



GPG Vendor Database



Incorporating all Gauteng Provincial Government Departments managed centrally by Gauteng Shared Service Centre (GSSC)

This shared database is being populated to enable the effective implementation of the Preferential Procurement Policies of the above organisations. These policies are in line with the Preferential Procurement Policy Framework Act (PPPFA) No. 5 of 2000, and the National Government Regulations pertaining to that Act. In terms of this Act, preferences are given to Historically Disadvantaged Individual (HDI) shareholders who are actively involved in the daily operations and management of an organisation, defined according to the Preferential Procurement Regulations, 2001, as “an activity inclusive of control and performed on a daily basis.”

“Historically Disadvantaged Individual (HDI) means a SA Citizen –

- (1) who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the RSA, 1983 (Act No 110 of 1983) or the Constitution of the RSA, 1993 (Act No 200 of 1993) (“the Interim Constitution”) and / or
 - (2) who is a female; and / or
 - (3) who has a disability:
- Provided that a person, who obtained SA citizenship on or after the coming into effect of the Interim Constitution, is deemed not to be an HDI.”

POINTS TO REMEMBER WHEN COMPLETING THE GAUTENG PROVINCIAL GOVERNMENT VENDOR DATABASE REGISTRATION FORM

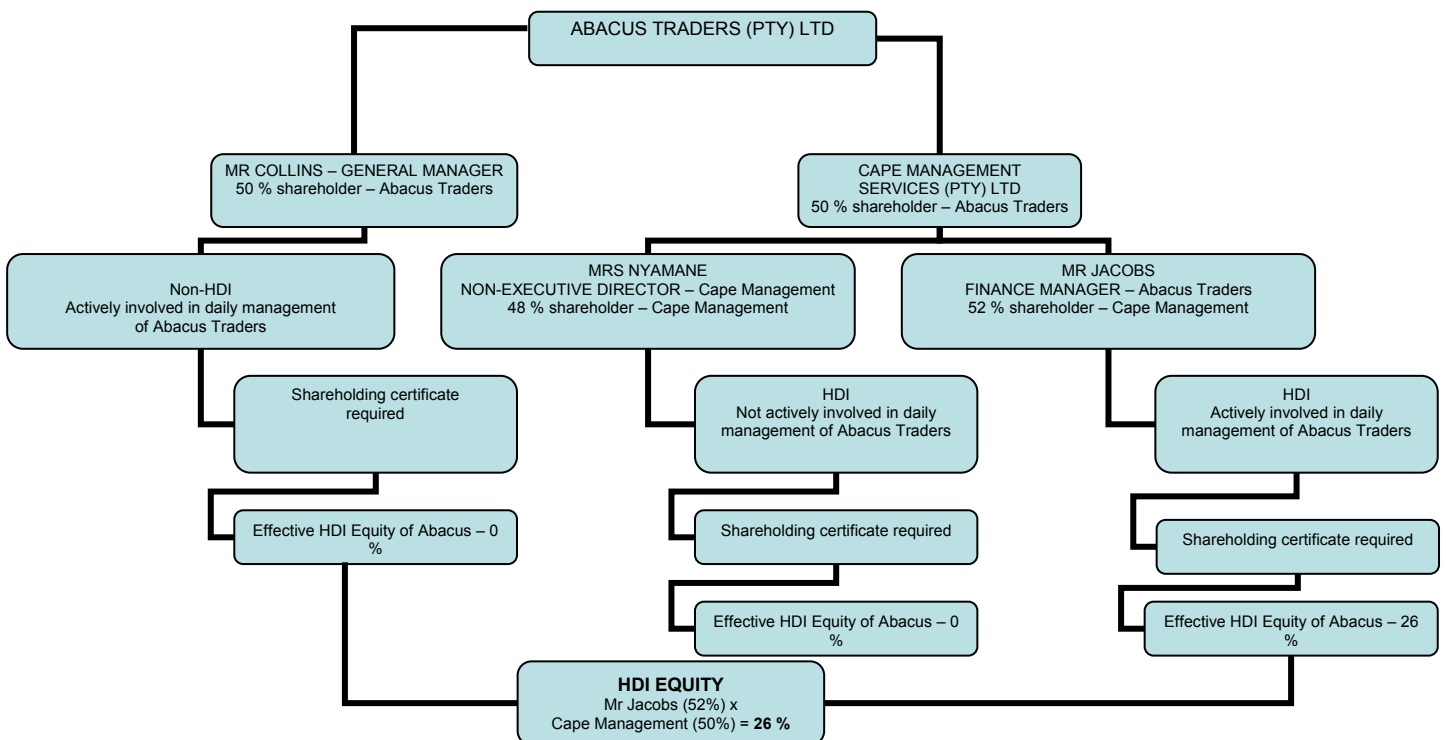
Registrations forms are to be completed in BLACK PEN only.

