



## **VENDOR APPLICATION FORM**

### **INTRODUCTION AND GUIDELINES**

The purpose of this database is to give all current and prospective service providers, an equal opportunity to submit quotations to the University for the supply of goods and services. Preference will be given to registered suppliers. Suppliers who are not yet registered will not be excluded from quoting to the Cape Peninsula University of Technology (CPUT). It is envisaged that this database will contribute to efficient administration and compliance with the PPFA

Attached please find an official registration form to assist us in establishing our database according to legislation. It is imperative that suppliers read the application document carefully, complete it in full, sign it and have it commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration.

Only documents with an original signature are to be submitted. A supplier registered on the Suppliers Database must notify the Cape Peninsula University of Technology of any changes to information provided in the initial application form. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Suppliers providing incorrect or fraudulent information in their application form will be disqualified from tendering and removed from the Suppliers Database, in addition to any other action the University may institute against such a supplier. Further, in the event of the Cape Peninsula University of Technology being prejudiced financially, it reserves the right to take legal action against the supplier. Any alterations made by the applicant must be initialed. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business.

**Completed forms must be deposited in the Tender Box, Information Building, Symphony Way, Bellville.**

**Queries can be directed to : Ms Thembeke Madondo T: (021) 959 6531 or email [madondot@cput.ac.za](mailto:madondot@cput.ac.za)**

**Incomplete forms will not be considered for inclusion onto the supplier database.**

#### **Cape Peninsula University Of Technology (Official use Only)**

Vendor Number: \_\_\_\_\_

Date Created: \_\_\_\_\_

Created By: \_\_\_\_\_

Verified By: \_\_\_\_\_

## **Terms of Reference for Registration onto CPUT's Vendor Data Base & Master Data Base**

### **1. Registration:**

- 1.1 CPUT is implementing a Vendor Data Base to ensure that they have sufficient appropriately qualified vendors to provide goods as services as and when required.
- 1.2 Vendors that wish to register should complete this application form.

### **2. Data Base Register:**

- 2.1 Vendors that have been registered onto the Data base may have the opportunity to bid or quote on CPUT's acquisition requirements. Registration onto the Vendor Data base does not guarantee business opportunities as all acquisition will be subject to the Supply Chain Management Policy of CPUT.
- 2.2 The University reserves the right to accept or reject any application.

### **3. Maintenance of Data Base:**

- 3.1 CPUT will update vendor information on an ongoing basis. Vendors that have registered onto the Data Base should ensure that they furnish the University with any changes to the status of the information initially provided, as and when the information changes. It is the service provider's responsibility to ensure that the information reflected on the Data base is correct and up to date at all times.

### **4. Performance and Monitoring:**

Service providers that have been registered onto the Data Base will be continuously monitored for their performance on work awarded to them by CPUT. This continuous monitoring process will form the basis to evaluate Service Provider's performance which will have an impact on future opportunities with the University.

### **5. Confidentiality**

All information provided by vendors for registration purposes will remain confidential and will only be of use by CPUT unless otherwise required by law.

### **6. Vetting**

All Service Providers on CPUT Vendor Data Base as well as CPUT Master Data Base will be subject to vetting by a local Credit Bureau.

**IMPORTANT INFORMATION:**

Please note that registration on the CPUT Vendor Data Base does not guarantee the receipt of business opportunities.

**Required Information:**

Please ensure that all certified copies of Mandatory Documents as per table below required by your business type are attached to your application form. **If the required documents are not attached, or if the form is not completed in full, your application form will not be considered.**

1. **A Company profile.** A brief overview of the size of business, Annual turnover, contactable References, products and or services offered, Management structure.
2. **Tax Clearance Certificate:**  
An original valid Tax Clearance Certificate is to be submitted. The valid period of a Tax Clearance Certificate is 12 month from date of issue. Please ensure that CPUT is always in possession of your valid Tax Clearance Certificate.
2. **BBBEE Certificate**  
Please provide proof of certificated issued by an approved Rating Agency
3. **Owners, Shareholders:**  
Please provide proof and details of individual shareholding.
4. **Certificates of Registration:**  
Please include the following certified copies of registration with your submission:
  - 4.1 Contractors Registration Certificate as issued by the Construction Industry Development Board (CIDB)
  - 4.2 Certificate of Registration from The Security Officer's Board
  - 4.3 QMS Certification eg; ISO 9000:2000
  - 4.4 Environmental Management System eg; ISO 14001
  - 4.5 Safety Management System eg; OSHA 18001
  - 4.6 Registration and Certification from Financial Services Boards and Authorities
5. **Amendments:** Please notify CPUT immediately of any changes to the verified information submitted.

