



Western Cape
Government

BETTER TOGETHER.

Registration User Guide: Western Cape Supplier Database (WCSD) Version 1.04 Nov 2013

Administered By



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1. Compulsory Registration on the WCSD

Ariba, on behalf of Western Cape Government, is responsible for populating and maintaining the WCSD. This supplier database serves to enable the effective implementation of the Preferential Procurement Policies. These policies are in line with the Preferential Procurement Policy Framework Act (PPFA) No. 5 of 2000, the Broad Based Black Economic Empowerment Act, (B-BBEE Act), No 53 of 2003, and the Regulations pertaining to these Acts. In terms of the latest Regulations forth-flowing from these Acts, preference points are allowed in accordance with the scores obtained for price and B-BBEE status level of companies, accompanied by an original certified copy of a signed Preference Point Claim form (WCBD 6.1).

Registration on the WCSD effective **immediately**, is a **compulsory requirement** to conduct business with **Western Cape Government (WCG)**. To this end, WCG Departments reserve the right to reject offers from businesses not registered, verified and maintained on the Western Cape Supplier Database. This includes those registered businesses whose Tax Clearance Certificates have expired and who have not submitted an original certified copy of the newly required Declaration of Interest (WCBD 4).

2. Points to remember when completing the WCSD registration form

1. Registrations forms are to be completed in BLACK PEN only.
2. Only original registration forms will be accepted (your completed registration form CANNOT be faxed or e-mailed)
3. Please note that that posted documents take longer for delivery than couriered or hand delivered documents
4. Please allow a minimum of 7 working days for Ariba to process COMPLETED, COMPLIANT registration forms – please take this into account when registering prior to quote / bid submission.
5. Queries – Should you have any related queries or if you require assistance completing the registration form, please contact:

Western Cape Supplier Database Helpdesk:

Tel: 021 – 6804666 or 0861 CALLSS (0861 22 5577)

Fax: 086 132 9873

Email: supplierdatabase@ariba.com

www.Ariba.com

Postal Address: Ariba, PO Box 1207, Cape Town, 8000

Physical Address: SAP Africa, 4 Waterford Place, 2nd Floor, Century City, Cape Town, 7441

6. **Required documentation** – Please refer to table on page 6 to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies and originals, 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.
7. **Sequence of gathering supporting documentation** – Ariba recommends that the following sequence is adhered to when gathering documents: (1) Company Registration - CIPC (2) Proof of Banking - original page 5 of the registration document (3) Department of Labour documents (Workman's Compensation, UIF) (4) SARS documents (VAT, PAYE, Income Tax Registration) (5) SARS – Tax Clearance Certificate (6) B-BBEE Rating Certificate including a Preference Points Claim form (WCBD 6.1), (7) Declaration of Interest (WCBD 4)
8. **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.
9. **Certified Documents** – Please ensure that a Person of Authority i.e. Commissioner of Oaths has certified your documents as outlined in the table below and the sample registration form. **Original Certified Documents.** Please ensure that a Person of Authority i.e. Commissioner

of Oaths has certified your B-BBEE Rating Certificate and Declaration of Interest. This document can only be posted, couriered or hand delivered as the original certified and completed documents are required.

- 10. An original completed WCBD 6.1 form should be completed and submitted with your original registration form.**
- 11. 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 WCSD, please ensure that Ariba is always in possession of a valid Tax Clearance Certificate.
- 12. Please ensure that all other taxes that you are registered for are specified on your Tax Clearance Certificate. No other proof of VAT, UIF or PAYE will be accepted.**
- 13. 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 certified registration certificates with an official seal of the Registrar of Co-operatives must be submitted.
- 14. 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).
- 15. Certificate of Correctness (page 7)** – Please ensure that you complete and submit the Certificate of Correctness with every submission of new and banking amended information and documents. The Certificate of Correctness must be signed and dated by a person of authority within your company i.e. CEO, Director or shareholder. and an original certified copy of the identity document of the signatory must be submitted.
- 16. Proof of Banking** - Ensure that your page 5 of the registration form is stamped and completed by your banking institution as confirmation of your banking details.
- 17. Processing of registration** – Your **COMPLETED** registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database 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 up to 7 working days.** Once your registration has been included on the Western Cape Supplier Database your details will be accessible to procurement officials in Western Cape Government.
- 18. 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 Western Cape Supplier Database Helpdesk immediately of any changes to the verified information submitted. **Suspension on the Western Cape Supplier Database – Please note that your company will be suspended on the Western Cape Supplier Database should the validity of your Tax Clearance Certificate, and Declaration of Interest expire. Both these documents are only valid for 12 months; Ariba will send you prior notification 30 days prior to expiry and suspension notification upon expiry.**

