



**energy**

Department:  
Energy  
REPUBLIC OF SOUTH AFRICA

Private Bag x19, Sunny Pretoria, 0007, Tel: (012) 444 4000,  
Trevenna Office Campus, 70 Meintjies Street, Pretoria

### SUPPLIER REGISTRATION FORM FOR 2011/12

### APPLICATION FOR REGISTRATION ON THE DEPARTMENT OF ENERGY SUPPLIER DATABASE

Applicant Name: \_\_\_\_\_

Applicant Contact Person: \_\_\_\_\_

Contact Person Tel. No: \_\_\_\_\_

NEW APPLICATION (tick)                      UPDATED APPLICATION (supplier number)

  

For office use only

Received on: YY \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ at HH \_\_\_\_ MM \_\_\_\_

Received by (print full name) \_\_\_\_\_

Signature: \_\_\_\_\_

Verified on: YY \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ at HH \_\_\_\_ MM \_\_\_\_

Verified by (print full name) \_\_\_\_\_

Signature: \_\_\_\_\_

Captured on: YY \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ at HH \_\_\_\_ MM \_\_\_\_

Captured by (print full name) \_\_\_\_\_

Signature: \_\_\_\_\_

# IMPORTANT NOTES

Please read carefully

## **COMPLETING THE DEPARTMENT OF ENERGY SUPPLIER REGISTRATION FORM**

- Business Opportunities – Please note that Registration on the Department of Energy Supplier Database does not guarantee business opportunities. All procurement will be subject to the procurement and tender policy of the Department and applicable legislation.
- Mandatory fields – Certain fields and documentation are mandatory to certain business types. Please ensure that all fields which are mandatory to your business type have been completed failure to which the application won't be processed. If a field is not applicable to your business type clearly mark it as N/A. (Not Applicable)
- Required documentation – Please refer to the Document Requirement Checklist to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached, Failure to which the application won't be processed.
- Completion of Questions – Please answer all questions, as incomplete forms will not be processed. Clearly *Mark with an X*, to state Yes, No or N/A to the questions asked.
- Certified Documents – Please ensure that a Commissioner of Oaths has certified your Company Registration Document and other required documents.
- Processing of Registration Forms – Your completed Registration Form will be processed, and, once verified, will be captured as an approved supplier on the department's database. Suppliers will not be notified whether the application was approved or not, but will be advised of the outcome if requested.
- Amendments – Please notify the department immediately of any changes to the verified information submitted.
- Forms that are not legible or incomplete will not be processed on the database.
- Verification – verification of the information supplied will be performed against third party sources such as SARS, DTI, CIDB, etc. The Department of Minerals and Energy reserves the right to request additional information or documentation regarding this Registration form and request to conduct an audit when necessary.
- Queries – Should you have any queries or if you require assistance completing the registration form, please contact the Department's Supply Chain Management (SCM).unit on 012 444 4371/4373.

Completed registration forms and supporting documentation must be handed in at Department of Energy, Head Office or at the Regional Offices  
(Please refer to contact list)

PLEASE KEEP COPIES OF THE COMPLETED REGISTRATION FORM AND ALL  
DOCUMENTATION SUBMITTED

## A. CONTACT DETAILS

### 1. SUPPLIER DETAIL (Mandatory)

Supplier Registered Name:	
Supplier Trading Name (If different from Registered Name)	
Company registration number:	
Company or Firm income tax reference number:	
Vat Registration Number	
Date on which firm was first established: (i.e. original founding date)	
Telephone Number:	
Fax Number:	
Physical Address:	
Postal Address:	
Postal Code:	
Nearest town:	
Province	

### 2. Please attach the following documents (Mandatory)

Original valid tax clearance certificate
Original banking confirmation letter
Certified company registration
Certified identified document(s) of all owner(s) / shareholder(s)

### 3. CONTACT PERSON DETAILS (Mandatory)

Name:	
Job Title:	
Telephone Number:	
Fax Number:	
Cellular Number:	
E-Mail Address:	
Notification: (E-mail or SMS)	
Comment:	
Default Receiver of Contracts: (Y/N)	
Default Receiver of Tenders: (Y/N)	

### 4. ALTERNATIVE CONTACT PERSON DETAILS (Mandatory)

Name:	
Job Title:	
Telephone Number:	
Fax Number:	
Cellular Number:	
E-Mail Address:	
Notification: (E-mail or SMS)	
Comment:	
Default Receiver of Contracts: (Y/N)	
Default Receiver of Tenders: (Y/N)	

## B. COMPANY/FIRM DETAILS

### 5. TYPE OF FIRM

(Tick applicable box) (Mandatory)

<input type="checkbox"/>	One person business / sole trader
<input type="checkbox"/>	Partnership/ Consortium
<input type="checkbox"/>	Close corporation registered in terms of the SA Close Corporations Act
<input type="checkbox"/>	Public/Private company registered in terms of the SA Companies Act
<input type="checkbox"/>	Non Profit company registered in terms of the SA Companies Act
<input type="checkbox"/>	Trust as defined in the Income Tax Act
<input type="checkbox"/>	Cooperative Society as defined in the Co – operatives Act
<input type="checkbox"/>	Government/ State Owned Enterprise/ Constitutional Entity
<input type="checkbox"/>	Other: (Specify)

