



APPLICATION FOR REGISTRATION (SCMO 1) EASTERN CAPE PROVINCIAL CENTRALISED ELECTRONIC SUPPLIERS DATABASE (ECSD)

THIS FORM MUST BE COMPLETED AND SUBMITTED TO:

BY HAND: SUPPLIERS DATABASE OFFICE
(AT THE SUPPLY CHAIN MANAGEMENT OFFICE)
SHOP NO. 5, TYAMZASHE BUILDING,
CNR. PHALO & INDEPENDENCE AVENUE, BHISHO.

BY POST: SUPPLIERS DATABASE OFFICE,
C/O SUPPLY CHAIN MANAGEMENT OFFICE,
PRIVATE BAG X0030, BHISHO, 5605.

ENQUIRIES:

Suppliers Database Office Tel: 040 609 5679

For Official Purposes Only:

Name of Supplier: _____

Registration Number: _____

Logis Number: _____

Documents attached:

- | | |
|--|--|
| <input type="checkbox"/> Business Registration | <input type="checkbox"/> Business Organogram |
| <input type="checkbox"/> Cheque/Bank Verification Letter | <input type="checkbox"/> ID of Owners |
| <input type="checkbox"/> SARS Tax Clearance Certificate | <input type="checkbox"/> Ratings/Endorsements/Certificates |
| <input type="checkbox"/> Logis Form | <input type="checkbox"/> Other: _____ |

Input by: _____ Checked by: _____ Approved by: _____

Signature: _____ Signature: _____ Signature: _____

Date: _____ Date: _____ Date: _____

Aug 2013



Introduction and Guidelines:

1. The SCMO 1 was specifically designed to provide for the registration of suppliers on the Provincial Suppliers Database. In order to ensure that suppliers are considered to be legitimate suppliers, it is imperative that the following guidelines are adhered to.
2. Applicants must complete pages 3 to 11. where applicable. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols **“N/A”** in the appropriate space. If the space provided is left blank it will be regarded as information that is still outstanding and you **WILL NOT** be registered.
3. Applicants are advised that only an **Original SCMO 1** form or PHOTOSTAT copies thereof will be processed. Any documents that have been retyped or redrafted will be disregarded and returned to the applicant.
4. It is imperative that only an SCMO 1 form with an **ORIGINAL Signatures** be submitted. Applications with copied signatures will not be considered. All signatures to the document must be commissioned by an **Authorized Commissioner of Oaths**. Failure to do so will result in the applicant not qualifying for registration.
5. A supplier registered on the Suppliers Database **MUST** notify the Supply Chain Management Office of any changes to information provided in the initial SCMO 1. **Failure** to do so may result in such a **supplier being removed from the Suppliers Database** and/or the **cancellation of contracts** awarded to the supplier, on the basis of **misrepresentation**.
6. Suppliers providing information incorrectly or fraudulently in their SCMO 1 will be **restricted** from tendering and **removed** from the Suppliers Database, in addition to any other action the Province may institute against such a supplier. Furthermore, in the event of the Province being prejudiced financially, it reserves the right to take legal action against the supplier.
7. Electronic forms are available on the website: www.ectreasury.gov.za

Instructions for filling out relevant sections of this form

- All relevant sections of this form must be completed by prospective suppliers only in **black ink**;
- Corrections can be made by drawing a line across the incorrect statement, writing in the correct details above the same, and subsequently endorsing the entry with the applicant’s signature.
- Please select applicable boxes by making a **tick (√)**, only make one selection unless otherwise specified; and indicate those which do not apply by writing **N/A** (not applicable);
- If the space provided is not sufficient, please note a reference to and include an annexure paper hereto, which complies with the specified format and numbering in this form, showing the additional details.
- With regard to an **existing supplier** with information to be **updated**, please provide your Supplier Name and Supplier Number below, then only fill in the information to be updated and submit the entire form.

Tick (√)	Checklist: All applicable documents listed below must be attached to all registration forms.
	Certified copies of Business Registration Certificate where applicable.
	Valid SARS Tax Clearance Certificate (always) and VAT Registration Certificate where applicable.
	An original cancelled cheque and bank verification letter (always)
	Business organogram showing holding company, subsidiary companies, operating divisions, etc. where applicable.
	Any other relevant independent agency ratings, industry endorsements, accreditation certificates where applicable, such as CIDB, PSIRA and NHBRC).

