

**TO ALL SUPPLIERS SEEKING REGISTRATION ON
JOHANNESBURG CIVIC THEATRE (PTY) LTD' DATABASE**

In order to comply with the policies and procedures set out in the company's Supply Chain Management Policy; the Supply Chain Unit developed a supplier database to be used by the company. The purpose of this database is to afford all prospective suppliers or service providers' equal and simultaneous access to requests for quotations. Although preference will be given to suppliers registered on the database, this does not necessarily mean that suppliers not registered as yet will be excluded. It is however envisaged that this database will contribute to efficient administration and compliance to laid down policies, procedures and legislation (e.g. MFMA).

Attached is the official registration form to assist in updating or obtaining detailed supplier information for the database in accordance with Supply Chain Management policy and legislation.

Please complete the form in full and sign as required. Please attach all supporting documents as requested. The Johannesburg Civic Theatre reserves the right to reject any incomplete application form accompanied by insufficient information.

Completed forms may be submitted as follows:

HAND DELIVERY TO:
The Supply Chain Management Unit
Johannesburg Civic Theatre, Loveday Street
Braamfontein, Johannesburg

POST TO:
P.O. BOX 31900
Braamfontein
2017



SUPPLIER REGISTRATION APPLICATION

Registered Business Name: _____

Trading Name _____

Business Registration Number: _____

Close Corporation Number: _____

VAT Registration No: _____ Income Tax No: _____

CIDB Registration Number, if any: _____

OWNERS/SHAREHOLDERS

Name	HDI Status				ID number	Date RSA Citizenship obtained	Percentage owned
	Woman	Black person	Youth ¹	Disability			

BUSINESS ADDRESS

Physical Address: _____

Postal Address: _____

Contact Person: _____

Telephone No: _____ Cellphone No: _____

Fax No: _____ Email Address: _____

BANKING INFORMATION

Bank Name: _____ Branch: _____ Branch Code _____

Bank Account No: _____ Type of Account : (e.g. cheque): _____

¹ "youth" means persons between the ages of 14 and 35 as defined by : National Youth Commission Act, 1996



PRINCIPAL BUSINESS ACTIVITIES

Nature of Business: _____

Type of Goods/Services Offered: _____

Number of Years in Business: _____

TOTAL OF FULL-TIME EMPLOYEES	TOTAL OF TEMPORARY EMPLOYEES	TOTAL ANNUAL TURNOVER	TOTAL GROSS ASSET VALUE (FIXED PROPERTY EXCLUDED)

BUSINESS REGISTRATION INFORMATION

Form of Business Entity: (Tick appropriate box)

Sole Trader	Close Corporation	Private Company	Public Company	Joint Venture	Partnership	Business Trust	Parastatal/ Government	Other (Specify)

Business Classification: (Tick the appropriate classification)

Manufacturing, Construction,	Transport, Storage	Garden Services	Consulting, Professional, Specialized	Electricity, Gas, Water	Retail, Allied Services
Business Service	Catering, Hospitality, Entertainment	Technology, Communication	Repairs, Maintenance	Distributor, Agent	Other: Specify

Compliance to Statutory Requirements: (Please confirm all applicable boxes)

Income Tax	VAT Reg.	PAYE Reg.	UIF Reg.	WCA COID	Skills Levy	CIDB Reg.	Municipal Rates



TRADE INFORMATION

Do you hold any current or previous contracts with any company or organization? Yes/No
If "yes", please list the latest or last contracts awarded to you:

Date: _____ Company Name: _____ Rand Value: _____

Date: _____ Company Name: _____ Rand Value: _____

Date: _____ Company Name: _____ Rand Value: _____

Name any three relevant trade references of previous projects or suppliers you have dealt with:

Company Name: _____ Contact Person: _____ Tel No: _____

Company Name: _____ Contact Person: _____ Tel No: _____

Company Name: _____ Contact Person: _____ Tel No: _____

GENERAL BUSINESS INFORMATION

Quality Management:

Does your business hold any SABS or ISO accreditation? Yes/No
If "yes", provide permit number/s: _____

Does your business have a Quality Management System in place? Yes/No

Environmental Management:

Do you have an environmental management policy in place? Yes/No

Do you have an Occupational Health & Safety policy in place? Yes/No

Does your business routinely work with any hazardous substances? Yes/No

If "yes", have you been accredited by the Departments of Water Affairs and Labour Yes/No

Facilities:

Do you share any business facilities or buildings? Yes/No

If "yes", which facilities are shared? _____

With whom do you share facilities? _____

What is the other firm's principal business activity? _____

What are the street addresses of all facilities used by the firm? (e.g. warehouses, offices, plant)

Do you own or rent your major tools, plant and equipment? Own/Rent/Lease

Do you normally make use of Sub-contractors to assist you with your core function? Yes/No

If "yes", what % of your core business function do you sub-contract to external parties? _____

BUSINESS PARTNERS

Full Name of Firm	Email Address	Telephone Number
Accountant		
Auditor		
Legal Advisor		
Business Advisor		

*insert separate page if necessary

MUNICIPAL FINANCE MANAGEMENT ACT COMPLIANCE

DECLARATION OF INTEREST

The following particulars must be furnished. In the case of a joint venture, **separate** enterprise questionnaires in respect of each partner must be completed and submitted.

Record in the service of the state

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:

- | | |
|--|---|
| <input type="checkbox"/> a member of any municipal council
<input type="checkbox"/> a member of any provincial legislature
<input type="checkbox"/> a member of the National Assembly or the National Council of Province
<input type="checkbox"/> a member of the board of directors of any municipal entity
<input type="checkbox"/> an official of any municipality or municipal entity | <input type="checkbox"/> an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)
<input type="checkbox"/> a member of an accounting authority of any national or provincial public entity
<input type="checkbox"/> an employee of Parliament or a provincial legislature |
|--|---|

If any of the above boxes are marked, disclose the following:

Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

*insert separate page if necessary

Record of spouses, children and parents in the service of the state

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months been in the service of any of the following:

- a member of any municipal council
- a member of any provincial legislature
- a member of the National Assembly or the National Council of Province
- a member of the board of directors of any municipal entity
- an official of any municipality or municipal entity
- an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)
- a member of an accounting authority of any national or provincial public entity
- an employee of Parliament or a provincial legislature

Name of spouse, child or parent	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

*insert separate page if necessary



The undersigned, who warrants that he / she is duly authorised to do so on behalf of the enterprise:

- i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order;
- ii) confirms that neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;
- iv) confirms that I / we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and
- v) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.

Signed _____

Date _____

Name _____

Position _____

Enterprise name _____

PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION:

#	Confirmation	Documents Required	Please Tick Appropriate Box	
			Yes	No
1.	Supplier registration application completed in full	Supplier registration form		
2.	Company registration	Certificate of incorporation or founding statement		
3.	Proof of ownership	Share certificates		
4.	BEE verification by accredited agency	BEE verification certificate		
5.	Proof of banking details	Cancelled cheque or bank statement		
6.	Income tax registration	Original tax clearance certificate		
7.	Joint venture arrangement (If applicable)	Joint venture agreement		
8.	Partnership arrangement (If applicable)	Partnership agreement		
9.	VAT registration	VAT registration certificate		
10.	Proof of registration to a statutory body regulating your industry (e.g. CIDB)	Certificate of registration		
11.	Workman compensation (WCA)	Certificate of good standing		
12.	Rates & taxes	Latest council rates & taxes statement		
13.	Owners'/Shareholders Identities	Certified copies of ID or Passports		
14.	Profile of company	Company Profile		



For Official Use Only:

Checked By: _____

Date Checked: _____

Signature: _____

Approved By: _____

Date approved: _____

Signature: _____

Vendor Number: _____