- **Required documentation** – Please refer to the attached table (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached. If a field is not applicable to your business type, clearly mark it as N/A and supply applicable documentation, or proof of exemption.
- **Sequence of gathering supporting documentation** – Quadrem TradeWorld recommends that the following sequence is adhered to when gathering documents: (1) Company Registration and Shareholding documents (2) Proof of Banking documents (3) Proof of average Annual Turnover (Annual Financial Report / Original Auditor’s Letter) (4) Department of Labour documents (Workman’s Compensation, UIF) (5) SARS documents (VAT, PAYE, Income Tax Registration) (6) SARS – Tax Clearance Certificate
- **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.
- **Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, ID document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman’s Compensation, Security Officers Board and CIDB Contractors Registration Certificates, if applicable; the stamp of certification should be on the front of the document if it is faxed to Quadrem TradeWorld.
- **An original valid Tax Clearance Certificate is to be submitted.** The validity period of a Tax Clearance Certificate is 12 months from date of issue. To maintain a verified status on the GPG Vendor Database, please ensure that Gauteng Shared Service Centre is always in possession of a valid Tax Clearance Certificate.
- **Owners, Shareholders** – Please ensure that the percentages of ownership of the **individual shareholders** amount to 100%. That is, provide details of *all* shareholders, and ensure that all fields are completed for each. Proof of the individual shareholding is to be submitted.
- **Holding Companies & Trusts** – Please contact the Vendor Database Call Centre on Tel 011 355 2222 should your business be owned by a holding company or a trust to request an alternative page 7.
- **Co-operatives** – The Co-operatives Act of 2005 makes allowances for co-operatives to engage in transactions as a legal body, in the same way as companies and other kinds of business enterprises do. Various levels and types of co-operatives exist and the Act requires all Co-operatives to be registered with the Registrar of Co-operatives. These include Agricultural, Consumer, Marketing & Supply, Housing, Financial, Social, Burial, Service, and Worker Co-operatives. Only registration certificates with an official seal of the Registrar of Co-operatives must be submitted.
- **Individual HDI Shareholders in the Holding Company or Trust, who are actively involved in the daily operations and management of the company being registered, are to be included for the company to be considered for HDI Equity Ownership.** Proof of the individual shareholding is to be submitted. Certified proof of identification needs to be provided for each shareholder.
- **Certificates of Registration** – Include certified copies of either your Contractors Registration Certificate, as issued by the Construction Industry Development Board (CIDB) – (If Applicable); or the Security Officer’s Board – Certificate of Registration, QMS Certificate, e.g., ISO 9000:2000; or Environmental Management System, e.g., ISO 14001 or Safety Management System, e.g., OSHA 18001; Attach certificates (if Applicable).
- **Certificate of Correctness (page 9)** – Please ensure that the Certificate of Correctness is signed and dated once all required data and documentation has been submitted.
- **Collection points** – Completed registration forms and supporting documentation can either be delivered or emailed to one of the addresses on the registration form or faxed to the numbers provided on the first page of the registration form. Please contact the helpdesk for additional collection points in outlying areas.
- **Processing of registration** – Your **COMPLETED** registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database / Vendor Management Registration Code to be used in all future communication with all of the above role players, including responses to Requests for Quotes and formal tenders. This letter of verification will be dispatched to the correspondence details supplied on the third page. **Please note that this administration process of COMPLETED registration forms will take a minimum of 5 days.** Once your registration has been included on the Gauteng Provincial Government Vendor Database your details will be accessible to procurement officials in the above organizations sharing in the GPG Vendor Database.
- **Business Opportunities** – Please note that registration on the Gauteng Provincial Government Vendor Database does not guarantee the receipt of business opportunities.
- **Copies of Documents** – Please keep copies of the registration form and all supporting documentation submitted, for your own records and to ensure that all data is maintained and up to date on a continual basis.
- **Amendments** – Please notify the Gauteng Provincial Government Vendor Database Helpdesk immediately of any changes to the verified information submitted. Submit a Certificate of Correctness with the amended data.
- **Queries** – Should you have any related queries or if you require assistance completing the registration form, please contact the Vendor Database Call Centre on Tel 011 355 2222

BUSINESS TYPE (Gauteng Based Details)