(Please copy this page and add to Application if more space is needed)

SUPPLIER REGISTRATION FORM

<input type="checkbox"/>	New Supplier	<input type="checkbox"/>	Re-registration	<input type="checkbox"/>	Existing Supplier Information Update	<input style="width: 100%;" type="text"/>	Existing Supplier Registration Number
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A – 1 BASIC SUPPLIER INFORMATION

Registered Business Name of Supplier			
Trading Name of Supplier			
Registration Number (CIPRO, etc)			
Year of Registration		Years in Operation	
Business Type <i>(Tick box)</i>	Public Company Ltd	<i>Attach Certified copy of Incorporation (CM3)</i>	
	Private Company (Pty) Ltd	<i>Attach Certified copy of Incorporation (CM3)</i>	
	Close Corporation CC	<i>Attach Certified copy of (CK1 & CK2)</i>	
	Sole Proprietor	<i>Attach Certified copy of ID Document</i>	
	Partnership	<i>Attach Certified copy of Partnership Agreement</i>	
	Trust	<i>Attach Certified copy of Trust Document</i>	
	Co-operative	<i>Attach Certified copy of Co-Op Registration</i>	
	Community Based Organization (CBO)	<i>Attach Certified copies of all Members IDs</i>	
	Voluntary Associations	<i>Attach Certified copy of Constitution</i>	
	Foreign Company	<i>Attach Certified copy of Incorporation</i>	
Business Sector Industry Classification <i>(Tick box)</i>	Catering, Accommodation and other Trade	Retail, Motor Trade and Repair Services	Community, Social & Personal Services
	Mining and Quarrying	Transport, Storage and Communications	Finance and Business Services
	Construction	Agriculture	Manufacturing
	Electricity, Gas & Water	Wholesale Trade, Commercial Agents and Allied Services	
Supplier Classification <i>(Tick all that apply)</i>	ISO Rated	Manufacturer	Distributor
	Sales	Services	Repair
	Importer	Exporter	

A – 2 CONTACT DETAILS

Please indicate your Province by circling the abbreviation below: EC - Eastern Cape, GT - Gauteng, KZN - Kwa-Zulu Natal, LP - Limpopo Free State, MP – Mpumalanga, NP - Northern Province, NC - Northern Cape, LP - WC - Western Cape

Registered <u>POSTAL</u> Address: <i>(Circle Province below)</i>	P O Box/Bag		
	Suburb/Town		
EC, WC, NC, GT, MP, LP, KZN, NP, FS	City	Postcode	
Head Office <u>PHYSICAL</u> Address: <i>Please indicate Country if not RSA -</i> <i>(Circle Province below)</i>	Building	Floor	
	Street		
	Suburb/Town		
EC, WC, NC, GT, MP, LP, KZN, NP, FS	City	Postcode	
Municipal District		Municipal Local	

(Please copy this page and add to Application if more space is needed)

Head Office Contact Details (for payments): (Circle Title below) Mr. / Mrs. / Ms. / Miss. Other _____ (Specify)	Person:	
	Designation:	
	Telephone:	Fax:
	Cell:	
	Email:	

Website Address:

Branch Office Physical Address: (Circle Province below)	Street	
	Suburb/Town	

EC, WC, NC, GT, MP LP, KZN, NP, FS	City	Postcode
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Municipal District		Municipal Local	
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Alternative Contact Details: (Circle Title below) Mr. / Mrs. / Ms. / Miss. Other _____ (Specify)	Person:	
	Designation:	
	Telephone:	Fax:
	Cell:	
	Email:	

(Specify the Office) **Located at:**

(Please copy this page and add to Application if more space is needed for Additional Branch Offices)

A – 3 ACCREDITATION / CERTIFICATION (CIDB, NHBRC, PSIRA, etc.) (N.B. - Attach a copy of Accreditations / Add Pages for more space)

Document No of Accreditation:		Issue Date:	
Issuing Organization:		Expiry Date:	
Issuing Organization Registration Number:		Reference/Member No:	
Name of Certificate:		Grading	
Status of Certification:			
Type of Certification:		Membership Period:	

A – 4 BANKING INFORMATION (N.B. - Attach Bank Verification letter from your Bank to this application)

Please complete Attached Logis form.

