



Supplier Registration Form

(Official Use)

Form 1401

This is an application to be registered- or update current information on the Eastern Cape Department of Housing, Local Government & Traditional Affairs' supplier database of products and services.

All supplier information will be treated as strictly confidential.

Notice to all Suppliers:

Please retain a copy of the document, for 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 PO Box / P/Bag Bisho, 5601	Housing, Local Govt. & T. Affairs X0035 _____
	Component Office No	Supply Chain Management 2274, Second Floor
	Tel:	040 609 5433
	Fax:	040 639 3900

(Official Use)
BAS SUPPLIER NO:

(Official Use)
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 Sections B, and D)	
4	Updating Company Information Only (Complete Section B)	
5	Updating Director Information Only (Complete Sections 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)

Registered name of 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 e-mail : _____

The name of your accountant / bookkeeper / auditor and his / her contact phone number:

Tax number of business: _____

VAT Registration number: (if applicable) _____

Type of firm: (Please tick the relevant box)

Partnership	
Sole Proprietor	
Closed Corporation (cc)	
Public Company	
Private Company (Pty) Ltd	
Other (specify)	

Company Flags: (Please tick the relevant box or boxes)

ISO Listed	Manufacturer	Distributor	Sales	Services	Importer	Exporter	Repairer	Black Owned



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: _____ % Shareholding : _____
Identity Number _____ Nationality _____
2. Surname, Full Name: _____
Position: _____ % Shareholding : _____
Identity Number _____ Nationality _____
3. Surname, Full Name: _____
Position: _____ % Shareholding : _____
Identity Number _____ Nationality _____
4. Surname, Full Name: _____
Position: _____ % Shareholding : _____
Identity Number _____ Nationality _____

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.

Form 1401

(Please continue on separate page should more space be needed)



Please list all other entities owned by or where the Directors or members of this entity (in respect of this application) have an interest in. Attach all original or certified copies of Tax Clearance Certificates in respect of all of the under mentioned entities

Warning: Failing to declare all information may result in your application being rejected.

Reg Number	Name of Entity	Address	Core Business



SECTION D: BANKING DETAILS:

*(Please provide the banking details to which any payments due are to be transferred.
The bank MUST certify this form in the space provided)*

Current Banking Details:

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

Bank : _____ Branch number/code: _____

Branch Location: _____

Bank Account number: _____ Account type: _____

Date the account was opened: _____

Name of the account: _____

Signatories Name/s, Surname/s and ID number/s:

<p><u>Certificate from Bank:</u></p> <p>I, (full names and surname)(Printed) _____</p> <p>_____ an employee and</p> <p>authorised person / agent of (Bank Name) _____</p> <p>_____ (Branch Name) _____ and</p> <p>telephone number (Code, Number) _____ herewith</p> <p>certify that the "Current Banking Details" as provided in SECTION D above,</p> <p>are true and correct.</p> <p>Signed: _____</p>	<p><i>(Official Bank Stamp)</i></p>
---	-------------------------------------

Credit Order Instruction:

I / We (the signatories hereto) hereby request and authorise 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).

I / we understand that the credit transfers hereby authorised will be processed by computer through a system known as the "ACB ELECTRONIC TRANSFER SERVICES", and I / we also understand that no additional advises 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).

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.

The Province of the Eastern Cape, by means of giving thirty (30) days notice, may cancel this authority by prepaid registered post.

Previous Bank information:

Bank : _____ Branch number/code _____

Branch Location: _____

Bank Account number: _____ Account type: _____

SECTION E: SUPPLIER

In order for the Eastern Cape Provincial suppliers, we would like you to complete



PROFILE

Government to build up a profile of its the following:

Section E1: Commercial:

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

Section E2 : Financial

1. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? (yes/no)_____ 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/service to be supplied? (y/n) _____ If yes please elaborate:

2. Has your Quality Management System been assessed and certified by any National by Internationally recognised accreditation body? (y/n)_____ If yes, please provide copy of certificate.

Section E5: Fraud Policy

It is the intention of the Eastern Cape Provincial 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 / organisation 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 / organisation 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
Tax Clearance Certificate must be Original

the following documents. The

- **Company Registration Documents**
- **ID documents of all directors / members / owners**
- **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).**
- **Original cancelled cheque or an original bank verification letter.**
- **Original Tax Clearance Certificate**

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 attempts to promise, offer or give to an official, employee or any other person related to the Eastern Cape Provincial Government any bribe, commission, gift, loan, advantage or any other consideration whatsoever.
3. Fails to testify, or make their employees available to testify in any criminal, misconduct procedures against any government official of the Eastern Cape Provincial Government.
4. Fails 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 unauthorised possession of, or removes or attempt to remove any property belonging to or which is under the control of the 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 Eastern Cape Provincial Government or someone appointed by government to gain access to premises for 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 failed 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