3. Documents required for Various Business Types

Western Cape Supplier Database										
DOCUMENTS REQUIRED FOR VARIOUS BUSINESS TYPES										
BUSINESS TYPE (Western Cape 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	Address	Telephone
Company Registration (Certified Copy)	NA	Registration Certificate	Certificate of Incorporation CK1 / CK2	Partnership agreement	Certificate of Incorporation CMS	Letter of Authority / Trust agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies	The DTI Campus Block F (Enfufukweni) 77 Meintjies Street Sunnyside, Pretoria	012-310 8789 Customer Care 086 184 3384
Identity Document for Certificate of Correctness Signatory (Original Certified Copy)	Page 7 Signatory	Page 7 Signatory	Page 7 Signatory	Page 7 Signatory	Page 7 Signatory	Page 7 Signatory	Page 7 Signatory			
Proof of Banking	Bank Stamp and signature on (Pg 5).	Bank Stamp and signature on (Pg 5).	Bank Stamp and signature on (Pg 5).	Bank Stamp and signature on (Pg 5).	Bank Stamp and signature on (Pg 5).	Bank Stamp and signature on (Pg 5).	Bank Stamp and signature on (Pg 5).	Branch of bank where account is held		
An Original valid Tax Clearance Certificate	For the owner and the trade name should be specified.	For the co-operative and the trade name should be specified if different to the registered name of the Co-Operative	For the Close Corporation an the trade name should be specified if different to the registered name of the company.	For each individual partner and the trade name should be specified for each individual shareholder.	For the company and the trade name should be specified if different to the registered name of the company	For the trust and the trade name should be specified if different to the registered name of the trust	For the company and the trade name should be specified if different to the registered name of the NPO	Receiver of Revenue (SARS)	17 Lower Long Street, Cape Town	086 0121 218
B-BBEE Rating Certificate (Original Certified copy)	BBBEE Rating Certificate or EME Certificate if annual turnover is <R5m.	BBBEE Rating Certificate or EME Certificate if annual turnover is <R5m for the Co-Operative	BBBEE Rating Certificate or EME Certificate if annual turnover is <R5m for the company / CC	BBBEE Rating Certificate or EME Certificate if annual turnover is <R5m for the Partnership	BBBEE Rating Certificate or EME Certificate if annual turnover is <R5m for the company	BBBEE Rating Certificate or EME Certificate if annual turnover is <R5m for the Trust	BBBEE Rating Certificate or EME Certificate if annual turnover is <R5m for the NPO	SANAS Approved Rating Agencies		
Declaration of Interest WCBD 4 (Original)	For the owner of the business	For the Co-Operative	For the company / CC	For the Partnership	For the company	For the Trust	For the NPO			
Preference Points Claim Form WCBD 6.1 (Original)	For the owner of the business	For the Co-Operative	For the company / CC	For the Partnership	For the company	For the Trust	For the NPO			
VAT Registration number to appear on the TCC	Yes, if applicable. If VAT registered must be indicated on Tax Clearance Certificate	Based on turnover exceeding R1 000 000. If not indicated on Tax Clearance Certificate	If not indicated on Tax Clearance Certificate	If not indicated on Tax Clearance Certificate	If not indicated on Tax Clearance Certificate	If not indicated on Tax Clearance Certificate	If not indicated on Tax Clearance Certificate	Receiver of Revenue (SARS)	OR: Teddington Road, Bellville	086 0121 218
U.I.F Registration number to appear on the TCC	Do you have staff working for more than 24 hours per week, if YES, please indicated this number on the Tax Clearance Certificate	Do you have staff working for more than 24 hours per week, if YES, please indicated this number on the Tax Clearance Certificate	Do you have staff working for more than 24 hours per week, if YES, please indicated this number on the Tax Clearance Certificate	Do you have staff working for more than 24 hours per week, if YES, please indicated this number on the Tax Clearance Certificate	Do you have staff working for more than 24 hours per week, if YES, please indicated this number on the Tax Clearance Certificate	Do you have staff working for more than 24 hours per week, if YES, please indicated this number on the Tax Clearance Certificate	Do you have staff working for more than 24 hours per week, if YES, please indicated this number on the Tax Clearance Certificate	Department of Labour (sole proprietors)	c/o Parade & Barrack Street, Thomas Boydell Building, Cape Town	021-460 5103
Security Officer's Board Certificate (Certified Copy)	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			
Contractors Registration Certificate (Issued by the CIDB) (Certified Copy)	Applicable to construction industry only	Applicable to construction industry only	Applicable to construction industry only	Applicable to construction industry only	Applicable to construction industry only	Applicable to construction industry only	Applicable to construction industry only			
Deliver documents to:	Physical Address: 1st Floor Liesbeeck House, Liesbeeck Parkway, Mowbray									
	Postal Address: P.O Box 1207, Cape Town 8000									