DOCUMENTS REQUIRED	Sole Proprietor	Co-operatives	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organisations (NPO)	Where to get documents	Johannesburg	Pretoria
Company Registration CERTIFIED COPIES	N/A	Registration Certificates	Certificate of Incorporation CK1 CK2	Partnership Agreement	Certificate of Incorporation CM3	Trust Agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies	The DTI Campus Block F (Entfufukwens) 77 Menlries Street, Sunnyside, Pretoria Telephone: 012 310 8789 Customer Care 0861 843384	The DTI Campus Block F (Entfufukwens) 77 Menlries Street, Sunnyside, Pretoria Telephone: 012 310 8789 Customer Care 0861 843384
Proof of Ownership CERTIFIED COPIES	N/A	Partnership Agreement	Shareholding CK1 / CK2	Partnership Agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of Close Corporations & Companies	The DTI Campus Block F (Entfufukwens) 77 Menlries Street, Sunnyside, Pretoria Telephone: 012 310 8789 Customer Care 0861 843384	The DTI Campus Block F (Entfufukwens) 77 Menlries Street, Sunnyside, Pretoria Telephone: 012 310 8789 Customer Care 0861 843384
Proof of ID CERTIFIED COPIES	All Shareholders	All Shareholders	All Shareholders	All Shareholders	All Shareholders	All Shareholders	All Shareholders			
Proof of Banking	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Branch of bank where account is held		
Annual Financial Report	Original Auditors Letter	Original Auditors Letter	Original Auditors Letter	Original Auditors Letter	Original Auditors Letter	Original Auditors Letter	Original Auditors Letter	Branch of Auditing firm / Auditors		
An Original valid Tax Clearance Certificate	For the owner or the business	For the co-operative	For the company / cc	For each individual shareholder	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)	Level 200, Centre, Corner Commissioner & von Weilligh Street, Lantion	Lomer cr. Schoeman Street & van der Wall Streets, Tshwane (Pretoria)
P.A.Y.E	Applicable if remuneration is above the threshold & not indicated on Tax Clearance Certificate	Applicable if remuneration is above the threshold & not indicated on Tax Clearance Certificate	Applicable if remuneration is above the threshold & not indicated on Tax Clearance Certificate	Applicable if remuneration is above the threshold & not indicated on Tax Clearance Certificate	Applicable if remuneration is above the threshold & not indicated on Tax Clearance Certificate	Applicable if remuneration is above the threshold & not indicated on Tax Clearance Certificate	Applicable if remuneration is above the threshold & not indicated on Tax Clearance Certificate	Receiver of Revenue (SARS)	Telephone: 011 374 8000	Telephone: 012 317 2000
VAT Registration	YES, if applicable - based on turnover exceeding R300 000 per annum. Contact SARS for further information.							Receiver of Revenue (SARS)		
U.I.F Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	Department of Labour (Sole Proprietors)	Annuit House, Risak Street, Johannesburg	239 Concilium Building, Cnr Skinner and Andries Streets, Tshwane (Pretoria)
Workman's Compensation	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	YES, if staff remuneration is above the threshold & not indicated on Tax Clearance Certificate	Department of Labour	Telephone: 011 497 3212	Telephone: 012 309 5650
Security Officer's Board	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry			If applicable
Contractors Registration Certificate	Applicable for: - Construction industry	Construction industry	Construction industry	Construction industry	Construction industry	Construction industry	Construction industry	CIOB	Block N&R, SABS Campus, Leyds Street, Groenkloof, Pretoria, South Africa. Telephone: 012 482 7200 or Building D, The DTI Trade Village, 77 Menlries Street, Sunnyside, Tshwane 0132 Telephone: 012 384 2400	
QMS (Quality Management System) Certification	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	South African Quality Institute		
Environmental Management System Certification	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	South African Bureau of Standards (SABS)	1 De Laegan Road, Groenkloof, Tshwane. Telephone: 012 428 7911	
Safety Management System Certification	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	Dept. of Labour (Occupational Health & Safety)	CCMA House, 20 Anderson Street, Johannesburg. Tel: 011 377 6600	2nd Floor, Metro Park Bldg, Cnr Schoeman & Pritsos Streets, Tshwane (Pretoria). Tel: 012 382 9701
Proof of Disability	If owner is disabled	If Shareholder is disabled	If Shareholder is disabled	If Shareholder is disabled	If Shareholder is disabled	If Shareholder is disabled	If Shareholder is disabled		If applicable	If applicable

EXAMPLE - Calculation of HDI Equity Ownership for a Business Owned by a Holding Company



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These forms must be completed and submitted to one of the following. Contact the Vendor Database Helpdesk for additional collection points.

