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## SUPPLIER REGISTRATION FORM

**For Enquiries Contact:**

**Samuel Thobela  
Procurement**

**TEL: (013) 752 6839**

**FAX: (013) 755 2618**

**EMAIL: [Samuel.thobela@silulumanzi.com](mailto:Samuel.thobela@silulumanzi.com)**

**16 NEL STREET**

**P.O. BOX 12753**


**NELSPRUIT**

**NELSPRUIT**

**1200**

**1200**

<b>MOTIVATION FOR NEW SUPPLIER</b>	
<p><b>Name:</b> _____ <b>Surname:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	
<b>FOR OFFICE USE ONLY!</b>	
Date Received:	Date Processed:
<b>CHECKED AND CAPTURED BY:</b>	
Signature:	Surname & Initials:
Assigned Supplier Number:	
SAP Supplier Name:	
Company Registration No:	


 <b>silulumanzi</b> <small>A SAWW Company</small>	<b>Document or Record No.</b>	FIN-PROC-02	Revision No	04
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## INTRODUCTION

Silulumanzi hereby invites current and prospective suppliers to apply to be verified and registered on the Company Supplier Database. Henceforth, Silulumanzi will not do business with suppliers that are not validated and registered on the database with a valid vendor number. Suppliers currently doing business with Silulumanzi must reapply in terms of this new process.

### Instructions to Suppliers:

1. The application forms must be completed in full.
2. All the required and supporting documentations must be submitted jointly with the form. Company profiles and brochures are also welcome.
3. Failure to submit supporting and requested information will lead to your company not being registered.
4. The Required Information section on page 4 is an indication of what information is required for your business to be verified and registered without delays.
5. The Checklist for Silulumanzi Officials section on page 5 is not to be completed by Suppliers.
6. Business Registration and Business Information sections on pages 6 to 12 are pre-requisites for registration and therefore must be completed in full. Failure to complete this section will lead to your business not being registered.
7. It is compulsory to complete Products and/or Services section on page 9-11. Please tick in the appropriate box. This section will enable Silulumanzi to grant your company an opportunity to submit quotations or tenders whenever the opportunities arise. Silulumanzi will still invite tenders through public media. Failure to provide Products and/or Services indicated by your company will result in immediate removal from the database.
8. Trade Experience section on page 11 must be completed in full to give Silulumanzi an understanding of whether your firm has experience of supplying the products and services your firm is applying for. Lack of experience will not necessarily lead to your firm not being verified or registered.
9. Declaration by business on page 12 is compulsory and must be completed in full by all suppliers. Failure to comply with the requirement will lead to your company not being registered.
10. Silulumanzi reserves the right to validate all information supplied and any misrepresentation of facts may lead to disqualification and potentially being restricted to do business with Silulumanzi in future.
11. A duly completed form together with supporting documentation must be submitted to the address indicated on the front page.
13. For assistance on how to complete the form or any other query related to this process please contact the Procurement section on (013) 752 6839.
14. Silulumanzi will inform suppliers of the status of their application in writing/email.

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### REQUIRED DOCUMENTS

Documents Required	<b>Business</b>						<b>Institutions</b>
	<b>Sole Proprietor</b>	<b>Corporations Close</b>	<b>Type Partnerships</b>	<b>Company Public / Private</b>	<b>Business Trust</b>	<b>Non-Profit Organisation</b>	
<b>1. Company Registration (Certified Copies)</b>	N/A	Certificate of CK1 / CK2 incorporation	Duly Signed Partnership agreement	Certificate of Incorporation COR 14.1 & Auditors Confirmation Letter	Deed of Trust Agreement	Certificate of Incorporation Section 21	Registrar of Close Corporation & Companies
<b>2. Latest Rates and Taxes Statement or lease agreement (Municipal/ Silulumanzi Account)</b>	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	Local Authority
<b>3. Valid Pin Tax Certificate</b>	For the owner of the business	For the company	For the partnership	For the company	For the trust	For the NPO / Proof of Exemption	Receiver of Revenue (SARS)
<b>4. Certified Copy of ID ( not Older than 3 months)</b>	Clear copy of Identity Document of owner	Clear copy of Identity Document of members	Clear copy of Identity Document of partners	N/A	Clear copy of Identity Document of trustees	Clear copy of Identity Document	
<b>5. Broad-Based Black Economic Empowerment Compliance</b>	Valid BEE Certificate	Valid BEE Certificate	Valid BEE Certificate	Valid BEE Certificate/ Sworn Affidavit	Valid BEE Certificate	Valid BEE Certificate	

**Important notes;**

Validity of documents; **BEE certificate:** not older than 12 months, **Proof of banking:** Should be provided on relevant bank letterhead (not older than six months from the date of issue), **Tax Clearance certificate:** A valid Tax Clearance Certificate (not older than 12 months)



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**CHECK LIST FOR SILULUMANZI OFFICIAL**

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**FOR OFFICIAL PURPOSES ONLY:**

**BUSINESS NAME:** \_\_\_\_\_

**REGISTRATION NUMBER:** \_\_\_\_\_

<b>DOCUMENTS ATTACHED</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
1. Company Registration (Certified Copies)			
2. Proof of Ownership			
3. Proof of address			
4. Proof of Banking (Letter from the Bank)			
5. Pin Tax Certificate			
6. Certified Copy (ID)			
7. Valid BEE Certificate / Sworn Affidavit			
8. Proof of UIF and COIDA			
9. Health and Safety file (Dependent on the project)			

