



**tourism**

Department:  
Tourism  
REPUBLIC OF SOUTH AFRICA

**Tourism House, 17 Trevenna Street, Sunnyside  
Private Bag X 424 , PRETORIA · 0001  
Tel (+ 2712) 444 6000· Fax (+ 2712) 444 7000**

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**APPLICATION FOR REGISTRATION ON  
SUPPLIER DATABASE**

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO:**

**BY HAND:** THE SUPPLIER DATABASE OFFICE  
SUPPLY CHAIN MANAGEMENT OFFICE  
Tourism House  
17 Trevenna Street  
Sunnyside

**For attention: The Supplier Database Administrator**

**or**

**BY MAIL:** THE SUPPLIER DATABASE OFFICE  
C/O SUPPLY CHAIN MANAGEMENT OFFICE  
Private Bag X 424  
PRETORIA  
0001

**For attention: The Supplier Database Administrator**

**ENQUIRIES:**

Mr Cedric Moremi Tel 012 444 6233

Mr Kgabo Sebola Tel 012 444 6236

**Annexure 1: Required Documentation Checklist**

**Annexure 2: Commodity list**

**Annexure 3: General Information & Definition**

**Kindly submit all relevant documentation requested in ANNEXURE 1**

Public Finance Management Act, 1999 (Act 1 of 1999) - (PFMA)  
Accounting Officers Procurement Procedures - (AOPP)

# SERVICE PROVIDER DATABASE REGISTRATION FORM

All sections to be completed in **black ink**, submitted with an **original signature** commissioned by an authorized Commissioner of Oaths

## SUPPLIER DETAILS

<i>Supplier/Vendor Number</i>	OFFICIAL USE ONLY
<i>Registered Name</i>	
<i>Trading as</i>	
<i>Registration Number</i>	
<i>Tax Registration Number</i>	
<i>Tax Certificate Expiry Date</i>	

*Classification:* ☒ Only the main area of business

Distributor	<input type="checkbox"/>
Exporter	<input type="checkbox"/>
Importer	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>
Repairer	<input type="checkbox"/>
Sales	<input type="checkbox"/>
Services	<input type="checkbox"/>

<i>Type:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Private Company (Pty) Ltd		Joint Venture
Closed Corporation (cc)		Partnership
Sole Proprietor		Section 21 Company
Public Company		Trust
Consortium		Co-operation
Foreign Company		Unknown
Government/Institution/Parastate/Organ of State		

*Area of Operation:* ☒

Municipal Area	<input type="checkbox"/>
Provincial	<input type="checkbox"/>
National	<input type="checkbox"/>

<i>Toll Free Number</i>	
<i>Email Address</i>	
<i>Website URL</i>	
<i>Local Municipality</i>	
<i>Comment</i>	

*Official use:*

<i>Rating</i>	OFFICIAL USE ONLY
<i>Status</i>	OFFICIAL USE ONLY

☒

<i>VAT REGISTERED</i>	VAT Registration Number
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## ADDRESS

<i>Physical Address</i>	<i>Postal Address</i>

<i>Official use:</i>	<input checked="checked" type="checkbox"/>
<i>Blacklisted</i>	<input type="checkbox"/>
<i>Reason:</i>	
OFFICIAL USE ONLY	
<i>Expiry Date</i>	

<i>GPS Coordinates:</i>	
<i>Latitude</i>	
<i>Longitude</i>	



tourism

Department:  
Tourism  
REPUBLIC OF SOUTH AFRICA

Head Office Only	
Date Received	
Safetynet Capture	
Safetynet Verified:	
BAS/LOGIS Capt	
BAS/LOGIS Auth	
Supplier No.	

BAS ENTITY MAINTENANCE FORM

The Director General : National Department of Tourism

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/we understand that the credit transfers hereby authorised will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/we understand that no additional advice of payment will be provided by my/our bank, but that the details of each be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Please ensure information is validated as per required bank screens.

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

Company / Personal Details											
Registered Name											
Trading Name											
Tax Number											
VAT Number											
Title:											
Initials:											
First Name:											
Surname:											
PERSAL number (government employees)											
Address Detail											
Address ( Compulsory if Supplier )	Physical					Postal					
Postal Code											
New Detail											
<div><input type="checkbox"/> New Supplier information      <input type="checkbox"/> Update Supplier information</div> <div>Supplier Type: <div><input type="checkbox"/> Individual      <input type="checkbox"/> Department      <input type="checkbox"/> Partnership</div><div><input type="checkbox"/> Company      <input type="checkbox"/> Trust</div><div><input type="checkbox"/> CC      <input type="checkbox"/> Other (Specify) <div></div></div></div> <div>Department Number <div></div></div>											

Supplier Account Details (TO BE VERIFIED BY THE BANK)	
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(Please note that this account MUST be in the name of the supplier. No 3rd party payments allowed).