Gauteng Shared Service Centre Imbumba House 75 Fox Street Johannesburg BEE Helpdesk, First Floor Email: vendor.data@gauteng.gov.za Fax no: 011-634 0398	Gauteng Shared Service Centre BEE Helpdesk Private Bag X112 Marshalltown Johannesburg 2017
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Direct enquiries to the Vendor Database Call Centre :) 011 355 2222

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED

Name of Business	
Trading Name	
Registration No.	

	<i>Please tick in box:</i>	Y	N	N/A
Company Registration Document (Certified)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Ownership / Shareholder certificate (Certified)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of ID for ALL shareholders (Certified)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operatives – Registration Certificate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Banking Document		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Annual Turnover (Financial Report,Letter Fr (Or A Signed AFFIDAVIT)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UIF Document		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation Fund: Letter of Good Standing	Doc required if applic, yet not indicated on TCC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAT Registration Document	Doc required if applic, yet not indicated on TCC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAYE Document	No document required (TCC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Tax Registration Document		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An Original Valid Tax Clearance Certificate (TCC)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Officer’s Board Certificate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractors Registration Certificate (Issued by the CIDB)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Management Certificates: (e.g. ISO 9000:2000)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Management System Certificate (e.g. ISO 14001)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Management System Certificate (e.g. OSHA 18001)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Documents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest (Relationship)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest (Business Interest)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. COMPANY REGISTRATION DOCUMENTS

NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable.)

1.1 COMPANY TYPE (NB Documentary Proof of registration must be provided)

PUBLIC COMPANY LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CO-OPERATIVE	<input type="checkbox"/>	CERTIFIED COPY OF PARTNERSHIP AGREEMENT
CLOSE CORPORATION CC	<input type="checkbox"/>	CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE
SOLE PROPRIETOR	<input type="checkbox"/>	N/A
PARTNERSHIP	<input type="checkbox"/>	COPY OF PARTNERSHIP AGREEMENT
BUSINESS TRUST	<input type="checkbox"/>	CERTIFIED COPY OF REGISTRATION DOCUMENT
OTHER _____	<input type="checkbox"/>	CERTIFIED COPY OF REGISTRATION DOCUMENT

Company, CK Number

Not applicable to all companies, please specify if N/A

Have you attached a Certified copy of your Company Registration document or other applicable documentation if N/A? (see attached table)

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 PROOF OF SHAREHOLDING DOCUMENTS

CERTIFIED COPIES of Shareholders certificates or CK members share allocation documents must be supplied

Not applicable to all companies, please specify if N/A

Have you attached certified copies of shareholder documents or other applicable documentation if N/A? (see attached table)

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 PROOF OF ID DOCUMENT

CERTIFIED COPIES of ID document for ALL shareholders must be supplied

Compulsory to all companies.

Have you attached certified copies of ID documents or other applicable documentation if N/A? (see attached table)

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 PROOF OF BANKING DOCUMENTS

Current bank statement or copy of cancelled cheque

Have you attached proof of banking document?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

1.5 PROOF OF ANNUAL TURNOVER

Annual Financial Report or Original Auditors Letter

Have you attached Audited Annual Financial Statement / Original Auditors Letter/ Signed Affidavit?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

1.6 UNEMPLOYMENT INSURANCE FUND DOCUMENTS

Unemployment Insurance fund No.

Have you attached your UIF document? (All sole proprietors to register business with the Dept of Labour)

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

1.7 COMPENSATION FOR OCCUPATIONAL INJURIES & DISEASES FUND DOCUMENT

Compensation Fund Registration No.

Have you attached your Letter of Good Standing document?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

1.8 VAT REGISTRATION DOCUMENT

VAT Registration No.

Have you attached proof of your VAT registration document if VAT no. not indicated on Tax Clearance Certificate?

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.9 P.A.Y.E DOCUMENT

P.A.Y.E. No.

Have you attached proof of your P.A.Y.E document if PAYE no. not indicated on Tax Clearance Certificate?

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.10 INCOME TAX REGISTRATION NUMBER

Income Tax Registration number

1.10 TAX CLEARANCE CERTIFICATE

An original valid Tax Clearance Certificate must be supplied

As this is only valid for a twelve-month period from date of issue, an original valid Tax Clearance Certificate is to be submitted upon or before expiry of the one submitted to avoid suspension on the GPG Vendor Database. Have you attached an original valid Tax Clearance Certificate?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

1.11 SECURITY OFFICERS BOARD REGISTRATION (MANDATORY, IF APPLICABLE)

Security officers board registration No.