4. Preference Points

Should you wish to claim Preference Points, kindly submit an original certified copy of your valid B-BBEE Rating certificate or EME letter, if applicable (fax or email copy will not be accepted). When you submit a valid B-BBEE, an original signed Preference Point Claim form (WCBD 6.1) is also required (fax or email copy will not be accepted). Should you require a WCBD 6.1 form, please contact the Western Cape Supplier Database Helpdesk.

Should your BEE status change following submission of your B-BBEE Rating Certificate and WCBD 6.1 form, the onus is on the supplier to notify the Western Cape Supplier Database of these changes.

When submitting a B-BBEE certificate or an Emerging Micro Enterprise (EME) letter, applicable to entities with an annual average turnover below R 5 million, please take note of the following:

- The verification agency used must be accredited by the South African National Accreditation System (SANAS) or;

- Registered Auditors issuing an EME letter must be approved by the Independent Regulatory Board of Auditors (IRBA) in accordance with the approval granted by the Department of Trade and Industry (the dti).
 - Should you require a sample template of the format in which the EME letter should be drafted, please contact the Western Cape Supplier Database Helpdesk
- An original certified copy of either the B-BBEE certificate or the EME letter, if applicable, must be submitted.

In line with the Preferential Procurement Policy Framework Regulations, (issued in terms of Act No. 5 of 2000), effective 7 December 2011, only bidders with B-BBEE rating certificates issued by a verification agency accredited by South African Accreditation System (SANAS) or EME letters issued by registered auditors approved by the Independent Regulatory Board of Auditors (IRBA), accompanied by an original, signed Preference Point Claim form (WCBD 6.1), will be eligible to claim preference points.

5. Tax Clearance Certificate

This document 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 WCSD. You can apply for an updated TCC from SARS 1 month prior to the expiry of the current one. Have you attached an original valid Tax Clearance Certificate? Upon submitting an updated Tax Clearance Certificate please ensure you have included a WCBD4 form (required each time your Tax Clearance Certificate expires), obtainable from Ariba, as well as any other information that has changed in your company, so your profile can be updated.

Completing the WCSD Registration Form

The **original**, duly completed, registration form with accompanying documentation must be submitted to:

Ariba
 SAP Africa, 4 Waterford Place, 2nd Floor, Century City, Cape Town
Ariba
 PO Box 1207, Cape Town, 8000

PLEASE KEEP COPIES OF THIS REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS

REMEMBER: Registrations forms are to be completed in BLACK PEN only.

SAMPLE REGISTRATION FORM:

Name of Business

A	B	C		S	U	P	P	L	I	E	S									
A	B	C																		

Trading Name

NB – Your completed original registration form must be accompanied by the supporting documents listed below:

	Y	N	N/A
Company Registration Document (Certified Copy) <i>Obtainable from CIPC</i>			
An Original Valid Tax Clearance Certificate (TCC) <i>Obtainable from SARS</i>			
VAT Registration number to appear on the TCC if VAT registered			
U.I.F Registration number to appear on the TCC if registered for U.I.F			
Security Officer’s Board Certificate (applicable to security services only) (Copy) <i>Obtainable from Security Officer’s Board</i>			
Contractors Registration Certificate (applicable to construction industry only) (Copy) <i>Obtainable from CIDB</i>			
Co-Operatives – Registration Certificate (Certified Copy) <i>Obtainable from CIPC</i>			
B-BBEE Rating Certificate (Certified copy) <i>Obtainable from a SANAS accredited verification agency</i> <i>Or if turnover is less than R5m per annum the EME letter from a registered account/auditor.</i> <i>An example of the EME letter format is available upon request from Ariba.</i>			
Declaration of Interest – WCBD 4 (Original) <i>Addition to this registration form</i>			
Identity Document for Certificate of Correctness Signatory (Original Certified Copy)			
Preference Point Claim Form - WCBD 6.1 (Original) <i>Addition to this registration form</i>			

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	
PRIVATE COMPANY (PTY) LTD	
CO-OPERATIVE	
CLOSE CORPORATION CC	X
SOLE PROPRIETOR	
PARTNERSHIP	
BUSINESS TRUST	
OTHER _____	

Please specify your business type

This number appears on your company registration document, but is not applicable to sole proprietors and partnerships

1.2 Company, CK Number

2	0	1	1	2	3	4	5	6	7	2	3			
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

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
X		

1.3 VERIFICATION OF BANKING

Bank stamp and signature (page 5)

Has the bank stamped and signed page 5 of this document?

Original stamp and signature is required from your bank on this document

Y
X

1.4 VAT REGISTRATION

VAT Registration No. *as reflected on TCC certificate*

4	4	4	3	3	3	1	0	2	3			
---	---	---	---	---	---	---	---	---	---	--	--	--

This reference number must appear on your TCC if your company is VAT registered

Y	NA
X	

1.5 TAX CLEARANCE CERTIFICATE

Income Tax Registration number *as reflected on TCC certificate*

9	1	2	3	4	5	6	7	8	9			
---	---	---	---	---	---	---	---	---	---	--	--	--

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 WCSD. You can apply for an updated TCC from SARS 1 month prior to the expiry of the current one. Have you attached an original valid Tax Clearance Certificate?

Y	NA
X	

1.6 UNEMPLOYMENT INSURANCE FUND

Unemployment Insurance fund No.

As reflected on TCC certificate

This reference number must appear on your TCC if you have staff working more than 24 hours per week

U	9	9	9	9	9	9	9	9	9	9		
---	---	---	---	---	---	---	---	---	---	---	--	--

1.7 SECURITY OFFICERS BOARD REGISTRATION NO (MANDATORY, IF APPLICABLE)

Security officers board registration No.

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

Have you attached a certified copy of your Security Officers Board Registration document?

7	2	3	4	9							
---	---	---	---	---	--	--	--	--	--	--	--

This reference number will appear on your SOB certificate obtainable from Security Officers Board

Y	NA
X	

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

CIDB Contractors registration No.

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

Have you attached your CIDB Contractors Registration Certificate?

4	7	8	1	5	6						
---	---	---	---	---	---	--	--	--	--	--	--

This reference number will appear on your CIDB certificate obtainable from CIDB

Y	NA
X	

1.9 CO-OPERATIVES

T = Tertiary, S= Secondary or P = Primary

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

T	S	P
X		
Y	N	
X		

This document is obtainable from CIPC

Have you attached a certified copy of your Co-operative registration document?

1.10 B-BBEE RATING CERTIFICATE

This document is obtainable from a SANAS accredited agency verification

Please note – Should you not submit this document, your registration will be processed BUT you WILL NOT be allocated any preference points when quoting. Similarly preference points will not be allocated if not accompanied by a WCBD 6.1

Y	N
X	

Have you attached an ORIGINAL CERTIFIED COPY of the B-BBEE Rating Certificate?

Please select the relevant status below and attach the relevant document:

Valid BEE Certificate		EME Certificate	X	Letter / proof from agency that application has been submitted to BEE verification agency (no preference points allocated)		Letter from agency that the supplier is in process of BEE verification (no preference points allocated)	
		This document is obtainable from a SANAS accredited verification agency or an accredited accountant or auditor					

1.11 Preference Points Claim Form (WCBD 6.1)

Have you completed and attached an ORIGINAL Preference Points Claim form?