Preferred Payment Method:	
Default Payment Terms:	Invoice Delivery Method:

A – 5 TAX INFORMATION (N.B. - Attach a valid Tax Clearance Certificate to this application)

SARS Tax Reference Number (Insert personal tax number if a one person business (Sole Proprietor) or Personal Income Tax numbers of all partners in a partnership.)	
VAT Registration Number	
RSC Registration Number	
Supplier's SARS Office and Telephone contact number where tax file is held	

B – 1 Proprietors/Shareholders/Partners/Sole Proprietor/Trustees/Beneficiaries (Owners)													
List all persons who are OWNERS (Proprietors/Shareholder/Partners/Sole Proprietors/Trustees/Beneficiaries) in the business or Trust being registered and indicate their involvement in the management/operations of the business/Trust. IN THE CASE OF HANDICAPPED, PROOF OF DISABILITY PROVIDED BY A RECOGNIZED RELATED INSTITUTION MUST BE ATTACHED If insufficient space, NB: kindly attach a copy/copies of the following page to this SCMO 1 form, signed by the same person who signs on behalf of the business/Trust								N.B. % Ownership should add up to 100%					
								SA Citizen before 27/4/1994					
								Handicapped = Yes - attach proof.					
								Race – W hite, B lack, I ndian, C oloured, O ther					
								% Time spent in the daily activities of this business					
Owners' Information (Circle choice or fill in the required information.)								Regarding Owners and Trusts					
Full Name:								Trustee?	Y	N	Beneficiary?	Y	N
ID Number:				Designation:									
Address:													
Own Interest in Another Business			Y	N	<i>Specify in Section Below</i>			Nationality: (Attach ID)					
% Ownership	South African ? - Before 27/4/1994 ?		Gender:		Handicapped:		Race			% Time Spent			
	Y	N	Y	N	M	F	Y	N	W	B	I	C	Other
Full Name:								Trustee?	Y	N	Beneficiary?	Y	N
ID Number:				Designation:									
Address:													
Own Interest in Another Business			Y	N	<i>Specify in Section Below</i>			Nationality: (Attach ID)					
% Ownership	South African ? - Before 27/4/1994 ?		Gender:		Handicapped:		Race			% Time Spent			
	Y	N	Y	N	M	F	Y	N	W	B	I	C	Other
Full Name:								Trustee?	Y	N	Beneficiary?	Y	N
ID Number:				Designation:									
Address:													
Own Interest in Another Business			Y	N	<i>Specify in Section Below</i>			Nationality: (Attach ID)					
% Ownership	South African ? - Before 27/4/1994 ?		Gender:		Handicapped:		Race			% Time Spent			
	Y	N	Y	N	M	F	Y	N	W	B	I	C	Other
Full Name:								Trustee?	Y	N	Beneficiary?	Y	N
ID Number:				Designation:									
Address:													
Own Interest in Another Business			Y	N	<i>Specify in Section Below</i>			Nationality: (Attach ID)					
% Ownership	South African ? - Before 27/4/1994 ?		Gender:		Handicapped:		Race			% Time Spent			
	Y	N	Y	N	M	F	Y	N	W	B	I	C	Other

LIST ANY OWNER WHO HAVE AN OWNERSHIP INTEREST IN ANOTHER BUSINESS

Name:	Position:
Name of Other Business:	
Type of Business:	% Held:
Name:	Position:
Name of Other Business:	
Type of Business:	% Held:
Name:	Position:
Name of Other Business:	
Type of Business:	% Held:

B – 2 DECLARATION OF CONFLICT OF INTEREST BY PROSPECTIVE SUPPLIER

Are any of your Owners or Senior/Executive Management current Government Officials. If yes, specify below	Yes	No
Do any of your Directors/Owners have any previous/current association with Government? If so, please indicate by declaring such interest/association in the space below	Yes	No

B – 3 FINANCIAL CLAIMS AGAINST PROSPECTIVE SUPPLIER

Have your organization / parent company / former company with the same principals ever been liquidated? If "Yes" please give details below.	Yes	No
Date of Liquidation		
Has the Liquidation been resolved?	Date Resolved:	
Who was appointed as Trustee?		
What was the reason for Liquidation?		
Have your organization / parent company / former company with the same principals ever been restricted for Government Tenders? If "Yes" please give details below.	Yes	No
When did Restriction commence and until what date?	From:	To:
Which institution invoked the restriction?		
What was the reason for the restriction?		