Applicable to security industry only, please specify if N/A

Y	N	N A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you attached your Security Officers Board Registration document?

1.12 CONSTRUCTION INDUSTRY DEVELOPMENT BOARD (CIDB) REGISTRATION (MANDATORY, IF APPLICABLE)

CIDB Contractors registration No.

Applicable to Construction industry only, please specify if N/A

Y	N	N A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you attached your CIDB Contractors Registration Certificate?

1.13 FORMAL QMS (QUALITY MANAGEMENT SYSTEM) CERTIFICATION (MANDATORY, IF APPLICABLE)

QMS Certification registration No.

Attach certificate if yes. If no, attach Letter of Intent)

Y	N	N A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you attached your ISO 9000; 2000 Certification document?

Have you attached your Letter of Intent?

1.14 FORMAL ENVIRONMENTAL MANAGEMENT SYSTEM CERTIFICATION (MANDATORY, IF APPLICABLE)

Environmental Management System Certification No.

Attach Certificate if yes

Y	N	N A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you attached your ISO 14001 (or similar) Certification document?

1.15 FORMAL SAFETY MANAGEMENT SYSTEM CERTIFICATION (MANDATORY, IF APPLICABLE)

Safety Management System Certification No.

Attach Certificate if yes. If no, attach Letter of Intent)

Y	N	N A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you attached your OSHA 18001 (or similar) Certification document?

Have you attached your Letter of Intent?

1.16 DISABILITY DOCUMENTS

Have you attached your proof of disability document?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

1.17 CO-OPERATIVES

T = Tertiary, S= Secondary or P = Primary

Indicate which Co-operative level your company is registered under?

T	S	P
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>

Have you attached your proof of registration?

1.18 CONFLICT OF INTEREST (Relationship)

Attach, if applicable, a list indicating any relationship that you are aware of between any of your company's Directors, Shareholders, Members, Owners and/or Employees and GPG shareholders, Directors, and/or Employees

Have you attached a list indicating the above?

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.19 CONFLICT OF INTEREST (Business Interest)

Attach, if applicable, a list indicating any owner or management officer in your business who has interest in another business entity.

Have you attached a list indicating the above?

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. BUSINESS PARTICULARS

2.1 Name of Business

--

2.1.1 Business Trading Name

--

2.1.2 Head Office

Postal Address

City

--

Code

--

Province

--

2.1.3 Head Office

Physical Address

City

--

Code

--

Province

--

2.1.4 Head Office Telephone No.

--

2.1.5 Head Office Fax No.

--

2.1.6 E-mail Address

--

2.1.7 Contact Person for correspondence as per 2.1.1

Title

--

First Name

--

Surname

--

2.1.8 Cell No.

--

2.1.9 Correspondence Method

Please select your preferred method of correspondence. All correspondence will be sent using the method you select below.

Explanation of abbreviations used in the following table

Capacity	
Post	P
Fax	F
E-mail	E

(TICK ONE ONLY)

P	F	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1.10 Please indicate your preferred method of correspondence

Correspondence Address

City

--

Code

--

Province

--

2.1.11 Fax Number

--

2.1.12 E-mail Address

--

3. BRANCHES, SALES AND ACCOUNTS DEPARTMENTS

3.1 Sales Department

Contact Name			
Cell No			
Email Address			
Telephone		Fax	

3.2 Accounts Department

Contact Name			
Cell No			
Email Address			
Telephone		Fax	

3.3 Branches

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other branches in this region?

If yes, kindly complete 3.3 below

Multiple copies of this page may be submitted if required.

Name / Area			
Physical Address			
City		Code	
Province			
Telephone		Fax	

Name / Area			
Physical Address			
City		Code	
Province			
Telephone		Fax	

Name / Area			
Physical Address			
City		Code	
Province			
Telephone		Fax	

Name / Area			
Physical Address			
City		Code	
Province			
Telephone		Fax	

4.1 CORE BUSINESS OPERATION (MANDATORY FIELD)* *

Please indicate which commodity group describes your core business: (Mark with X in applicable field)

Medical	<input type="checkbox"/>	Physical Assets, Energy & Utilities	<input type="checkbox"/>	FMCG	<input type="checkbox"/>
Professional Services	<input type="checkbox"/>	Facilities & Services	<input type="checkbox"/>		

Participation Capacity (Mark with X in applicable fields)

Prime Contractor	<input type="checkbox"/>	Supplier	<input type="checkbox"/>	Sub-Contractor Manufacturer	<input type="checkbox"/>
Professional Services	<input type="checkbox"/>	Joint Venture Partner	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