This is a mandatory document and is required along with your B-BBEE certificate to be eligible to claim your preference points. Validity of this document is aligned with the expiry of your B-BBEE certificate.

Y
X

1.11.1 Will you be claiming preference points for every RFQ and formal bid submitted to WCG for the duration of the validity period of the signed WCBD 6.1?

Please select your response in order to be awarded your preference points in line with your B-BBEE Certificate submitted

Y	N
X	

1.12 DECLARATION OF INTEREST (WCBD 4)

Have you completed and attached the ORIGINAL Declaration of Interest Form?

This is a mandatory document and is attached to this registration form. Validity of this document is aligned with expiry of TCC and thereafter valid for 12 months

Y
X

1.12 IDENTITY DOCUMENT

Have you attached an original certified copy of the ID of the authorised signatory who signed the Certificate of Correctness (Page 7)?

An original certified copy of ID of the authorised signatory

Y
X

This is mandatory information; ALL fields must be completed with one letter per block please

2. BUSINESS PARTICULARS

2.1 Name of Business

A	B	C		S	U	P	P	L	I	E	S		C	C										
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--	--	--

2.1.1 Business Trading Name

A	B	C																					
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.2 Head Office

Postal address

P	O			B	O	X			1	2	0	7												
City				C	A	P	E		T	O	W	N								Code	8	0	0	0
Province				W	E	S	T	E	R	N		C	A	P	E									

2.1.3 Head Office

Physical address

1			K	O	E	K	E	M	O	E	R		S	T	R	E	E	T						
City				C	A	P	E		T	O	W	N								Code	8	0	0	1
Province				W	E	S	T	E	R	N		C	A	P	E									
Municipal Area				C	A	P	E		M	E	T	R	O	P	O	L								

2.1.4 Head Office Telephone No.

0	2	1	1	2	3	4	5	6	7														
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.5 Head Office Fax No.

0	2	1	7	6	5	4	3	2	1														
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.6 Head Office E-mail Address

A	B	C	@	G	M	A	I	L	.	C	O	M											
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

2.1.7 Contact Person for correspondence

Title

M	R					First Name		I	A	N												
---	---	--	--	--	--	------------	--	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Surname

P	A	L	M	E	R																	
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone

0	2	1	1	2	3	4	5	6	7													
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail Address

A	B	C	@	G	M	A	I	L	.	C	O	M										
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Fax Number

0	2	1	7	6	5	4	3	2	1													
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell No.

0	8	4	1	2	3	4	5	6	7													
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.8 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		
Fax	F	
E-mail	E	X

**This is mandatory information;
ALL fields must be completed with
one letter per block please**

3. BRANCHES, SALES AND ACCOUNTS DEPARTMENTS

3.1 Sales Department

Contact Name	I	A	N		P	A	L	M	E	R													
Telephone	0	2	1	1	2	3	4	5	6	7													
Email Address	A	B	C	@	G	M	A	I	L	.	C	O	M										
Fax No.	0	2	1	1	2	3	4	5	6	7		Cell No	0	8	4	1	2	3	4	5	6	7	

3.2 Accounts Department

Contact Name	J	O	E		S	O	A	P															
Telephone	0	2	1	1	2	3	4	5	6	7													
Email Address	J	O	E	@	G	M	A	I	L	.	C	O	M										
Fax No.	0	2	1	2	2	2	3	3	3	3		Cell No	0	7	3	2	3	4	5	6	7	8	

3.3 Branches

Y	N
	X

Do you have any other branches in this region?

If yes, kindly complete 3.3 below, if no, indicate not applicable

Multiple copies of this page may be submitted if required.

Name / Area	A	B	C		S	U	P	P	L	I	E	S		C	C								
Physical Address	2	0		M	A	I	N		R	O	A	D											
	R	A	N	D	B	U	R	G															
City	J	O	H	A	N	N	E	S	B	U	R	G					Code	7	0	0	0		
Province	G	A	U	T	E	N	G																
Telephone	0	1	1	2	3	4	5	6	7			Fax	0	1	1	2	3	4	0	0	0		

Name / Area	N	O	T		A	P	P	L	I	C	A	B	L	E									
Physical Address																							
City																	Code						
Province																							
Telephone												Fax											

Name / Area	N	O	T		A	P	P	L	I	C	A	B	L	E									
Physical Address																							
City																	Code						
Province																							
Telephone												Fax											

Name / Area	N	O	T		A	P	P	L	I	C	A	B	L	E									
Physical Address																							
City																	Code						
Province																							
Telephone												Fax											

Please specify your field of business.

