



sembcorp
silulumanzi

SUPPLIER REGISTRATION FORM

For Enquiries Contact:

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16 NEL STREET

NELSPRUIT

1200

P.O. BOX 12753

NELSPRUIT

1200

FOR OFFICE USE ONLY!

Date Received:

Date Processed:

APPLICATION CAPTURED BY

Signature:

Date:

APPLICATION CONFIRMED BY:

Signature:

Surname & Initials:

INTRODUCTION

Sembcorp Silulumanzi hereby invites current and prospective suppliers to apply to be verified and registered on the Company Supplier Database. Henceforth, Sembcorp 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 Sembcorp 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 being registered, but not available to be used by Sembcorp Silulumanzi.
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 Sembcorp Silulumanzi Officials section on page 5 is not to be completed by Suppliers.
6. Business Registration and Business Information sections on pages 6 to 9 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. Please tick in the appropriate box. This section will enable Sembcorp Silulumanzi to grant your company an opportunity to submit quotations or tenders whenever the opportunities arise. Sembcorp 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 9 must be completed in full to give Sembcorp 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. Latest audit financial statements must be supplied with the application to give Sembcorp Silulumanzi an understanding of your company's financial standing. Start up companies without financial history will also be eligible for registration.
10. Facilities, Plant and Equipment section on page 11 must be completed in full to give the city an indication of your technical capacity.
11. Declaration by business under oath on page 14 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.
12. Sembcorp 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 Sembcorp Silulumanzi in future.
13. A duly completed form together with supporting documentation must be submitted to the address indicated on the front page.
14. For assistance on how to complete the form or any other query related to this process please contact Cynthia Mahlalela on (013) 752 6839.
15. Sembcorp Silulumanzi will inform suppliers of the status of their application in writing / email / sms / fax.

REQUIRED DOCUMENTS

| Documents Required | Business | | Type | | | | Institutions |
|--|--|--|---|--|---|---|--|
| | Sole Proprietor | Corporations Close | Partnerships | Company Public / Private | Business Trust | Non Profit Organisation | |
| 1. Company Registration (Certified Copies) | N/A | Certificate of CK1 / CK2 incorporation | Duly Signed Partnership agreement | Certificate of Incorporation CM2C & Auditors Confirmation Letter | Deed of Trust Agreement | Certificate of Incorporation Section 21 | Registrar of Close Corporation & Companies |
| 2. Latest Rates and Taxes Statement or lease agreement (Municipal/ Silulumanzi Account) | 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 |
| 3. Original Tax Clearance Certificate | 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) |
| 4. Proof of Registration to a Statutory Body Regulating your Industry | If applicable | If applicable | If applicable | If applicable | If applicable | If applicable | Industry Regulatory Authority |
| 5. Certified Copy of ID | 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 | |
| 6. Skills Development | Latest Proof of Payment | Latest Proof of Payment | Latest Proof of Payment | Latest Proof of Payment | Latest Proof of Payment | Latest Proof of Payment | |
| 7. Audited Financial Statement | Latest Statement (If Applicable) | Latest Statement (If Applicable) | Latest Statement (If Applicable) | Latest Statement (If Applicable) | Latest Statement (If Applicable) | Latest Statement (If Applicable) | |
| 8. Broad-Based Black Economic Empowerment Compliance | Valid BEE Certificate | Valid BEE Certificate | Valid BEE Certificate | Valid BEE Certificate | Valid BEE Certificate | Valid BEE Certificate | |

| DOCUMENTS TO BE ATTACHED | Y | N | NA |
|--|----------|----------|-----------|
| 1. Company Registration Document | | | |
| 2. Proof of Ownership | | | |
| 3. Latest Rates and Taxes Statement | | | |
| 4. ORIGINAL Proof of Banking (Letter from the Bank or Cancelled cheque) | | | |
| 5. ORIGINAL Tax Clearance Certificate | | | |
| 6. Proof of Registration to a Professional Body Regulating your Industry | | | |
| 7. Certified Copy (ID) | | | |
| 8. Company Profile | | | |
| 9. Valid BEE Certificate | | | |

Tax Clearance Certificate Expiry date:

1.7 MUNICIPAL RATES AND TAXES ACCOUNT

Municipal Account Number or Silulumanzi Account number

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Attach latest statement

Name of local municipality

Have you attached latest Municipal statement?

| | |
|---|---|
| Y | N |
|---|---|

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

Registration Number

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Not applicable to all companies. Please specify if N/A

Have you attached proof of your registration/accreditation documents?

| | | |
|---|---|-----|
| Y | N | N/A |
|---|---|-----|

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

| | |
|---|---|
| Y | N |
|---|---|

If YES – indicate %

| | |
|--|---|
| | % |
|--|---|

2. BUSINESS INFORMATION

2.1 REGISTERED BUSINESS NAME

2.2 TRADING NAME

2.3 REGISTERED BUSINESS ADDRESS

CITY

PROVINCE

CODE

2.4 PHYSICAL ADDRESS (If different from 2.3)

CITY

PROVINCE

CODE

2.5 **POSTAL ADDRESS**

| |
|--|
| |
| |
| |

CITY

| |
|--|
| |
|--|

PROVINCE

| |
|--|
| |
|--|

CODE

| |
|--|
| |
|--|

SPECIFY THE WARD NUMBER WHERE BUSINESS WILL BE CONDUCTED FROM

| |
|--|
| |
|--|

2.6 **TELEPHONE NUMBER**

| |
|--|
| |
|--|

MOBILE NUMBER

| |
|--|
| |
|--|

FAX NUMBER

| |
|--|
| |
|--|

EMAIL ADDRESS

| |
|--|
| |
|--|

2.7 **DETAILS OF CONTACT PERSON**

TITLE

| |
|--|
| |
|--|

NAME

| |
|--|
| |
|--|

SURNAME

| |
|--|
| |
|--|

DESIGNATION

| |
|--|
| |
|--|

TELEPHONE NUMBER

| |
|--|
| |
|--|

MOBILE NUMBER

| |
|--|
| |
|--|

FAX NUMBER

| |
|--|
| |
|--|

E-MAIL ADDRESS

| |
|--|
| |
|--|

REFERRED METHOD OF CORRESPONDENCE

| |
|-----|
| Fax |
|-----|

| |
|--------|
| E-Mail |
|--------|

| |
|-----------|
| Telephone |
|-----------|

2.8 **BUSINESS WEB-PAGE ADDRESS**

| |
|--|
| |
|--|

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

| Original Equipment Manufacturer (OEM) | Manufacturer | Distributor/ Supplier/Agent | Professional Service Provider |
|---------------------------------------|--------------|-----------------------------|-------------------------------|
| | | | |

2.10 LIST OF SERVICE PROVIDERS PROVIDING THE FOLLOWING SERVICES:

| SERVICE | BUSINESS NAME | E-MAIL ADDRESS | CONTACT PERSON | TELEPHONE |
|------------|---------------|----------------|----------------|-----------|
| Legal | | | | |
| Banking | | | | |
| Insurance | | | | |
| Accounting | | | | |

3. PRODUCTS AND SERVICES

3.1 LIST OF PRODUCTS AND SERVICES

Please indicate the nature of operations, products or services applicable to your business.

.....

.....

.....

4. TRADE EXPERIENCE

4.1 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.

A. TENDERS

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

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

B. COMMERCIAL

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

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

5. LEGAL INFORMATION

5.1 Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt.

| | |
|---|---|
| Y | N |
|---|---|

 yes, please elaborate:

| |
|--|
| |
| |

6. DECLARATION OF ANY CONFLICT OF INTEREST

6.1 Are you currently working as an employee in Sembcorp Silulumanzi and/or related company?

| | |
|-----|----|
| Yes | No |
|-----|----|

If "Yes", give details:

| |
|--|
| |
|--|

6.2 Have you worked in Sembcorp Silulumanzi and/or related company * for the past 12 months?

| | |
|-----|----|
| Yes | No |
|-----|----|

If "Yes", give details:

| |
|--|
| |
|--|

6.3 Do you have any relative working for Sembcorp Silulumanzi and/or related company?

| | |
|-----|----|
| Yes | No |
|-----|----|

If "Yes", give details:

| |
|--|
| |
|--|

6.4 Do you have any close relationship with any official working in our establishment (except for the above)?

| | |
|-----|----|
| Yes | No |
|-----|----|

If "Yes", give details:

| |
|--|
| |
|--|

6.5 Is there any other relevant information that you would like to disclose?

| | |
|-----|----|
| Yes | No |
|-----|----|

If "Yes", give details:

| |
|--|
| |
|--|

7. QUALITY, SAFETY AND ENVIRONMENT

A. TECHNICAL

1. Is your business a permit holder under the SABS marks scheme or ISO? Y N
 If "Yes", indicate products for which permits are held, including permit numbers.