**6. BANK DETAILS (No Personal Account information) (Mandatory)**

<b>Name of Bank:</b>																												
<b>Name of Branch:</b>																												
<b>Branch Code:</b>																												
<b>Name of Account Holder:</b>																												
<b>Account Number:</b>																												
<b>Account Type:</b> (Tick applicable box):																												
<input type="checkbox"/> <b>Cheque</b>	<input type="checkbox"/> <b>Savings</b>	<input type="checkbox"/> <b>Transmission</b>	<input type="checkbox"/> <b>B Bond</b>	<input type="checkbox"/> <b>Subscription Share</b>	<input type="checkbox"/> <b>Not in Use</b>																							
<p>DATE STAMP OF BANK BANK ACCOUNT PARTICULARS</p>																												
<p>CERTIFIED AS CORRECT</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p><i>Mark the applicable entity:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Employee</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>Periodical Employee</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garnishee Beneficiary</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Supplier</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Employee						Periodical Employee						Garnishee Beneficiary						Supplier						<p><i>Address to send the payment stub:</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
Employee																												
Periodical Employee																												
Garnishee Beneficiary																												
Supplier																												
<p><b>NB. Please ensure that your bank details have been verified by the bank, and also attach a cancelled Cheque or bank acknowledgement letter.</b></p>																												

**7. TO BE COMPLETED ONLY IF FIRM IS AN AFFIRMABLE BUSINESS ENTERPRISE (Tick applicable box and complete relevant percentages)**

	Black owned (At least 50.1%)	
	Black Enterprise (At least 25.1%)	
	Black woman owned (At least 25.1%)	
	Other Woman	
	HDI	
	Disabled	
	SMME	
<b>Total</b>		<b>100%</b>

## 8. SMME STATUS OF YOR ENTERPRISE: (Mandatory)

- Please use the table below to determine the SMME Status of your enterprise
- Please ✓ the relevant box in each column

A. Sector	B. Full time paid employees (OR LESS)				C. Annual Turnover (millions) (OR LESS)				D. Total Gross asset value (property excluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4	2	0.4	0.15	4	2	0.4	0.1
Mining and Quarrying	200	50	20	5	30	7.5	3	0.15	18	4.5	1.8	0.1
Manufacturing	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Retail and Motor trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Wholesale Trade	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Catering, Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport, Storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Finance & Business Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Repair/Allied Services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Communications/IT	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Other Trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Commercial Agents	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1

## 9. SMME status of your enterprise

(Please ✓ the relevant box according to SMME table below) (Mandatory)

Micro	
Very Small	
Small	
Medium	
Large	

## 10. DIRECTORS / OWNERS DETAILS

(Complete table for each Director/ Owner) (Mandatory)

Person Name:	ID Number:	Position / Title:	Telephone Number:	Percentage Share Holding:	Citizenship

## 11. MANAGEMENT AND BUSINESS DECISIONS (Mandatory)

Identify by name, HDI status and length of service, those individuals in the firm (including owners and non-owners) responsible for day-to-day management and business decisions.						
	NAME	STATUS (YES/NO)				LENGTH OF SERVICE (YEARS)
		Priority Population	Disability	Woman	HDI	
FINANCING DECISIONS						
CHEQUE SIGNING						
SIGNING & CO-SIGNING FOR LOANS						
ACQUISITION OF LINES OF CREDIT						
SURETIES						
MAJOR PURCHASE OF ACQUISITIONS						
SIGNING CONTRACTS						

## 12. LIST A MAXIMUM OF FIVE CONTRACTS, WHICH YOUR FIRM HAS BEEN ENGAGED IN

CONTRACT DESCRIPTION	LOCATION	CUSTOMER/CLIENT	CONTRACT AMOUNT	EXPECTED COMPLETION (MONTH AND YEAR)

## C. COMMODITY INFORMATION

### 13. COMMODITY CATEGORIES

(Please select / specify the five(5) commodity that you can supply from the commodity structure) (Mandatory)

### 14. REGIONS WHERE GOODS / SERVICE CAN BE PROVIDED

(Mark with X) (Mandatory)

Cape town		Welkom	
Durban		Witbank	
Pretoria		Rustenburg	
Kimberly		Port Elizabeth	
Johannesburg		Polokwane	
Klerksdorp			

**D. CHECK LIST****15. Indicate whether the following documents are attached**

<b>General:</b>	<b>(Y/N)</b>
Original valid tax clearance certificate (mandatory)	
Company registration certificate (mandatory)	
Original bank confirmation letter	
Certified ID copies of all owners / Shareholders (mandatory)	
Companies owners and share certificates and agreements (Optional)	

**E. DECLARATION**

16. The undersigned who warrants that he / she is duly authorized to do so on behalf of the Firm, confirms that the contents of the application are within my personal knowledge and are to the best of my believe both true and correct.

By completing this application form, the Firm declares that:

16.1 It agrees to conform to the requirements of the Supplier Register as set out in this document.

16.2 The Firm agrees to abide by the Procurement Policy.

16.3 All the information supplied in this application is true and correct.

16.4 The firm will, without protest, submit itself to procedures instituted by the department of Mineral Resources

16.5 The Firm will, if requested to do so, supply further information and documentary evidence for scrutiny.

a. The Firm will update their registration particulars whenever a significant change in their details occur and, in any event, at intervals of two years.

Duly authorized to sign on behalf of: \_\_\_\_\_

<b>Signature</b>	<b>Name</b>	<b>Capacity</b>	<b>Date</b>