[illegible][illegible]

Branch Name	
-------------	--

Branch Number					
---------------	--	--	--	--	--

<p><b>Bank screen info</b></p> <p><b>ABSA</b>-CIF screen</p> <p><b>FNB</b>-Hogans system on the CIS4/CUPR</p> <p><b>STD</b> Bank-Look-up-screen</p> <p><b>Nedbank</b>- Banking Platform under the Client Details Tab</p>
--

Account Type		
		Cheque Account
		Savings Account
		Transmission Account
		Bond Account
		Other (Please Specify)

<p><b>ABSA</b>-CIF screen</p> <p><b>FNB</b>-Hogans system on the CIS4/CUPR</p> <p><b>STD</b> Bank-Look-up-screen</p> <p><b>Nedbank</b>- Banking Platform under the Client Details Tab</p>
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<p><b>FNB</b>-Hogans system on the CIS4/CUPR</p> <p><b>STD</b> Bank-Look-up-screen</p> <p><b>Nedbank</b>- Banking Platform under the Client Details Tab</p>
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<p><b>STD Bank-Look-up-screen</b></p> <p><b>Nedbank-</b> Banking Platform under the Client Details Tab</p>
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Nedbank- Banking Platform under the Client Details Tab	

[illegible]

Passport Number									
-----------------	--	--	--	--	--	--	--	--	--

Company Registration Number					/							/		
-----------------------------	--	--	--	--	---	--	--	--	--	--	--	---	--	--

[illegible]

\*Please include CC/CK where applicable

[illegible]

<p style="text-align: center; margin-top: 10px;"><b>Bank stamp</b></p>	
--	--

Contact Details	
-----------------	--

Business									
----------	--	--	--	--	--	--	--	--	--

[illegible]

Home

[illegible]

Fax								
-----	--	--	--	--	--	--	--	--

[illegible]

Cell								
------	--	--	--	--	--	--	--	--

[illegible]

Email Address	
---------------	--

Contact Person:	
-----------------	--

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	11	9

			/		/				
--	--	--	---	--	---	--	--	--	--

**NB: All relevant fields must be completed**

## CONTACTS

[illegible]

## OWNERSHIP

**To be completed for all Proprietors/Members/Shareholders  
/Partners/Sole Proprietors/Trustees & Owners**

[illegible]

## EQUITY

Please attach Valid B-BBEE Certificate

*Values of following items dependent on most recent Financial Statement*

<i>Item</i>	<i>Value / Number</i>
Total number of full time Employees	
Total Annual Turnover	R
Total Gross Asset Value	R

The following table must be completed to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996.

Select the Sector and tick ✓ the appropriate blocks in Column 2, 3 and 4 next to your chosen sector

<b>SMME table</b>												
Column 1	Column 2 (tick applicable)				Column 3 (tick applicable)				Column 4 (tick applicable)			
Sectors in accordance with the standard Industrial Council	Total full time paid employees				Total Annual turnover (millions)				Total Gross asset value (property exluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4m	2m	0.4m	0.15m	4m	2m	0.4m	0.1m
Catering, Accommodation & other trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Community, Social and Personal	100	50	10	5	10m	5m	1m	0.15m	5m	2.5m	0.5m	0.1m
Construction	200	50	20	5	20m	5m	2m	0.15m	4m	1m	0.4m	0.1m
Electricity, Gas and Water	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5m	0.1m
Finance and Business Services	100	50	10	5	20m	10m	2m	0.15m	4m	2m	0.4m	0.1m
Manufacturing	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5	0.1m
Mining and Quarrying	200	50	20	5	30m	7.5m	3m	0.15m	18m	4.5m	1.8m	0.1m
Other Trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Retail, Motor Trade and Repair Services	100	50	10	5	30m	15m	3m	0.15m	5m	2.5m	0.5m	0.1m
Transport, Storage and Communications	100	50	10	5	20m	10m	2m	0.15m	5m	2.5m	0.5m	0.1m
Wholesale Trade, Commercial Agents, and Allied Services	100	50	10	5	50m	25m	5m	0.15m	8m	4m	0.5m	0.1m

<b>For official use only</b>	
Summary of results	SMME Status as per above (✓ appropriate block)
Column 2	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 3	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 4	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>

SMME FINAL RESULT	<input checked="" type="checkbox"/>
Micro	
Very Small	
Small	
Medium	
Large	