| | |
|---------------|--|
| Product Name | <input style="width: 95%;" type="text"/> |
| Permit Number | <input style="width: 95%;" type="text"/> |
| Product Name | <input style="width: 95%;" type="text"/> |
| Permit Number | <input style="width: 95%;" type="text"/> |
| Product Name | <input style="width: 95%;" type="text"/> |
| Permit Number | <input style="width: 95%;" type="text"/> |
| Product Name | <input style="width: 95%;" type="text"/> |
| Permit Number | <input style="width: 95%;" type="text"/> |

B. ENVIRONMENTAL

1. Do you have an Environmental Policy in place? Y N N/A
2. Does your facility routinely work with any hazardous substances? Y N

C. FACILITIES, PLANTS AND EQUIPMENT

1. Please give a summary of your plant and / or facilities:
 (Photos are welcome)

| |
|--|
| |
| |
| |
| |

2. Describe all property agreements relating to facilities used by the firm and the nature of the agreement indicating whether facilities are owned or leased by the firm:

| Facility | Owned / Rented | Rental Amount/Month | Owner | Agreement Type |
|----------|----------------|---------------------|-------|----------------|
| | | | | |
| | | | | |

3. Number of Employees

| | |
|-----------|--|
| Full Time | <input style="width: 70%;" type="text"/> |
| | <input style="width: 70%;" type="text"/> |
| Part Time | <input style="width: 70%;" type="text"/> |

8. TRADE NAMES

(Maximum of 5 will be registered)

| Trade names (Example: iQual) | Description (Example: Sole supplier of iQual Database Software) |
|---------------------------------|--|
| | |
| | |
| | |
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| | |

9. BBBEE/BEE STATUS

(Tick/Select Applicable Box)

| | | |
|--|-----|--|
| Select Your Business BEE Component/Ownership: | | BO (Black Owned, 50% + 1 vote) |
| | | BE (Black Empowered, 25,1% - 50%) |
| | | BI (Black Influenced, 5,1% - 25%) |
| | | ES (Empowering Supplier, 1% - 5%) |
| | | WO (White Owned, 0%) |
| Has Your Business Undergone A Formal Broad Based Black Economic Empowerment (BBBEE) Accreditation? <i>(Tick/Select Applicable Box)</i> | Yes | No |
| If Answered "Yes", State The Name Of The Accreditation Agency: | | |
| Indicate Your BBBEE Level Of Accreditation: <i>(Tick/Select Applicable Box)</i> | | Level 1 (100 Points Scored Or More) |
| | | Level 2 (85 To 100 Points Scored) |
| | | Level 3 (75 To 85 Points Scored) |
| | | Level 4 (65 To 75 Points Scored) |
| | | Level 5 (55 To 65 Points Scored) |
| | | Level 6 (45 To 55 Points Scored) |
| | | Level 7 (40 To 45 Points Scored) |
| | | Level 8 (30 To 40 Points Scored) |
| | | Non Compliant (Less Than 30 Points Scored) |
| BBBEE Certificate Expiry Date: | | |

OWNERSHIP:

(compulsory - Failure to complete this section will result in the application being declined)

HDI OWNERSHIP STATUS:

(Summary)

| | |
|---|---|
| Percentage Persons/Entities Owners who are Historically Disadvantaged Individuals (HDI) | % |
| Percentage Persons/Entities Owners who are Women Equity (WE) | % |
| Percentage Persons/Entities Owners who are Disabled Individuals (DA) | % |

DECLARATION BY BUSINESS UNDER OATH

I / We declare that the above particulars and information furnished to Sembcorp 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:

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

.....
COMMISSIONER OF OATHS

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