OF REPRESENTATION:

Region	Description	HO	Branch	Rep
EC	Eastern Cape			
FS	Free State			
GP	Gauteng			
KZN	Kwazulu Natal			
MP	Mpumalanga			
NC	Northern Cape			
NW	North West			
L	Limpopo			
WC	Western Cape			

Kindly indicate: Head Office, Branch Office (s) and where <u>represented only</u>.

Physical address: ……. Physical address:

…….....

…….

……... ……... …...

Tel no:…….. Tel no:……..

Fax no:……. Fax no:…….

PO Box/Private Bag……...

City:……..

Code:……

Registered Professional name……

PO Box/Private Bag……...

City:……..

Code:……

Registered Professional name……..

Physical address: ……

……

Tel no:……..

Fax no:……

PO Box/Private Bag……...

City:……..

Code:……

Registered Professional Name……

Physical address: …….....

……... …….. …...

Tel no:……..

Fax no:……

PO Box/Private Bag……...

City:……..

Code:……

Registered Professional Name……..

Attach List if space is inadequate

SECTION C:
CAPACITY

1. CAPACITY AND PAST PERFORMANCE

C1. LIST THE THREE LARGEST CONTRACTS/ASSIGNMENTS COMPLETED BY YOUR FIRM IN THE LAST FOUR YEARS			
Work performed	***Client & Contact Person***	***Physical Address & Telephone number (land line & mobile)***	***Professional Fee***

C2. LIST THE CURRENT PROJECTS/ASSIGNMENT THAT YOUR FIRM IS INVOLVED IN			
Assignment	***Client & Contact Person***	***Physical Address & Telephone number*** **(landline and mobile)**	***Professional Fee***
1.			
2.			
3.			
4.			

C3. PREVIOUS APPOINTMENTS BY IDT

Project/Programme Name	Type of project	Contract period	Contract Value	Fees value	Financial year	IDT Contact Person & Tel no.

C4. DID THE FIRM EXIST UNDER A PREVIOUS NAME? YES / NO

IF YES, WHAT WAS THE NAME:

_____

C4.1 WHO WERE OWNERS/ PARTNERS/ DIRECTORS:

_____

_____

_____

_____

C5.	**NAME ALL THE BODIES/INSTITUTES/TRADE ASSOCIATIONS OF WHICH YOU HAVE MEMBERSHIP (E.g. The South African Council of Quantity Surveyors-** Reg. No. 1589678)

SECTION D:
QUALITY

1.TYPE OF BUSINESS

D1. TYPE OF FIRM	***(Tick applicable box)***
Joint Venture	☐
Partnership	☐
Company	☐
Close Corporation	☐
One Person Business / Sole Trader	☐
Other *(specify)*	☐

D2. PARTICIPATION CAPACITY	***(Tick applicable box)***
Professional Services	☐
Supplier	☐
Sub-contractor	☐
Prime Contractor	☐
Manufacturer	☐
Joint Venture Partner	☐
Other *(specify)*	

D3. PROFESSIONAL CAPACITY	***(Tick applicable box)***
Project Management	☐
Quantity Surveying	☐
Consulting, Civil and Structural Engineering	☐
Electrical Engineering	☐
Mechanical Engineering	☐
Social Facilitator	
Other *(specify)*	

D4. CONSULTING SECTOR	***(Tick applicable box)***
Construction	☐
Mining and quarrying	☐
Manufacturing	☐
Electricity, gas and water	☐
Agriculture	☐
Transportation	☐
Finance and business services	☐
Community, social and personal services	☐
Other *(specify)*	

SECTION E:

DECLARATION OF INTEREST:

Item	Question	Yes	No
E.1	Is the company or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or person 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 Accounting Officer/Authority of the institution that imposed the restriction after the *audi alteram parterm* rule was applied).** The Database of Restricted Suppliers now resides on the National Treasury's website (**www.treasury.gov.za**) and can be accessed by clicking on its link at the bottom of the home page.	☐	☐
E.2	If so, furnish particulars:		
E.3	Is the company 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)? **The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.**	**Yes** ☐	**No** ☐
E.4	If so, furnish particulars:		
E.5	Was the company 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** ☐	**No** ☐
E.6	If so, furnish particulars:		
E.7	Was any contract between the company and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	**Yes** ☐	**No** ☐
E.8	If so, furnish particulars:		
E.9	Are members/employees of the company/suppliers also employees of the Independent Development Trust?	**Yes** ☐	**No** ☐
E.10	If so, furnish particulars:		

SECTION F:

ATTACHMENTS (COMPULSORY)

<u>Please attach certified copies/original of the following documents:</u>

Tick

➢ Fully Completed Consultant's Profile	
➢ Cancelled cheque or an original bank verification letter	
➢ ID Documents of owners	
➢ Company Registration Documents	
➢ Shareholders agreements / certificates for companies	
➢ VAT certificate	
➢ Original valid Tax clearance certificate	
➢ Proof of registration with professional body	
➢ JV'S Agreement if any	

SWORN STATEMENT

I/we, the undersigned, who warrant that I/we am/are duly, authorised to do so, on behalf of the enterprise, certify that:

a) The information furnished is true and correct.

b) If misrepresentation to gain any benefit is established, Independent Development Trust may in addition to any other remedy it may have

- disqualify the applicant;
- restrict the applicant, its shareholders and directors from obtaining business from Independent Development Trust for a period not exceeding 5 years;
- in the event that a contract has been concluded, recover from the contractor all costs, losses or damages incurred or sustained as a result of the award of the contract;
- cancel the contract and claim any damages suffered by having to make less favourable arrangements after such cancellation; and

c) Independent Development Trust is hereby empowered to take such steps as it may require to verify information submitted, including, but not limited to, the use of independent auditors or other experts.

d) If there are any changes to the information supplied on this form, I/We will inform Independent Development Trust's Supply Chain Management Unit immediately.

Name of Enterprise:……..……

Signature of Enterprise Representative:

…….

Address
……..

Telephone no: …...……Date: ……

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For and on behalf of the company Date

Capacity of signatory (Position held in Company)

FOR IDT USE ONLY:

1. Supplier Approval:

♦ Supply Chain Management: _____ Date _____

♦Snr Supply Chain _____ Date _____

♦Information captured on IDT supplier database:

by (name)_____ Date _____