Locality	<input checked="" type="checkbox"/>
Rural Area	<input type="checkbox"/>
<input type="text"/>	



## ACCREDITATION

**Please attach Valid ACCREDITATION Certificates - Specific to your business/industry**

[illegible]

## CONFLICT OF INTEREST: Declaration - SBD 4

Are you or any person connected with you company currently working as an employee in any organ of state? If "YES", furnish the following particulars:

Yes ☐ No ☐

Name of person/director/shareholder/member

Name of institution to which the person is connected

Name of state institution to which the person is connected

Position occupied in the state institution

Any other particulars


Have you or your spouse, or any of the company's directors/shareholders/members/partners or their spouses conducted business with the state or any organ of the state for the previous 12 months?

Yes ☐ No ☐

If "YES", furnish particulars:

--

Do you, or any person connected with your company have any close relationship (family, friend, other) with a person employed by the state or an organ of state?

Yes ☐ No ☐

If "YES", furnish particulars:

--

Do you, or any person connected with your company have any close relationship (family, friend, other) with any official working in our establishment?

Yes ☐ No ☐

If "Yes", furnish particulars:

--

Are your company currently servicing on any structures of our establishment?

Yes ☐ No ☐

If "Yes", furnish particulars:

--

Is there any other relevant information that you would like to disclose?

Yes ☐ No ☐

If "Yes", furnish particulars:

--

<b>Declaration</b>	
<b>Verification of information supplied, including information relating to preferences that the Applicant or Business may apply for:</b>	
I/we, the undersigned, who warrants that I/we are duly authorised to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledges that:	
1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.	
2. If the information supplied is found to be incorrect, then Department of Tourism may, in addition to any remedies it may have:	
(i) Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;	
(ii) Recover from the supplier/contractor all costs, losses or damages incurred or sustained by Department of Tourism as a result of breach of contract;	
(iii) Cancel the contract and claim any damages which Department of Tourism may suffer by favourable arrangements after such cancellation and/or;	
(iv) De-register the supplier, registered on the Supplier Database.	
3. A registered supplier <b>MUST</b> notify Supply Chain Management Office of any changes to information supplied on this form. Failure to do so may result in such supplier being removed from the Supplier database and / or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.	
Signed on this _____ day of _____ 20__ at _____	
Signature of Authorised Representative	
Name in Block Letters	

<b>Commissioner of Oaths</b>	
Business Address	
Capacity	
Area	
Commissioner of Oath: Signature	Commissioner of Oath: Full Name

ANNEXURE 1 - Required Documentation Checklist	
Please ensure that all listed documentation below is attached (where applicable) to the registration form.	
All documentation is to be provided in its original format and/or certified.	
	Please ✓ submitted documents
Document Name	Attached
Original Valid Tax Clearance Certificate / VAT Registration	<input type="checkbox"/>
Certified Copy of Company Registration Certificate (CK/CM Agreement)	<input type="checkbox"/>
Certified copy of the Valid B-BBEE Certificate	<input type="checkbox"/>
Certified Copies of Director's ID documents	<input type="checkbox"/>
SBD 4 - Conflict of Interest Declaration	<input type="checkbox"/>
SBD 8 - SCM Bid document Declaration	<input type="checkbox"/>
LOGIS - SCM 42 Credit Order Instruction	<input type="checkbox"/>
Certified Copies of Compliant Accreditation Certificates (for Training as commodity)	
ICT - Sita	<input type="checkbox"/>
PSETA - Public Sector Education and Training Authority	<input type="checkbox"/>
SETA - Sector Education and Training Authority	<input type="checkbox"/>
Verification Letter of Bank (completed by bank) / Bank Stamp / Cancelled Cheque	<input type="checkbox"/>
Any relevant independent agency ratings / industrial endorsement	<input type="checkbox"/>
Valid Health Certificate (for Catering as Commodity)	<input type="checkbox"/>
Proof of Disability (Doctor's Letter)	<input type="checkbox"/>
Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>
Company Profile (maximum of 3 pages)	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>
For official use only	
Captured by:	<input type="text"/>
Date: <input type="text"/>	New <input type="checkbox"/> Update <input type="checkbox"/>
Status:	Approved <input type="checkbox"/> Declined <input type="checkbox"/> Awaiting Approval <input type="checkbox"/>
Done VAT Checked:	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason if "No": <input type="text"/>
Send Summary Report	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason if "No": <input type="text"/>

## ANNEXURE 2 - Commodity list

<b>National Department of Tourism</b> <b>SUPPLY CHAIN MANAGEMENT DATABASE COMMODITY LIST</b>
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Please indicate with ✓

