



SMALL ENTERPRISE DEVELOPMENT AGENCY

a member of **the dti** group

DATABASE APPLICATION FORM

Reference Number: 2014/2015

NB: Should your FORM not be completed in full your APPLICATION will be rejected. Information in this questionnaire received will be treated with confidentiality.

COMPANY NAME: _____

COMPLETED BY: _____
Full name and Surname

DESIGNATION: _____

DATE: _____

TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER OF GOODS AND SERVICES ON THE PROCUREMENT DATABASE

All suppliers are herewith invited to register as an approved supplier on the database of the Small Enterprise Development Agency (Seda) as a member of the DTI.

In order to comply with the procedures set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999)(PFMA), seda's Procurement Department developed a supplier database to be used by the Procurement Department for the procurement of goods and services up to the value of R500 000.00 inclusive of VAT as stipulated in our policy.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to Seda.

It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

Attached please find an official application form to assist in registration on our database according to legislation. **It is imperative that suppliers read the application document carefully, complete it in full and sign it. Failure to do so will result in the application being rejected.**

When the form is duly completed please send to the following Postal address or hand deliver at the Physical address.

Office	Provincial Office	Seda Mangaung Branch	Seda Xhariep Branch	Seda Lejweleputswa Branch	Seda Thabo Mofutsanyana Branch	Seda Fezile Dabi Branch
Postal Address	P O Box 4165 Bloemfontein 9300	P O Box 4164 Bloemfontein 9300	P O Box 79 Trompsburg 9913	P O Box 2381 Welkom 9460	P O Box 1868 Bethlehem 9700	P O Box 1808 Kroonstad 9500
Physical Address	Telkom Building, Block B, First Floor, Nelson Mandela Drive, Bloemfontein	Shop 133 Bloem Plaza, Charles Street, Bloemfontein	Shop 2 & 5, 70 Voortrekker Street , Trompsburg	One Reinet Street, Reinet Building, Ground Floor, Welkom	Mampoi Road, Phuthaditjhaba	37 Buitekant Street , Kroonstad
Contact Number	(051) 411 3820	(051) 447 3281/2828	(051) 713 0363/ 0405	(057) 352 1870/ 1845	(058) 713 1689/ 1683	(056) 213 1809/1810

All application must be sent to the relevant address.

Attached the following:

- Valid original Tax Clearance Certificate
(Copy of Registration Certificate (CC or Pty Ltd), Articles of Association and Memorandum of Agreement.
- Company PROFILE including experience.
- Copies of SABS or any other rating or accreditation, certificates etc. where applicable.
- BBBEE Certificate

SUPPLIER DETAILS

Registered Name of the company:

Trading name of the company:

Company/ Close Corporation Registration Number:	VAT Registration Number:	Income Tax Reference Number:
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Telephone Number:	Fax Number:
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Web Address:	E-mail Address:
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Name of Contact Person:	Contact numbers Cell:
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Business Physical Address:	Postal Address:
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TYPE OF FIRM (Please ✓ the relevant box or boxes)

<input type="checkbox"/> Public Company (Ltd)	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership
<input type="checkbox"/> Private Company (Pty) Ltd	<input type="checkbox"/> Section 21 Company	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Closed Corporation (CC)	<input type="checkbox"/> Government/ Parastatals	<input type="checkbox"/> Consortium
<input type="checkbox"/> Other, (Specify)	<input type="checkbox"/> Joint Venture	

PARTICIPATION CAPACITY (Please ✓ the relevant box or boxes)

<input type="checkbox"/> Prime Contractor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Importer
<input type="checkbox"/> Sub-Contractor	<input type="checkbox"/> Repairer	<input type="checkbox"/> Exporter
<input type="checkbox"/> Supplier	<input type="checkbox"/> ISO Listed	<input type="checkbox"/> Distributor
<input type="checkbox"/> Services including Professional	<input type="checkbox"/> Sales	

SMALL, MEDIUM, MICRO ENTERPRISE (SMME) STATUS (Please ✓ the relevant box)

<input type="checkbox"/> Very Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large
<input type="checkbox"/> Small		

TOTAL NUMBER OF EMPLOYEES (Please ✓ the relevant box and state the number)

<input type="checkbox"/> Full Time	Number:	<input type="checkbox"/> Part Time	Number:
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LIST ALL PARTNERS, PROPRIETORS & SHAREHOLDERS AS INDICATED BELOW (COMPULSORY)

NAME AND SURNAME	IDENTITY NUMBER	CITIZENSHIP	DATE OF OWNERSHIP	% OF OWNERSHIP	SPECIFY SATUS IF HDI, WOMEN, OR DISABLED	% VOTING (In decision Making)

LIST AND IDENTIFY ANY ONWNER OR MANAGEMENT OFFICE BEARER WHO HAS OWNERSHIP INTEREST IN ANOTHER FIRM

NAME AND SURNAME	IDENTITY NUMBER	CITIZENSHIP	DATE OF OWNERSHIP	% OF OWNERSHIP	SPECIFY STATUS IF HDI, WOMEN OR DISABLED	% VOTING (In decision Making)