Company Classification (Mark with X in applicable fields)

Contractor who generates more than 75% of turnover as a Prime contractor	<input type="checkbox"/>	Contractor who generates less than 75% of turnover as a prime	<input type="checkbox"/>	Labour-only Sub-Contractor	<input type="checkbox"/>
Supplier	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Legal Service Provider*	<input type="checkbox"/>
Professional Services BUILT Environment*	<input type="checkbox"/>	Education, Training and Development Service Provider (ETD)*	<input type="checkbox"/>	Other**	<input type="checkbox"/>

*NB – All Professional Service Providers in the Built Environment, all ETD Service Providers and all Legal Service Providers, please contact the Vendor Database Call Centre on 011 355 2222 to request the mandatory additional registration pages applicable to this specific core business sector.

**Other, please specify _____

4.2 ANNUAL AVERAGE TURNOVER*

Indicate annual average turnover excluding Value Added Tax during the past three years:

1 _____ R 2 _____ R 3 _____ R

NB. DOCUMENTARY PROOF OF AUDITED ANNUAL FINANCIAL STATEMENT OR ORIGINAL AUDITORS LETTER OR SIGNED AFFIDAVIT MUST BE SUPPLIED

5. FINANCIAL DETAILS (BANKING)

Banking institution name	<input type="text"/>
Town / City	<input type="text"/>
Banking account number	<input type="text"/>
Account Type	<input type="text"/>
Account holders name	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (Cancelled Cheque / Bank Statement)

Business Sector (Tick One Box)

Agriculture	<input type="checkbox"/>	Mining and Quarrying	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Electricity, Gas and Water	<input type="checkbox"/>
Retail, Motor Trade and Repair Services	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Wholesale Trade, Commercial Agents & Allied Services	<input type="checkbox"/>	Community, Social & Personal Services	<input type="checkbox"/>
Catering, accommodation & other Trade	<input type="checkbox"/>	Transport, Storage and Communications	<input type="checkbox"/>
Finance and Business Services	<input type="checkbox"/>	Other	<input type="checkbox"/>

6. BUSINESS INFORMATION (MANDATORY FIELD) * *

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Amendment Bill pertaining to the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4.

If unsure of the applicable sector, please contact the Vendor Database Call Centre on 0861 225474

COLUMN 1	COLUMN 2		COLUMN 3		COLUMN 4	
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE		Total annual turnover TICK WHERE APPLICABLE		Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE	
Agriculture	MORE THAN 100	<input type="checkbox"/>	MORE THAN R 5m	<input type="checkbox"/>	MORE THAN R 5m	<input type="checkbox"/>
	LESS THAN 100	<input type="checkbox"/>	LESS THAN R 5m	<input type="checkbox"/>	LESS THAN R 5m	<input type="checkbox"/>
Mining and Quarrying	MORE THAN 200	<input type="checkbox"/>	MORE THAN R 39m	<input type="checkbox"/>	MORE THAN R 23m	<input type="checkbox"/>
	LESS THAN 200	<input type="checkbox"/>	LESS THAN R 39m	<input type="checkbox"/>	LESS THAN R 23m	<input type="checkbox"/>
Manufacturing	MORE THAN 200	<input type="checkbox"/>	MORE THAN R 51m	<input type="checkbox"/>	MORE THAN R 19m	<input type="checkbox"/>
	LESS THAN 200	<input type="checkbox"/>	LESS THAN R 51m	<input type="checkbox"/>	LESS THAN R 19m	<input type="checkbox"/>
Electricity, Gas and Water	MORE THAN 200	<input type="checkbox"/>	MORE THAN R 51m	<input type="checkbox"/>	MORE THAN R 19m	<input type="checkbox"/>
	LESS THAN 200	<input type="checkbox"/>	LESS THAN R 51m	<input type="checkbox"/>	LESS THAN R 19m	<input type="checkbox"/>
Construction	MORE THAN 200	<input type="checkbox"/>	MORE THAN R 26m	<input type="checkbox"/>	MORE THAN R 5m	<input type="checkbox"/>
	LESS THAN 200	<input type="checkbox"/>	LESS THAN R 26m	<input type="checkbox"/>	LESS THAN R 5m	<input type="checkbox"/>
Retail, Motor Trade and Repair Services	MORE THAN 100	<input type="checkbox"/>	MORE THAN R 39m	<input type="checkbox"/>	MORE THAN R 6m	<input type="checkbox"/>
	LESS THAN 100	<input type="checkbox"/>	LESS THAN R 39m	<input type="checkbox"/>	LESS THAN R 6m	<input type="checkbox"/>
Wholesale Trade, Commercial Agents & Allied Services	MORE THAN 100	<input type="checkbox"/>	MORE THAN R 64m	<input type="checkbox"/>	MORE THAN R 10m	<input type="checkbox"/>
	LESS THAN 100	<input type="checkbox"/>	LESS THAN R 64m	<input type="checkbox"/>	LESS THAN R 10m	<input type="checkbox"/>
Catering, accommodation & other Trade	MORE THAN 100	<input type="checkbox"/>	MORE THAN R 13m	<input type="checkbox"/>	MORE THAN R 3m	<input type="checkbox"/>
	LESS THAN 100	<input type="checkbox"/>	LESS THAN R 13m	<input type="checkbox"/>	LESS THAN R 3m	<input type="checkbox"/>
Transport, Storage and Communications	MORE THAN 100	<input type="checkbox"/>	MORE THAN R 26m	<input type="checkbox"/>	MORE THAN R 6m	<input type="checkbox"/>
	LESS THAN 100	<input type="checkbox"/>	LESS THAN R 26m	<input type="checkbox"/>	LESS THAN R 6m	<input type="checkbox"/>
Finance and Business Services	MORE THAN 100	<input type="checkbox"/>	MORE THAN R 26m	<input type="checkbox"/>	MORE THAN R 5m	<input type="checkbox"/>
	LESS THAN 100	<input type="checkbox"/>	LESS THAN R 26m	<input type="checkbox"/>	LESS THAN R 5m	<input type="checkbox"/>
Community, Social & Personal Services	MORE THAN 100	<input type="checkbox"/>	MORE THAN R 13m	<input type="checkbox"/>	MORE THAN R 6m	<input type="checkbox"/>
	LESS THAN 100	<input type="checkbox"/>	LESS THAN R 13m	<input type="checkbox"/>	LESS THAN R 6m	<input type="checkbox"/>