4.1 CORE BUSINESS OPERATION (MANDATORY FIELD)* *

(Mark with X in applicable fields)

Prime Contractor	<input type="checkbox"/>	Sub-Contractor (less than 25 % generated turnover as prime contractor)	<input type="checkbox"/>	Labour-only 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"/>

**Other, please specify _____

For more detail relating to your classification on the WCSD and commodity grouping, pages 8 and 9A, B and C of this registration form must also be completed.

5.1 ANNUAL AVERAGE TURNOVER

Indicate annual average turnover excluding Value Added Tax during the past three years (if applicable):

1 _____ R _____ 2 _____ R _____ 3 _____ R _____

5.2 FINANCIAL DETAILS (BANKING)

Should your company have been in existence for less than 3 years, only complete the information for the relevant years. These fields are not applicable if your company was registered with SARS or CIPC in the last 12 months

Banking institution name	F	N	B																
Branch	M	O	W	B	R	A	Y												
Branch Code	0	2	0	0	1														
Town / City	C	A	P	E		T	O	W	N										
Banking account number	1	2	3	4	5	6	6	7											
Account holders name	A	B	C			S	U	P	P	L	I	E	S						
Account Type	C	H	E	Q	U	E													

NB. MANDATORY REQUIREMENT

This info is mandatory and serves as verification of your banking details by your bank

The template below must be completed, signed and stamped by your Bank to validate the financial data above.

<u>DATE STAMP OF BANK</u>	<u>FOR COMPLETION BY BANK OFFICIAL</u>
	<u>Bank Official's Detail</u>
	Name <input type="text"/>
	ID Number <input type="text"/>
	Signature <input type="text"/>
	Branch <input type="text"/>
	Tel Nr <input type="text"/>
	<u>Supplier's Detail</u>
	Account nr <input type="text"/>
	Branch Code <input type="text"/>

Please ensure that ALL shareholders are listed below. NB- the total shares must be 100%

6.1 OWNERS AND SHAREHOLDERS

List all persons who are shareholders/owners in the business
Multiple copies of this page may be submitted, as needed.

Name of Holding company/trust																	
Percentage Share																%	
First Name																	
Surname																	
Identification Number																	
Percentage Share																%	
Gender														M	F		
Race Group														A	C	I	W
Disabled														Y	N		

First Name																	
Surname																	
Identification Number																	
Percentage Share																%	
Gender														M	F		
Race Group														A	C	I	W
Disabled														Y	N		

Explanation of abbreviations:

Race Group	
African	A
Coloured	C
Indian	I
White	W

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

6.2 PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

	MALE		FEMALE	
	Permanent	Temporary	Permanent	Temporary
AFRICAN				
COLOURED				
INDIAN				
WHITE				
DISABLED				

7. CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I, THE UNDERSIGNED, WHO WARRANTS THAT I AM DULY AUTHORISED ON BEHALF OF THE SUPPLIER TO CERTIFY THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT IN ITS SEMI-COMPLETE, COMPLETE AND AMENDED STATES, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE WITH THE DATE OF VERIFICATION DATE AS THE EFFECTIVE DATE 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 (Western Cape Government) 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 _____ 201_____

AT _____

(SIGNATURE)

IN HIS /HER CAPACITY AS

(PRINT NAME)

ON BEHALF OF THE
(SUPPLIER'SNAME)_____

NB- this is mandatory information and must be completed by a person with signing authority within your company and must be supported by an original certified copy of the signatory's ID. Please note that should your bank details in future change you will be required to submit an updated Certificate of Correctness with a duly completed page 5.

