

VENDOR REGISTRATION FORM

For office use only:

| | | | |
|----------------------|--|-------------|--|
| Vendor Number | | Date | |
|----------------------|--|-------------|--|

- On completion of form, please return to supplychain@falsebay.org.za.
- The original hard copy must be returned to the Procurement Office at False Bay College Central Office
- Suppliers providing false or fraudulent information or documentation shall subject themselves to immediate disqualification.
- Incomplete vendor applications will not be processed and documents will be discarded without prejudice.
- Note that registration as a vendor and the issuance of a vendor number by the College does not confer any rights upon the vendor, or any obligation on the part of the College to purchase from the vendor.
- Further, any contracts for supply are on a non-exclusive basis.

Section 1 : Goods and services for which you wish to register as a possible provider

Name of goods/services

1.

2.

3.

4.

5.

Particulars of further goods/services may be attached as a schedule.

Section 2 : Type and details of company /CC / other

| | | |
|--|--|---|
| Please indicate type of registration with an X | | Sole Proprietor & Other [Complete Section 2A] |
| | | Registered Company / cc [Complete section 2B] |

Section 2A : Sole Proprietor – General Details

| | | |
|------------------------------|---|--|
| Title (i.e. Prof/Dr/Mr/Ms) | | |
| Name | Note: Full names required exactly as listed on ID or Passport | |
| Surname | | |
| ID number or Passport number | | |

Section 2B : Registered Company / CC – General Details

| | | |
|---|---|--|
| Registered/Legal Name | Note: Details as shown on Tax Clearance Certificate | |
| Trading Name | | |
| Company Registration Number [per CIPC document] | | |

Section 2C : Tax Control

| | | |
|-------------------|---|--|
| Income Tax Number | Note: Details as shown on Tax Clearance Certificate | |
| VAT Reg. Number | | |

VENDOR REGISTRATION FORM

| False Bay College is established in terms of the FET Colleges Act (Act 16 of 2006) | |
|--|--|
| Name of Auditors | |
| Contact Person | |
| Telephone Number | |
| Cellphone Number | |
| Fax Number | |
| Email Address | |

| Section 3 : General Address Details | | | |
|-------------------------------------|--|------------------------------------|--|
| Street Name and No. | | Region (e.g. E-Cape, W-Cape, etc.) | |
| City | | Country | |
| Postal Code | | City | |
| PO Box Number | | Country | |
| PO Box Postal Code | | | |
| Postnet Suite No. | | | |
| Private Bag | | | |
| Postal Code | | | |

| Section 4 : Contact Details | | | |
|--|--|---|--|
| Company / CC /other Representative for Sales and Orders | | Company / CC /other Accounts Clerk | |
| Name | | | |
| Telephone Number | | | |
| Cellphone Number | | | |
| Fax No. ORDERS | | Fax No. REMIT | |
| Email For Orders | | Email for Remittance | |
| Website Address | | | |

| Section 5 : Banking Details | | | |
|-----------------------------|----|----------------|--|
| Bank Name | | Branch Code | |
| Account Number | | | |
| Cheque Account | 01 | Account holder | |
| Savings/Transmission | 02 | | |

| Please include the following supporting documentation | |
|--|--|
| <ul style="list-style-type: none"> Letter from bank indicating authorised list of approved signatories and identity number(s) + banking details | <ul style="list-style-type: none"> Certified copy of Bank Statement or Copy of Cheque |

VENDOR REGISTRATION FORM

Section 6 : B-BBEE Classification Data

| | Level | Percentage | Points | |
|---|-------|------------|--------|--|
| B-BBEE level of contribution [Turnover above R10 million pa] | | | | The detail as shown on your valid B-BBEE Certificate |
| Exempt Micro Enterprise level of contribution (EME) [Turnover below R10 million pa] | | | | The detail as shown on your Letter of accreditation |
| Percentage Black Woman Ownership | | | | |
| Percentage Black Ownership | | | | |
| Percentage Female Ownership | | | | |
| Percentage Disabled Ownership | | | | |

Notes:

- ALL vendors are required to submit one of the following in order to qualify for preference points:
- Companies / CC with a turnover less than R10m per annum must submit a letter/certificate issued by their verification agencies accredited by SANAS or by registered auditors approved by IRBA (<http://www.irba.co.za/index.php/b-bbee-verification-assurance>)
- Companies / CC with a turnover ABOVE R10m per annum must submit a rating certificate issued by a SANAS approved agency or registered auditors approved by IRBA (<http://www.irba.co.za/index.php/b-bbee-verification-assurance>)
- ALL certificates must display the SANAS logo / Registered Auditors IRBA B-BBEE Number

Section 7 : Check Sheet for Vendors [Please tick submitted documents]

| | |
|---|--|
| Proof of Company Registration documents [CK1 where applicable] | |
| Proof of Business Address [latest municipal account] | |
| Certified copy of Identity Document of all owners, partners or members in your company / CC | |
| Proof of Banking [Copy of Statement or Cheque and Letter to state the list of signatories] | |
| Original, valid Tax Clearance Certificate | |
| VAT registration form | |
| Proof of B-BBEE status: | |
| B-BBEE Certificate / Letter of Accreditation | |
| Proof of Disability [Doctor's letter to state permanent disability] | |

Section 8 : Declaration of Interests

Note:

- It is compulsory that the Declaration of Interest form must be completed and signed.
- If there is any known potential conflict of interest or if any owner, partner or member of the applicant is an official, an employee or a councillor of False Bay College, or is related to an official, an employee or a councillor of False Bay College, that relationship must be indicated in the Declaration of Interest.

THE APPLICANT

Signed at _____ this _____ day of _____ 20

(Print name)

(Signature)

Please note:

- After the completion of this application document and once you have obtained your False Bay College Vendor Number it remains the responsibility of the vendor to keep the College informed of any changes to their Vendor data.

VENDOR REGISTRATION FORM

Section 9 : Affidavit

Note: It is compulsory that this Affidavit must be signed by the applicant and completed by a Commissioner of Oaths.

I, the undersigned who warrants that I am duly authorised to do so on behalf of the business, confirm that the contents of this Affidavit are within my personal knowledge to the best of my belief both true and correct.

I hereby agree that in the event of false, incorrect or misleading information being provided in this declaration, the False Bay College shall have the right to:

- Recover any losses or damages sustained by False Bay College under such agreement,
- Restrict the vendor from further business with False Bay College depending on the materiality of the misrepresentation and the degree of prejudice suffered.

Name

Identity number

Signature
above entity]

[Duly authorised to sign for and behalf of the

Date:

Telephone:

Commissioner of Oaths

Signed and sworn before me at _____ (place) this the _____ (day) of _____ (month) 20____ (year) by the above mentioned who acknowledges that he/she knows and understands the contents of this Affidavit and 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 which will be binding on his/her conscience.

Commissioner of Oaths signature

Print name

Date:

Commissioner of Oaths stamp