7.1 OWNERS AND SHAREHOLDERS

Explanation of abbreviations used in the following tables:

Capacity	
Director	D
Partner	P
Member	M
Proprietor	R
Other	O

Race Group	
Black	B
White	W
Coloured	C
Indian	I
Other	O

7.1 List all persons who are shareholders/owners in the business

NB Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied.

NB If a trust / holding company has ownership in the business, contact the GPG Vendor Database Call Centre for an alternative Page 7

NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF

OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED
(Multiple copies of this page may be submitted if required.)

First Name						
Surname						
Identification Number						
Percentage Share					%	
Capacity	D	P	M	R	O	
Gender					M	F
Race Group	B	W	C	I	O	
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)					Y	N
Were you a South African citizen on or before the 26 th of April 1994?					Y	N
Are you actively involved in the management and daily business operations of the business?					Y	N

First Name						
Surname						
Identification Number						
Percentage Share					%	
Capacity	D	P	M	R	O	
Gender					M	F
Race Group	B	W	C	I	O	
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)					Y	N
Were you a South African citizen on or before the 26 th of April 1994?					Y	N
Are you actively involved in the management and daily business operations of the business?					Y	N

7.2 PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

	MALE		FEMALE	
	Permanent	Temporary	Permanent	Temporary
BLACK				
COLOURED				
INDIAN				
WHITE				
OTHER				
DISABLED				

8. BEE INITIATIVES (Mark with X)

- 8.1 Does the company have an employment equity programme?

Y	N
- 8.2 How many permanent employees are at management level or can be classified as professional?
- 8.3 How many of the permanent staff that are management, or are professional, are previously disadvantaged?
- 8.4 How many people of the board and senior management are previously disadvantaged?
- 8.5 Have you formed alliances with BEE entities through partnering, joint ventures or other similar initiatives?

Y	N

Are the above alliances with?

- Listed Companies Private Companies Closed Corporations Partnerships Individuals

9. PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience?

Y	N

If yes, please complete the table below. List the last 2 contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.

Employer/Department	<input style="width: 100%;" type="text"/>		
Contact Person	<input style="width: 100%;" type="text"/>		
Contact Number	<input style="width: 100%;" type="text"/>		
Estimated Contract Value in Rands	R	<input style="width: 100%;" type="text"/>	
Year Awarded	<input style="width: 100px;" type="text"/>	Year Completed / Still in Progress	<input style="width: 100px;" type="text"/>

Proof documents attached?