**Checked By:** ..... **Date:** .....

## 1. COMPULSORY REQUIREMENTS

### BUSINESS REGISTRATION DETAILS

**NB: Documentary proof must be provided (please mark relevant box)**

#### 1.1 TYPE OF BUSINESS ENTITY

<b>PUBLIC COMPANY LTD</b>		Certified of Incorporation COR 14.1 & Auditors Confirmation Letter
<b>PRIVATE COMPANY (PTY) LTD</b>		Certificate of Incorporation COR 14.3 & Auditors Confirmation Letter
<b>CLOSE CORPORATION CC</b>		Certificate of incorporation CK1
<b>SOLE PROPRIETOR</b>		Copy of ID (Certified)
<b>PARTNERSHIP</b>		Duly Signed Partnership Agreement
<b>BUSINESS TRUST</b>		Deed of Trust Agreement
<b>NON PROFIT ORGANISATION</b>		Certified of Incorporation Section 21

COMPANY INFORMATION										
Supplier Type: (Mark with X)	Company (PTY/CC)		Medical Doctors, Accommodation (Bed & Breakfast), Financial institution		Foreign Supplier		Sole Proprietor		Trust	
	Partnership/ Joint Ventures (JV)		Non-profit organization		Personal services company					
Company Registered Name										
Company Trading Name										

Company Registration Number	
Holding Company name	
Supplier Site/Branch Name	
Vat Registration Number	
Landline number (generic)	
Facsimile number (generic)	
E-mail address (generic)	
Business Web-Address	
Physical Address	
City	
Postal code	
Country	
Postal Address	
City	
Postal code	
Country	

**REFERRED METHOD OF CORRESPONDENCE**

**E-Mail**

**Telephone**



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If Sole Proprietor ID Number

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Have you attached proof of registration documents?  Y  N  N/A

If you qualify for VAT exemption, please attach a VAT exemption document  
Not applicable to all business.

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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Have you attached proof of your VAT 103 Registration documents?

### 1.2 PROOF OF P.A.Y.E. DOCUMENT

Not applicable to all companies. Please specify if N/A  
Have you attached proof of P.A.Y.E. documents?

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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### 1.3 INCOME TAX REGISTRATION

Income Tax Registration Number

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If qualify for Income Tax exemption, please attach an Income Tax exemption approval letter  
Not applicable to all companies. Please specify if N/A

Have you attached proof of your Income Tax documents?  Y  N  N/A

### 1.4 TAX CLEARANCE CERTIFICATE

Valid pin Tax Clearance Certificate must be supplied

Have you attached proof of tax clearance?  Y  N

Tax Clearance Certificate Number:

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Tax Clearance Certificate Expiry date:

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### 1.5 PROOF OF REGISTRATION TO/ACCREDITATION BY A STATUTORY BODY REGULATING YOUR INDUSTRY

Registration Number

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Not applicable to all companies.  Y  N  N/A





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Have you attached proof of your registration/accreditation documents?  Y  N  N/A

**1.6 Do you give Settlement Discount if payment is made within 30 days?**

Y  N

If YES – indicate %

%

**1.9 SUPPLIER CLASSIFICATION:** (Please ✓ the relevant box or boxes)

Original Equipment Manufacturer (OEM)	Manufacturer	Distributor/ Supplier/Agent	Professional Service Provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. PRODUCTS AND SERVICES

### 2.1 LIST OF PRODUCTS AND SERVICES

Please describe the products and/or services your organisation provides.



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### 3. TRADE EXPERIENCE

3.1 Do you have any previous contract work or tendering experience?  Y  N

If yes, please complete the fields below. List the last contracts awarded to you (the tendering business) or previous experience with other business related to this type of work supply.

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#### 4. References:

Name 3 references / referees of previous projects and provide their name(s) and telephone numbers.

##### Reference 1

Business Name	
Contact Number	
Contact Person	
Number of years	
E-mail Address	
Value of Business (Rands)	

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## Reference 2

Business Name	
Contact Number	
Contact Person	
Number of years	
E-mail Address	
Value of Business (Rands)	

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### Reference 3

Business Name	
Contact Number	
Contact Person	
Number of years	
E-mail Address	
Value of Business (Rands)	

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**5. DECLARATION OF ANY CONFLICT OF INTEREST**

**5.1 Are you currently working as an employee in Silulumanzi and/or related company?**  Yes  No

If "Yes", give details:

**5.2 Have you worked in Silulumanzi and/or related company \* for the past 12 months?**  Yes  No

If "Yes", give details:

**5.3 Do you have any relative working for Silulumanzi and/or related company?**  Yes  No


If "Yes", give details:

**5.4 Do you have any close relationship with any official working in our establishment (except for the above)?**  Yes  No

If "Yes", give details:

**5.5 Is there any other relevant information that you would like to disclose?**  Yes  No

If "Yes", give details:

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**6. QUALITY, SAFETY AND ENVIRONMENT**

**ENVIRONMENTAL**

1. Do you have an Environmental Policy in place?  Y  N  N/A

2. Does your facility routinely work with any hazardous substances?  Yes  No

Provide more detail if Yes, was chosen. Please attach copies of supporting documents.

**6. DECLARATION BY BUSINESS**

I / We .....  
 declare that the above particulars and information furnished to Silulumanzi for the purposes of registering our organization on the supplier database are true in substance and in fact and that I / We fully understand the meaning thereof.

Name: .....

Signature: .....

Date: .....

Designation: .....

**NOTE: SUPPLIERS PROVIDING FALSE OR FRAUDULANT INFORMATION OR DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.**