



SUPPLIER ACCREDITATION FORM

Information declared hereunder will be subjected to verification and where it is found to have been falsified, or misrepresented, the Free State Provincial Legislature reserves the right to terminate any resultant agreement and/or recover losses incurred as a result of such misrepresentation

A. ENTITY INFORMATION

1. Registered Name

2. Registration number under which entity is incorporated/registered

3. Registered address

4. Trading name of entity

5. Address from which entity operates within RSA

Physical address:

6 Do you share any facilities?

YES	NO
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7. With which company do you share facilities?

Which facilities are shared?

Postal Address:

Telephone:	
Fax:	
e-mail:	
Website:	

8. Does entity operate from multiple address?

YES	NO
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Indicate relevant Province in which you operate.

WC	NC	EC	FS	GP	MP	NP	KZN	NW
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9. Address of the head office

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10. Entity banking details:

(Proof of Bank Details: Cancelled cheque / Letter from bank with bank stamp)

Name of the bank	
Account name	
Account number	
Account type	
Branch name/code	

11. Type of entity:

Sole Trader	
Partnership	
Close corporation	
Private company i.e. (Pty) Ltd	
Public company i.e Ltd	
Governmental and State-owned entities	
Community based organization i.e. NGO	
Other(specify)	

12. Principal/main business activity of the firm

B: INDUSTRY SPECIFIC INFORMATION

13. Does your industry require specialized professional registration?

YES	NO
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14. Which body are you required to register or affiliate to?

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15. Your registration/membership number (where applicable)

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16. Year in which you were last registered

17. Are there formal regulations (statutory or professional) that you have to comply with? Which regulations are those?

C.ENTITY DETAILS

18. Income Tax Number (Attach Tax Original Clearance Certificate)

19. VAT registration number (if registered for VAT)

20. What is the estimate value of your business assets?

21. How many people does your company employ?

Permanent	
Temporary	
TOTAL	

22. What is your company's average annual turnover (sales)?

D. OWNERSHIP/SHAREHOLDERS INFORMATION

23. Attach proof of ownership

Name of shareholder	ID number (if natural person) Registration number (if a legal entity/company)	Nationality e.g. South African	Black Yes/No	Female Yes/No	Disabled Yes/no	Ownership %	Voting rights %

E. IDENTIFY OWNER(S)/SHAREHOLDER(S) WHO HAVE INTEREST IN OTHER COMPANIES

23. Interest held in other companies

Name of Shareholder	ID Number if a natural person/ Registration number if corporation	Name of the other entity where ownership is held	% Ownership in the other entity	% time devote to the this entity

24. BEE Evaluation: (Attached certify copy of BEE Certificate)

BEE Ownership by targeted groups:

Blacks:	Ownership	<input type="text"/>
	Management control (at executive level)	<input type="text"/>
Women:	Ownership	<input type="text"/>
	Management Control (at executive level)	<input type="text"/>
Disabled:	Ownership	<input type="text"/>
	Management Control (at executive level)	<input type="text"/>
Employment Equity	Blacks	<input type="text"/>
	Women	<input type="text"/>
	Disabled	<input type="text"/>

Skills development Yes/ No

Procurement from BEE Suppliers Yes/No

Social Involvement Yes/No

25. Details: Employment Equity

How many people does your business employ

	Whites	Africans	Coloured	Indian	Total
Full time					
Part time					
GRAND TOTAL					

-How many of the above employees are women: _____

-How many of the above have disability: _____

-How many posts in Grand Total can be regarded as management level: _____

-How many of the management posts are held by: Blacks : _____

Women : _____

Disabled: _____

26. Skills Transfer

List internal and external training programmes as well as other mechanisms such as study loans and bursaries in place to facilitate skills transfer to targeted groups.

Course /Training description	Level of training e.g. management supervisory technical operational	Total number of employees trained	TARGETED GROUPS			Whites
			Women	Disabled	Blacks	

27. Preferential Procurement

List details of BEE suppliers from whom you sourced goods/services

Goods/Services	Supplier/sourced from	BEE % ownership of supplier	Value of goods sourced

28. Social Involvement

Which social/community project were you involved in ?

Which community?

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Type of involvement

Sponsor _____

Facilitator _____

Community contact

Name of community representative	
Contact number of the community representative	

29. Administration and management of the firm

List the following personnel of firms who provide you with the following services

Service	Name	Contact Person	Telephone	% BEE
Accounting				
Legal				
Auditing				
Banking				
Insurance				

F. BACKGROUND AND EXPERIENCE IN THE INDUSTRY

30. List the four largest contracts/assignments completed by your firm in the last three (3) year if any.

Work description	Your client	Contact Person	Contact number	Contract value

31. List contracts which your firm is currently engaged in (not completed) if any

Work description	Your client	Contact Person	Contact number	Contract value

G. PARTNERSHIPS / JOINT VENTURES

32. If your firm has a long-term Joint Venture with any other firm(s) indicate the following:

Proportionate shareholding in the joint –venture (e.g. 50 / 50 or 60/40)

Your company %	Partner 1	Partner 2	Partner 3
	%	%	%
BEE Status of the partners	%	%	%

33. If any portion(s)of the contract/work you enter into with the Free State Provincial Legislature is to be subcontracted, indicate the following details:

Sub-contractor’s name	Value of work to be sub-contracted	% of work to be sub-contracted	BEE Ownership % of the sub-contractor