B – 4 LITIGATION / JUDGMENT HISTORY

Nature of Claim / Judgment	Start Date
Cause of Dispute	
Parties Involved in Dispute	
Status of Claim	End Date
Claim Financial Implications	
Nature of Claim / Judgment	Start Date
Cause of Dispute	
Parties Involved in Dispute	
Status of Claim	End Date
Claim Financial Implications	

(Please copy this page and add to Application if more space is needed)

Previous Business Information				
Did your business exist under a previous name?			Yes	No
If "Yes" what previous name(s)?			Year:	
			Year:	
Why was the name changed?				
Previous Suppliers Database number?				
Owners, partners, members or shareholders now de-registered:				
Name		Title		ID Number

Business Information:

The following table must be completed to establish whether a business can be classified as an **SMME** in terms of the National Small Business Act 102 of 1996. Select the Sector and tick the appropriate blocks in Column 2, 3 and 4.

Column 1	Column 2 (tick applicable)		Column 3 (tick applicable)		Column 4 (tick applicable)	
Sector or subsectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees		Total annual turnover		Total Gross Asset Value (fixed property excluded)	
Agriculture	More than 100		More than R 5m		More than R 5m	
	Less than 100		Less than R 5m		Less than R 5m	
Mining and Quarrying	More than 200		More than R 39m		More than R 23m	
	Less than 200		Less than R 39m		Less than R 23m	
Manufacturing	More than 200		More than R 51m		More than R 19m	
	Less than 200		Less than R 51m		Less than R 19m	
Electricity, Gas and Water	More than 200		More than R 51m		More than R 19m	
	Less than 200		Less than R 51m		Less than R 19m	
Construction	More than 200		More than R 26m		More than R 5m	
	Less than 200		Less than R 26m		Less than R 5m	
Retail, Motor Trade and Repair Services	More than 100		More than R 39m		More than R 6m	
	Less than 100		Less than R 39m		Less than R 6m	
Wholesale Trade, Commercial Agents and Allied Services	More than 100		More than R 64m		More than R 10m	
	Less than 100		Less than R 64m		Less than R 10m	
Catering, Accommodation & other trade	More than 100		More than R 13m		More than R 3m	
	Less than 100		Less than R 13m		Less than R 3m	
Transport, Storage and Communications	More than 100		More than R 26m		More than R 6	
	Less than 100		Less than R 26m		Less than R 6m	
Finance and Business Services	More than 100		More than R 26m		More than R 5m	
	Less than 100		Less than R 26m		Less than R 5m	
Community, Social and Personal Services	More than 100		More than R 13m		More than R 6m	
	Less than 100		Less than R 13m		Less than R 6m	

(Please copy this page and add to Application if more space is needed)

D GOODS AND SERVICES SUPPLIED BY YOUR BUSINESS

In order to assist with the classification process, a short summary of your core business and key products and services must be provided.

Our Core Business Is:

Goods or Service:	Description: <i>(Include Brand)</i>	Unit of Measure: <i>(hr/day/ea/box/doz/etc.)</i>
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E CURRENT OR PREVIOUS SUPPLY CONTRACTS WITH GOVERNMENT DEPARTMENTS			
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service
Reference No		Contract Value	
		R	
Government Department		Start Date	End Date
Description of Contract			
Departmental Reference <i>(Contact Name and Number)</i>			
Province and Municipal Area of work done		Supplied:	
		Goods	Service
OTHER RELEVANT ADDITIONAL DETAILS			

(Please copy this page and add to Application if more space is needed)