IMPORTANT NOTICE

Your Tax Clearance Certificate and B-BBEE Rating 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 and an original valid certified copy of the B-BBEE Rating Certificate on or before the expiry of the currently housed Certificates, as well as an updated Declaration of Interest (WCBD 4) and Preference Points Claim Form (WCBD 6.1)

As a valid Tax Clearance Certificate and Declaration of Interest (WCBD 4) are mandatory requirements to conduct business with the Western Cape Government, failure to submit these will result in your immediate suspension on the WCSD, only to be lifted when the relevant valid documentation are submitted. Whilst in suspension, companies will be regarded as non-compliant and no quotes or tenders of such companies will be considered.

Please complete these fields with a detailed description of goods and/or services provided by your company. This will aid Ariba in linking your company to the correct commodities you provide

8. CLASSIFICATION ON WESTERN CAPE SUPPLIER DATABASE

IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

Tick the appropriate block to indicate the correct classification of your company as a service provider:

Goods & Services	<input type="checkbox"/>	Engineering & Construction	<input type="checkbox"/>	Built Environment Consultant / Professional Service Provider	<input type="checkbox"/>	Education, Training & Development	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>
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To assist us in the categorization process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specialisations.

Our core business is:

Key Words:

Specializations:

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 and Animal Material and Accessories and Supplies		50000000	Food Beverage and Tobacco Products	
11000000	Mineral and Textile and Inedible Plant and Animal Materials		51000000	Drugs and Pharmaceutical Products	
12000000	Chemicals including Bio Chemicals and Gas Materials		52000000	Domestic Appliances and Supplies and Consumer Electronic Products	
13000000	Resin and Rosin and Rubber and Foam and Film and Elastomeric Materials		53000000	Apparel and Luggage and Personal Care Products	
14000000	Paper Materials and Products		54000000	Timepieces and Jewelry and Gemstone Products	
15000000	Fuels and Fuel Additives and Lubricants and Anti corrosive Materials		55000000	Published Products	
20000000	Mining and Well Drilling Machinery and Accessories		56000000	Furniture and Furnishings	
21000000	Farming and Fishing and Forestry and Wildlife Machinery and Accessories		60000000	Musical Instruments and Games and Toys and Arts and Crafts and Educational Equipment and Materials and Accessories and Supplies	
22000000	Building and Construction Machinery and Accessories		70000000	Farming and Fishing and Forestry and Wildlife Contracting Services	
23000000	Industrial Manufacturing and Processing Machinery and Accessories		71000000	Mining and oil and gas services	
24000000	Material Handling and Conditioning and Storage Machinery and their Accessories and Supplies		72000000	Building and Facility Construction and Maintenance Services	
25000000	Commercial and Military and Private Vehicles and their Accessories and Components		73000000	Industrial Production and Manufacturing Services	
26000000	Power Generation and Distribution Machinery and Accessories		76000000	Industrial Cleaning Services	
27000000	Tools and General Machinery		77000000	Environmental Services	
30000000	Structures and Building and Construction and Manufacturing Components and Supplies		78000000	Transportation and Storage and Mail Services	
31000000	Manufacturing Components and Supplies		80000000	Management and Business Professionals and Administrative Services	
32000000	Electronic Components and Supplies		81000000	Engineering and Research and Technology Based Services	
39000000	Electrical Systems and Lighting and Components and Accessories and Supplies		82000000	Editorial and Design and Graphic and Fine Art Services	
40000000	Distribution and Conditioning Systems and Equipment and Components		83000000	Public Utilities and Public Sector Related Services	
41000000	Laboratory and Measuring and Observing and Testing Equipment		84000000	Financial and Insurance Services	
42000000	Medical Equipment and Accessories and Supplies		85000000	Healthcare Services	
43000000	Information Technology Broadcasting and Telecommunications		86000000	Education and Training Services	
44000000	Office Equipment and Accessories and Supplies		90000000	Travel and Food and Lodging and Entertainment Services	
45000000	Printing and Photographic and Audio and Visual Equipment and Supplies		91000000	Personal and Domestic Services	
46000000	Defense and Law Enforcement and Security and Safety Equipment and Supplies		92000000	National Defense and Public Order and Security and Safety Services	
47000000	Cleaning Equipment and Supplies		93000000	Politics and Civic Affairs Services	
48000000	Service Industry Machinery and Equipment and Supplies		94000000	Organizations and Clubs	
49000000	Sports and Recreational Equipment and Supplies and Accessories		95000000	Land and Buildings and Structures and Thoroughfares	