Y	N

Employer/Department	<input style="width: 100%;" type="text"/>		
Contact Person	<input style="width: 100%;" type="text"/>		
Contact Number	<input style="width: 100%;" type="text"/>		
Estimated Contract Value in Rands	R	<input style="width: 100%;" type="text"/>	
Year Awarded	<input style="width: 100px;" type="text"/>	Year Completed / Still in Progress	<input style="width: 100px;" type="text"/>

Proof documents attached?

Y	N

10. CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT: -

1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have: -
 - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
 - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or
 - iii. Impose a penalty on the contractor as provided for in the relevant organisation's regulations.

SIGNED ON THIS _____ DAY OF _____ 200__ AT _____

(SIGNATURE)

IN HIS /HER CAPACITY AS

(PRINT NAME)

ON BEHALF OF THE (SUPPLIER'S NAME) _____

NB - Your Tax Clearance Certificate is only valid for a twelve (12) month period from the date of issue. You will be required to submit an updated original, valid Tax Clearance Certificate on, or before expiry of the currently housed Tax Clearance Certificate, to maintain your Verified status on the GPG Vendor Database and thereby ensure your eligibility to conduct business with the Gauteng Provincial Government.

Failure to do so will result in your immediate suspension on the database, to be uplifted only when a new certificate is submitted.

Commodity Group	Description of Commodity Group	Tick the applicable block/s	Commodity Group	Description of Commodity Group	Tick the applicable block/s
10000000	Live Plant, Animal Material, Accessories, Suppliers		47000000	Cleaning Equipment, Supplies	
11000000	Mineral, textile, Inedible Plant, Animal Materials		48000000	Service Industry Machinery, Equipment, Supplies	
12000000	Chemicals including Bio Chemicals, Gas Materials		49000000	Sports, Recreational Equipment, Supplies, Accessories	
13000000	Plastic, rubber, Foam, Film, elastomeric Materials		50000000	Food Beverage, Tobacco Products	
51000000	Drugs, Pharmaceutical Products		14000000	Paper Materials, Products	
52000000	Domestic Appliances, Supplies, Consumer Electronic Products		15000000	Fuels, Fuel Additives, Lubricants, Anti Corrosive Materials	
53000000	Apparel, Luggage, Personal Care Products		20000000	Mining, well Drilling Machinery, Accessories	
54000000	Timepieces, Jewelry, Gemstone Products		55000000	Published Products	
21000000	Farming, Fishing, Forestry, Wildlife Machinery, Accessories		52000000	Furniture, Furnishings	
22000000	Machinery and Accessories for Building and Construction		49000000	Musical Instruments, Games, Toys, Arts, Crafts, Educational	
23000000	Industrial Manufacturing, Processing Machinery, Accessories		70000000	Farming, Fishing, Forestry, Wildlife Contracting Services	
24000000	Material Handling, Conditioning, Storage Machinery, their Accessories and Supplies		71000000	Mining Oil, Gas Services	
72000000	Maintenance Services for Building Industry		25000000	Commercial, Military, Private Vehicles, their Accessories, Components	
73000000	Industrial Production, Manufacturing Services		76000000	Industrial Cleaning Services	
26000000	Power Generation, Distribution Machinery, Accessories		77000000	Environmental Services	
27000000	Tools, General Machinery		78000000	Transportation, Storage, Mail Services	
30000000	Structures, Building, construction, Manufacturing Components		80000000	Management, Business Professionals, Administrative Services	
31000000	Manufacturing Components, Supplies		32000000	Electronic Components, Supplies	
81000000	Research and Science Based Services		39000000	Electrical Systems, Lighting, components, Accessories, Supplies	
82000000	Editorial, Design, Graphic, Fine Art Services		83000000	Public Utilities, Public Sector Related Services	
84000000	Financial, Insurance Services		40000000	Distribution, Conditioning Systems, Equipment, Components	
85000000	Healthcare Services		86000000	Education, Training Services	
41000000	Laboratory, Measuring, Observing, Testing Equipment		42000000	Medical Equipment, Accessories, Supplies	
90000000	Travel, food, Lodging, Entertainment Services		43000000	Information Technology Communication, Computer Equipment	
91000000	Personal, Domestic Services		92000000	National defense, Public Order, Security, Safety Services	
44000000	Office Equipment, Accessories, Supplies		45000000	Printing, Photographic, Audio, Visual Equipment, Supplies	
93000000	Politics, Civic Affairs Services		94000000	Organisations, Clubs	
46000000	Defense, Law Enforcement, Security, Safety Equipment, Supplies		95000000	Sale of Redundant or Obsolete Items and Scrap	
91000000	Consultants				