Enterprise Database Capture Form			Return to	KZN Dept. of Transport

Office use
DOT Reference Number
DOT 2009_____

Private Bag X 9043
PIETERMARITZBURG
3201
Tel: 033-355 8708 /8950

Company Legal Name	
Company Trade Name	

Please, mark with a X, as to the form of business entity.

Sole Proprietor		Partnership		Close Corporation		Co-Operative		Company	

Company / Close Corporation Number	
KZN Provincial Supplier Number (ZNT)	
Vat Number	
Income Tax Number	
Association Affiliation	

1. CIDB Grading		CRS Number		2. CIDB Grading		CRS Number	

Primary Place of Business

Physical Address (Attach proof)	---

	CODE
Postal Address (Attach proof)	---

	CODE

Business Contact Numbers or E-mail

Telephone No.			
Fax Number(s)	0		0
Cell Number (s)			
E-Mail Address			
E-Mail Address			
Web Address			

Fax or E-mail Copies will not be accepted

Ownership Structure				
1. Name & Surname			Country of Origin	
Identity No				
Please, mark the appropriate box with a **X**				
Female		Male	Living with a Disability	Briefly describe disability
Position in Organisation			%Ownership	
Qualifications				
Other courses attended				
Relevant Experience				

2. Name & Surname			Country of Origin	
Identity No				
Please, mark the appropriate box with a **X**				
Female		Male	Living with a Disability	Briefly describe disability
Position in Organisation			%Ownership	
Qualifications				
Other courses attended				
Relevant Experience				

Fax or E-mail Copies will not be accepted

3. **Name & Surname**										Country of Origin	
Identity No											

Please, mark the appropriate box with a **X**

Female		Male		Living with a Disability		Briefly describe disability	

Position in Organisation		%Ownership	
Qualifications			
Other courses attended			
Relevant Experience			

4. **Name & Surname**										Country of Origin	
Identity No											

Please, mark the appropriate box with a **X**

Female		Male		Living with a Disability		Briefly describe disability	

Position in Organisation		%Ownership	
Qualifications			
Other courses attended			
Relevant Experience			

Total number of Employed staff

Number of Permanent Staff		Number of Temporary staff	

Previous Contract or Tendering Experience

Employer/Dept	Tender No	Year Awarded	Value (Rand)

CONTRACTOR REGISTRATION CHECKLIST

Prior to submitting your Enterprise Database Application Form, please ensure that the following documents are attached.

	DOCUMENTS ATTACHED	Yes	No	N/A
1	**Proof of Ownership**			
(a)	Identity Document(certified not older than three months)			
(b)	Company /close corporation documents(certified)			
(c)	CIDB Grading (if registered)			
(d)	Original Tax Clearance			
(e)	Declaration of ownership, Management ,control (affidavit)			
(f)	Any other proof.(Letter Head, crossed cheque, financial statements, etc.)			
2	**Proof of Address (a minimum of three (3) documents)**			
(a)	Bank statements			
(b)	Letter from local leadership			
(c)	SARS document stating address			
(d)	Municipal utility account			
(e)	Any other account (six months and older)			
3	**Proof of disability (for disabled contractors)**			
(a)	Letter from the district Medical Practitioner			
(b)	Additional Information(X-Ray, Accident Reports, etc.)			
4	**Proof of work done (Grade 2 and 3) new applicants**			
(a)	Letter of award			
(b)	Completion letter or certificate			
(c)	Payment Certificates			
5	**OPTIONAL DOCUMENTS**			
(a)	Company Profiles			
(b)	Any other documents			

N.B. Grade 4, 5 and 6 contractors, who wish to register for the first time, are not allowed to register on the Vukuzakhe Emerging Contractors Database.

Fax or E-mail Copies will not be accepted

DECLARATION BY EMERGING CONTRACTOR UNDER OATH

I/We …………………………………………………………………declare that I / we are fulltime active members of this business entity with regard to the management, ownership and control, and that the above particulars and information furnished to the Department of Transport for the purposes of registering our organization on the Vukuzakhe Emerging Contractor database are true in substance and in fact and that I/We fully understand the meaning thereof. I / We further agree to abide with the rules and principles of the Vukuzakhe Emerging Contractor Programme of the Department of Transport KZN.

Name: …………………………………………………. Signature: ……………………………
Date: …………………………………… Designation: ………………………………………….
ID Number……………………………………………

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ID Number……………………………………………

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ID Number……………………………………………

Name: …………………………………………………. Signature: ……………………………
Date: …………………………………… Designation: ………………………………………….
ID Number……………………………………………

Signed and sworn before me at ……………………………………………………… on this the …………..day of ………………………………..by the Deponent, who has acknowledged that he/she knows and understands the contents of this affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

……………………………………………………………………………

COMMISSIONER OF OATHS

Name& Surname:………………………………………..Signature…………………………………

SAPS NO:………………………………………….RANK………………………………………………..

STAMP

NOTE: EMERGING CONTRACTORS PROVIDING FALSE OR FRAUDULANT INFORMATION OR NOT DISCLOSING RELEVANT INFORMATION PERTAINING TO THIS APPLICATION OR SUPPORTING DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.

FURTHERMORE THE DEPARTMENT RESERVES A RIGHT TO INTERVIEW ALL THE OWNERS OF THIS BUSINESS ENTITY TO VERIFY INFORMATION PROVIDED IN THIS DOCUMENT.

NOTE: INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. THIS INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED ON THE ABOVE PAGES.

For Office Use Only

_____ **Recommended/ Not Recommended** **Senior Admin Clerk**	_____ **Date**
_____ **Supported/Not Supported** **Admin Officer**	_____ **Date**
_____ **Approved/Not Approved** **Signature of Ass Manager Database**	_____ **Date**

<div align="center">Interview</div>

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Official Signature   **Date**