<b>BUSINESS TYPE</b>							
<b>Documents Required</b>	<b>Sole Proprietor</b>	<b>Co-operatives</b>	<b>Partnerships</b>	<b>Public Company</b>	<b>Non-Profit Organisations NPO</b>	<b>Close and Private Corporations</b>	<b>Where to find Documents</b>
<b>Company Registration</b>		Registration Certificates	Partnership Agreement	Certificate of Incorporation CM3	Certificate of Incorporation Section 21	Certificate of Incorporation CK1 / CK2	Registrar of Close Corporations & Companies
<b>Proof of Banking</b>	Bank Statement or cancelled cheque	Bank Statement or cancelled cheque	Bank Statement or cancelled cheque	Bank Statement or cancelled cheque	Bank Statement or cancelled cheque	Bank Statement or cancelled cheque	Branch of bank where account is held
<b>Original Valid Tax Clearance Certificate</b>	For the owner of the Business	For the Co-operative	For each individual partner	For the company	For the NPO	For the close corporation	SARS
<b>VAT Registration If turnover exceeds R1mil</b>	If not indicated on the Tax Clearance Certificate	If not indicated on the Tax Clearance Certificate	If not indicated on the Tax Clearance Certificate	If not indicated on the Tax Clearance Certificate	If not indicated on the Tax Clearance Certificate	If not indicated on the Tax Clearance Certificate	SARS

## VENDOR'S INFORMATION

1.1. Name of Company/CC : .....

1.2. Postal Address : .....

.....

.....

Postal code : .....

1.3. Physical Address : .....

.....

.....

Postal code.....

1.4. Tel. Number : Code ..... Number.....

1.5. Fax Number : Code..... Number.....

Order Fax Number: Code..... Number.....

Cell Number: .....

1.6. E-mail: .....

1.7. Website : .....

### 1.8 **Banking details:**

Bank Name: .....

Bank Branch: ..... Branch No: .....

Bank account number: .....

Account type: .....

**(Supply cancelled cheque as cross reference of banking details.)**

### 1.9 **Details of statement**

Date of statement .....

Discount .....

Terms (eg. 30/60 days after .....  
Invoice of statement)

1.10. Company/CC registration .....

- 1.11. VAT Registration Number .....
- 1.12 Business Commencement date .....
- 1.13. Duration in Current industry .....
- 1.14. Name other Tertiary Institutions that makes use of your service or products:  
.....
- 1.15. Are you a preferred supplier to any other organization (provide detail) :  
.....
- 1.16. Did you previously supply goods or services to CPUT (provide detail) :  
.....

1.17 **REFERENCES:**

**Trade Reference 1:**

Company's Name: .....

Postal Address : .....

Postal code :.....

Contact Person: .....

Designation: .....

Tel. Number : Code ..... Number.....

Approximate Annual Value of Business: R..... Period: .....

**Trade Reference 2:**

Company's Name: .....

Postal Address : .....

Postal code :.....

Contact Person: .....

Designation: .....

Tel. Number : Code ..... Number.....

Approximate Annual Value of Business: R..... Period: .....

**Trade Reference 3:**

Company's Name: .....

Postal Address : .....

Postal code :.....

Contact Person: .....

Designation: .....

Tel. Number : Code ..... Number.....

Approximate Annual Value of Business: R..... Period: .....

1.19 **Client Reference 1:**

Company's Name: .....

Postal Address : .....

Postal code :.....

Contact Person: .....

Designation: .....

Tel. Number : Code ..... Number.....

Approximate Annual Value of Business: R..... Period: .....

**Client Reference 2:**

Company's Name: .....

Postal Address : .....

Postal code :.....

Contact Person: .....