Please note: only **4** commodities will be registered

### Construction

Airconditioning Systems		Electrical Contracts		Plumbing	
Alarm/Security/Access Control		Evacuation Systems		Precast Concrete Manufacture	
Autoclaves		Fencing		Pumping Installations	
Automatic Hanger Doors		General Building Work		Road Marking & Signage	
Automatic Sliding Doors		Glazing		Roadworks & Cleaning	
Auto Sprinkle Fire Protection Systems		Hauling/Heavy Equip/Transport		Roofing & Waterproofing	
Brickwork/Masonry		Hot Water Installations		Sewerage Installations/Reticulations	
Cabinet/Furniture Making		Incinerators		Steam Installations & Ancillary Equipment	
Carpeting/Tiling/Floor covering		Landscaping/Earthworks		Steel Fabrication & Erection	
Ceilings, Partitioning and Shopfitting		Lift & Escalator Equipment		Stormwater Draining	
Cladding Contracts		Mechanical Contracts		Water installations/reticulations	
Cooking & Related Systems		Metalwork & Burglar Bars			
Compressed Air Installations		Painting			
Concrete works		Paving			
Demolition		Plastering			

### Services

Accommodation		Framework Services		Performance Management	
Advertising/Public Relations		Fire Hydrants		Printing/Photography/Graphic Design	
Auto Repairs & Services		Food & Beverage		Promotional Material	
Auto Electrical and Hydraulic Repairs		Funeral Services		Publishing	
Bookkeepers		Florist		Real Estate	
Carpet Cleaning		Garden Services		Radio Publicity/TV Publicity	
Cartridges		Handyman		Road Maintenance	
Catering/Vending/Food Supply		Horticultural Services		Recruitment Agencies	
Cleaning Services		HV Fault Finding, Jointing & Terminations		Safety & Security Services	
Computer Supplies/Services		Insurance/Employee Benefits		Security & Access Control	
Corporate Gifts/Corporate Clothing		Interior/Industrial Design		Services HV&LV	
Copywriting		IT Maintenance		Switchgear/Transformers	
Courier Services		IT Management		Site Cleaning	
Cleaning Equipment/Materials		IT Networking		Solid Waste Disposal	
Data Backup Services & Software		IT Programming		Telecommunication	
Data Capturing & Management Services		Laundry Service/Dry Cleaning		Transport Services Goods	
Diesel & Petrol Engines		Locksmith Services		Transport Services Passengers	
Debt Collection		Media Liaison		Transportation Services	
Distribution		Mailing/Courier Service		Travel Agencies	
Digging of Graves		Medical/Ambulance/Health Care		Timber Contractor	
Document Binding Services		Municipal Services		Telephone& Data Line Maintenance	
Educational Services		Medical Equipment/Instruments		Training & Development	
Entertainment		Office Maintenance		Upholsterers	
Exhibition Centres		Personnel Services		Web pages & Design	
Fire Extinguishers & Refills		Pest Removal Services		Wind Socks for the Aerodome	
				Other (Specify)	

Professional Services

Accountants/Financial Advisory Services		EDMS Consultants		Pre-Employment Assessment Consultants	
Architects		EAP Consultants		Project Managers	
Attorneys/Legal Services		Economists		Quantity Surveyors	
Archival Services Consultants		Industrial Relations Consultants		Statisticians	
Business Information Management		Job Description Consultants		Teachers	
Consulting Engineers (Geotechnical)		Land Surveyors		Town Planners	
Consulting Engineers (Civil/Structure)		Legal Compliance Consultants		Training Providers	
Consulting Engineers (Electrical)		Medical Practitioners		Translation Services	
Consulting Engineers (Mechanical)		OHS Consultants		Other (Specify)	
Consulting Engineers (Multidisciplinary)		Organisation Development Consultants			
Contractors		Pharmacists			

Wholesalers/Traders

Automotive Parts		Fuel Supplies		Refuse Bulk Containers	
Air Pollution Measuring Equipment		Furniture		Protective Clothing/Uniforms	
Books		Fencing		Radio/Radio Equipment	
Building Materials/Hardware		Fire Fighting Equipment and Consumables		Supply Plants, Flowers and Seeds	
Batteries		Food for Game Animals		Toilet Paper Wrapped/Unwrapped	
Cartridges		Generating Sets		Traffic Signs/Materials	
Cleaning Supplies/Chemicals/Pesticides		Health Safety and Environmental Suppliers		Vehicles	
Clothing		IT Hardware and Software		Vehicles, Equipment, Trailers & Tractors	
Computer Equipment/Software		Industrial Catering Equipment		Workshop Equipment	
Curtains		Laundry Equipment		Other (Specify)	
Consumables		Linen, Pillows & Blankets			
Domestic Appliances		Medical Supplies & Equipment			
Envelopes		Medicines			
Groceries		NGO's/NBO's			
Electrical Supplies & Equipment		Office Consumables			
Fire Extinguishing		Office Equipment			
Fire Protection & Detection		Paint Supplies			
Floor Coverings		Paper & Stationery			
Food Supplies		Recreational Supplies			
Fertilisers		Refridgeration & Air Conditioning			