INDUSTRIAL SECTOR/S YOUR BUSINESS PROVIDES SERVICES/GOODS FOR (Tick all that Apply)					
Tick	Industrial Sector Description	UNSPC Code	Tick	Industrial Sector Description	UNSPC Code
	Apparel & Luggage & Personal Care Products	53101501		Live Plant & Animal Material & Accessories & Supplies	10101501
	Building & Construction & Maintenance Services	72101501		Management & Business Professionals & Administrative Services	80101501
	Building & Construction Machinery & Accessories	22101501		Manufacturing Components & Supplies	31101501
	Chemicals including Bio Chemicals & Gas Materials	12131501		Material Handling & Conditioning & Storage Machinery & Their Accessories & Supplies	24101501
	Cleaning Equipment & Supplies	47101501		Medical Equipment & Accessories & Supplies	42121501
	Commercial & Military & Private Vehicles & Their Accessories & Components	25101501		Mineral & Textile & Inedible Plant & Animal Materials	11101501
	Defense & Law Enforcement & Security & Safety Equipment & Supplies	46101501		Mining & Oil & Gas Services	71101501
	Distribution & Conditioning Systems & Equipment & Components	40101501		Mining & Well Drilling Machinery & Accessories	20101501
	Domestic Appliances & Supplies & Consumer Electronic Products	52101501		Musical Instruments & Games & Toys & Arts & Crafts & Educational Equipment & Materials & Accessories & Supplies	60101001
	Drugs & Pharmaceutical Products	51101501		National Defense & Public Order & Security & Safety Services	92101501
	Editorial & Design & Graphic & Fine Arts Services	82101501		Office Equipment & Accessories & Supplies	44101501
	Educational & Training Services	86101501		Organizations & Clubs	94101501
	Electrical Systems & Lighting & Components & Accessories & Supplies	39101601		Paper Materials & Products	14101501
	Electronic Components & Supplies	32101501		Personal & Domestic Services	91101501
	Engineering & Research & Technology Based Services	81101501		Politics & Civic Affairs Services	93101501
	Environmental Services	77101501		Power Generation & Distribution Machinery & Accessories	26101501
	Farming & Fishing & Forestry & Wildlife Contracting Services	70101501		Printing & Photographic & Audio & Visual Equipment & Supplies	45101501
	Farming & Fishing & Forestry & Wildlife Machinery & Accessories	21101501		Public Utilities & Public Sector Related Services	83101501
	Financial & Insurance Services	84101501		Published Products	55101501
	Food & Beverage & Tobacco Products	50101538		Resin & Rosin & Rubber & Foam & Film & Elastomeric Materials	13101501
	Fuels & Fuel Additives & Lubricants & Anti Corrosive Materials	15101501		Service Industry Machinery & Equipment & Supplies	48101501
	Furniture & Furnishings	56101501		Sports & Recreational Equipment & Supplies & Accessories	49101601
	Healthcare Services	85101501		Structures & Building & Construction & Manufacturing Components & Supplies	30101501
	Industrial Cleaning Services	76101501		Timepieces & Jewelry & Gemstone Products	54101501
	Industrial Manufacturing & Processing Machinery & Accessories	23101501		Tools & General Machinery	27111501
	Industrial Production & Manufacturing Services	73101501		Transportation & Storage & Mail Services	78101501
	Information Technology Broadcasting & Telecommunications	43191501		Travel & Food & Lodging & Entertainment Services	90101501
	Laboratory & Measuring & Observing & Testing Equipment	41101502			

F – 2 DECLARATION

VERIFICATION OF INFORMATION SUPPLIED IN THIS SCMO 1 FORM, INCLUDING INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR:

I/we, the undersigned, warrants that he/she is duly authorized to do so on behalf of the supplier, certifies that the information supplied in terms of this document (SCMO 1) including the annexure/s with additional information, is correct and accurate and I/we acknowledge that:

The supplier/applicant, which is the signatory hereto, will be required to furnish documentary proof of the information relating to preferences, if required to do so.

If the information supplied in this SCMO 1 form is found to be incorrect then the Province may, in addition to any remedies it may have:

- a. Disqualify the supplier/applicant for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/applicant;
- b. Recover from the supplier/applicant all costs, losses or damages incurred or sustained by the Province as a result of breach of the contract;
- c. Cancel the contract and claim any damages which the Province may suffer by having to make less favorable arrangements after such cancellation; and/or
- d. De-register the supplier registered on the Supplier Database

SIGNED BEFORE THE COMMISSIONER OF OATHS ON THIS ____ DAY OF _____ 20____.

SUPPLIER'S NAME: _____

SIGNATORY NAME IN BLOCK LETTERS _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

SIGNATORY ID NUMBER _____

SIGNATORY CAPACITY _____

Signed and affirmed to, before me at _____ on this _____ day of _____ 20____, by the deponent who has acknowledged that he/she knows and understands the contents of this document, and he/she has acknowledged that he/she has no objection to affirming that he/she regards the affirmation to be binding on his/her conscience.

Commissioner of Oaths Signature

Commissioner of Oaths Full Name

Business Address _____

Capacity _____

Area _____