Designation: .....

Tel. Number : Code ..... Number.....

Approximate Annual Value of Business: R..... Period: .....

**Client Reference 3:**

Company's Name: .....

Postal Address : .....

Postal code :.....

Contact Person: .....

Designation: .....

Tel. Number : Code ..... Number.....

Approximate Annual Value of Business: R..... Period: .....

**Type of Firm:** (Please tick with x)

1	Public Company	
2	Private Company	
3	Closed Corporation	
4	Joint Venture	
5	Consortium	
6	Sole Proprietor	
7	Foreign Company	
8	Partnership	
9	Trust	
10	Section 21 Company	
11	Government/Parastatals	
12	Other(Specify)	

**Main contact person in your company:**

Name: .....

Designation: .....

Tel. Number : Code ..... Number .....

Fax Number: Code ..... Number .....

Email Address: .....

**Contact Person in your Company: For purposes of obtaining quotations:**

Name: .....

Designation: .....

Tel. Number : Code ..... Number .....

Fax Number: Code ..... Number .....

Email Address: .....

**Details of Shareholding / Ownership**

Directors	Race / Gender	ID Numbers	% Shareholding
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

**2. PRODUCTS AND SERVICES**

2.1. Are you a Manufacturer/Distributor/  
Wholesaler/Retailer or Service organization .....

2.2. List your Patents or Brand Names .....

.....

.....

2.3. List Sole Agencies held by you .....

.....

2.4. Quality control standards and awards .....

.....

2.2. List the type of product/service you provide .....

Other than list as per Annexure 1 .....

.....



### 3. BROAD BASED BLACK ECONOMIC EMPOWERMENT

3.1 Is your business black empowered in terms of the definitions according to DTI legislation that was Gazetted on 9 February 2007?

Yes: .....

No: .....

#### 3.2 BBBEE Rating

##### 3.2.1 BEE Certificate (Turnover >R5m)

Level 1 .....  
 Level 2 .....  
 Level 3 .....  
 Level 4 .....  
 Level 5 .....  
 Level 6 .....  
 Level 7 .....  
 Level 8 .....

(Please supply grading Certificate issued by an approved Certification Agency approved by SANAS)

3.2.2 Qualifying Small Enterprise (QSE) .....

Turnover R5m> R35m

(Please supply grading Certificate issued by an approved Certification Agency approved by SANAS)

3.2.3 Exempted Micro Enterprise (EME) .....

Turnover < R5m

(Please supply Audited financial Statement)

3.2.4 Start Up Enterprise .....

(Please supply registration documents as well affidavit stating ownership in previous enterprises)

3.2.5 Specialized Enterprises .....

(Tertiary Institutions & Section 21 Companies)

### 4. SMME STATUS OF YOUR ENTERPRISE:

Please tick with x on relevant box in column marked Full Time Employers.

Insert amount in rand to Annual Turnover and Total Gross Asset Value respectively under the appropriate SMME column.

FULL TIME EMPLOYERS				ANNUAL TURNOVER				TOTAL GROSS ASSET VALUE			
Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
100	50	10	5								

5. **CONFLICT OF INTEREST**

5.1 Are you, any of your relatives or anyone of your staff or their relatives an employee of CPUT

Yes ..... No .....

*If yes to the above then please provide detail of the relationship, Department or Division in which you, your staff or the relative is employed and contact detail:*

.....  
.....

We hereby undertake

- Not to deliver goods or services to any department, division or individual of Cape Peninsula University Of Technology without receipt of an official order form/ order number issued by the procurement department of CPUT.
- To always add the order number as issued, as well as the VAT Numbers of both CPUT as well as Service Provider on the invoice furnished for the appropriate order.
- To supply the university of statements on a monthly basis.

**I hereby confirm that the abovementioned information is correct and that I am authorized to undertake this agreement on behalf of the company.**

.....  
Initials and Surname

.....  
Signature

.....  
Capacity

.....  
Date

6. **VETTING:**

I hereby give CPUT permission to do a vetting on my business as well as personal

**ANNEXURE 1**

<b>DESCRIPTION OF BUSINESS OFFERING</b>	
1.	
2.	
3.	
4.	
5.	