Summary: Core Business

In your own words, please state your core business:

1

2

Trade Name (= sole supplier of specific brand name)

Fill the specific **brand names** that the company **own** or **solely distribute**, which you wish to register:

## ANNEXURE 3 - General information & Definitions

**HDI Ownership Status:** Please read notes below very carefully

### Instructions and Definitions:

#### Legislation:

- Procedures are set out in the **Accounting Officers Procurement Procedures (AOPP)**, as referred to in the **Public Finance Management Act, 1999 (Act 1 of 1999)**(PFMA), to give all prospective suppliers an equal opportunity to submit quotations to a State Department.

#### Terminology:

- **Commodities:**  
The commodities the company wishes to be registered for as a supplier. Please define your **PRINCIPAL BUSINESS** to a maximum of 5 commodities.
- **Trade Names:**  
The trade names that the company own or distribute, which you wish to be registered for.
- **Owned:**  
Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Historically Disadvantaged Individuals (HDI):**  
For the purpose of registering as a supplier for the Department, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Historically Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.
- **Women:**  
A female person who is a SA citizen.
- **Disability:**  
In respect of a person, a permanent of physical, intellectual, or sensory function, which result in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.
- **Establishment of HDI / Women Equity Ownership in a enterprise:**  
Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.
- **Fronting:**  
Companies with no Black Economic Empowerment (BEE) status illegally claiming to be headed by previously disadvantaged individuals\* and claim false BEE credentials in order to win tenders/contracts.

### DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have -
  - a. abused the institution's supply chain management system;
  - b. committed fraud or any other improper conduct in relation to such system;
  - or
  - c. failed to perform on any previous contract.
4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? <b>(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combatting of Corrupt Activities Act (No 12 of 2004)? <b>To access this Register enter the National Treasury's website, <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 326-5445.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder 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?	<input type="checkbox"/>	<input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	<input type="checkbox"/>	<input type="checkbox"/>
4.4.1	If so, furnish particulars:		

### CERTIFICATION



I, THE UNDERSIGNED (FULL NAME) .....  
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND  
CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN  
AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of Bidder**



tourism

 Department:  
 Tourism  
 REPUBLIC OF SOUTH AFRICA

**Please note:** No faxes and copies are acceptable, please forward the original form either by hand or by courier services

## CREDIT ORDER INSTRUCTION

COMPANY'S FULL TRADING NAME

(please print clearly)

Year			Number				Type

ENTERPRISE REGISTRATION NUMBER

OR SMME NUMBER (Please attach a copy of the Registration Certificate)

VAT NUMBER

 X 

--	--	--	--	--	--	--	--	--	--	--

IDENTITY NUMBER

X

(Please attach a copy of your identity document)

BUSINESS ADDRESS

Street:

Suburb:

City:

Telephone and area code: ( )

Fax number and area code: ( )

Email address:

POSTAL ADDRESS

Street:

Suburb:

City:

Code:

PAYMENT ADDRESS

Street:

Suburb:

City:

Code:

1. I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
2. I/We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund Service", 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 furnish bank statements.)
3. I/We also understand that a payment advice will be supplied by CGTA in the normal way, and that it will indicate the date on which funds will be available in my/our account.
4. This authority may be cancelled by me/us by giving 30 day's notice by pre-paid/registered post.
5. I / We will not hold the CGTA liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment.

X

Initials and Surname

Authorised Signature

Date

## DETAILS OF MY/OUR BANK ACCOUNT

Name of Bank	
Name of Branch	
Branch Code	
Account Name	
Account Number	
Account Type*	If Cheque Account, attach a blank, cancelled cheque

\*Please enter numeric value:

1 = Cheque Account

4 = Bond Account

2 = Savings Account

5 = (Not in use)

3 = Transmission Account

6 = Subscription Account

Please complete this form and forward it to:

## FOR INTERNAL USE ONLY

SafetyNet verification:

LOGIS Supplier Number:

Capturer:

Authorizer:

DATE STAMP OF BANK

X

FOR COMPLETION BY BANK OFFICIAL:

Bank account details are hereby certified as being correct:

Name:

ID Number:

Signature:

X