REFERENCES OF PREVIOUS CLIENTS

Company/ Institution Name						
Address						
Contact Person				Telephone:		
Value of contract	R			Date:		
Description of Work						
Company/ Institution Name						
Address						
Contact Person				Telephone:		
Value of contract	R			Date:		
Description of Work						
Company/ Institution Name						
Address						
Contact Person				Telephone:		
Value of contract	R			Date:		
Description of Work						

GENERAL (Complete where applicable)

- Did the firm exist under a previous name? YES/ NO
If YES, what was its previous name?
- Does your company/ any of its employees have a vested interest in seda, If so, state which Department within **SEDA** the said employee/s have such vested interest.
- Indicate as to whether any of the Partners, Proprietors & Shareholders is in the service of **SEDA** and/or the **DTI**, or has been in the service of **SEDA** and/or the **DTI** in the previous twelve months;

BANKING DETAILS

I/we hereby request and authorize you to pay any amounts which accrue to me/us to the credit of my/our bank account with the mentioned bank. I/we understand that the credit transfer hereby authorized will be processed by computer through a system known as **Electronic Funds Transfer** 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 issue bank statements.) I/we understand that a payment will be applied by **Seda** in the normal way, and that it will indicate the date on which funds will be available in my/our account.

Bank Account Name: _____

Name of Bank: _____

Branch Code & Name: _____

Account Number: _____

Type of Account: Cheque Savings Transmission

(Certified as correct by: **Bank Details**)

DATE STAMP OF BANK

Name and Surname: _____

Signature: _____

Designation: _____

Tel number: (_____) _____

Fax number: (_____) _____

I/We the undersigned acknowledge(s) that:

- The information furnished is true and correct
- The Equity Ownership claimed is in accordance with the General Conditions
- Any conflict of interest should be declared in writing
- An official Seda purchase order will be accepted
- Payment of any goods delivered or services rendered will be effected within 30 days from receipt of invoice.

NAME AND SURNAME:

SIGNATURE:
(DULY AUTHORISED TO SIGN)

ON BEHALF OF:
(Name of Organization)

ADDRESS:
.....
.....
.....

TELEPHONE NUMBER:

DATE:

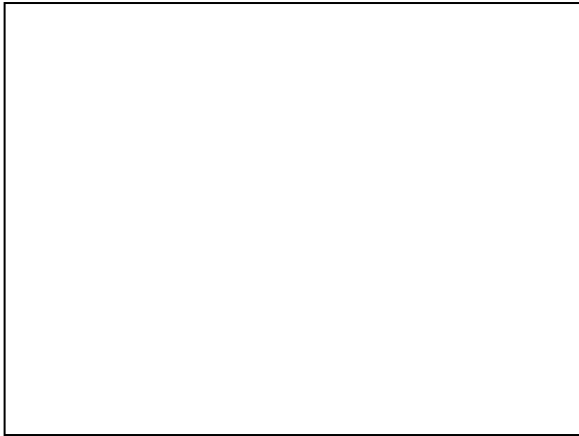
COMMISSIONER OF OATH:

SIGNATURE:

DATE:

STAMP:

(Failure of not having a stamp and signed by a Commissioner of Oath will invalidate your application)



(Only apply for the goods/services mentioned below)

	Descriptions: Good/Services	Tick the relevant box
1	Aquaculture Consultants	
2	Aqua-marine	
3	Bakeries: Set up and Training Providers	
4	Business Legislation	
5	Catering	
6	Co-operative Governance	
7	Craft: Product Development and Trends	
8	Cut, Make and Trim Providers	
9	Export Training Providers	
10	Feasibility Studies: Export/ Trade Points	
11	Food Safety Management System: ISO 22000	
12	Franchising	
13	Green Economy	
14	ISO/IEC 17025:2005	
15	Lean Manufacturing	
16	Mentorship	
17	Mineral Beneficiation Consultants	
18	Mobilization of Private Sector on SME	
19	Newspaper deliveries	
20	Plastic Fabrication	
21	Policy Analysis and Development	
22	Promotions of Entrepreneurship in Schools	
23	Quality Management Systems (QMS)	
24	Research Consultants	
25	Second hand scrap computers and printer buyers	
26	Supplier Development Programme	
27	Traditional Medicine Consultants	
28	Waste Management Consultants	
29	Sector cluster and network in organizing, facilitation consulting: Textiles, Agro Processing, Manufacturing (footwear, plastics, chemicals, leather, timber, wood products, metal fabrication)	
30	Strategic Planning, Organizing, Facilitation and Project Management in the following sectors: Textiles, Agro-processing, Manufacturing (footwear, plastics, chemicals, leather, timber, wood products, metal fabrication)	
31	Other - Specify:	