



**CROSS BORDER ROAD TRANSPORT AGENCY**  
**GLEN MANOR OFFICE PARK, BUILDING 3, 138 FRIKKIE DE BEER STREET**  
**MENLYN PRETORIA**  
**Email: Mmasabata.Nkhodi@cbrta.co.za**  
**Tel: (012) 471 2000**  
**Fax (012) 369 8467**

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**VENDOR REGISTRATION FORM:**

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO:**

**BY HAND: DATABASE ADMINISTRATOR: For attention:**

**MMASABATA NKHODI or**

**BY MAIL: DATABASE ADMINISTRATOR**  
**P.O. BOX 560**  
**MENLYN**  
**PRETORIA**  
**'0063**

**For attention: MMASABATA NKHODI**

**ENQUIRIES:**

The Database Administrator: MMASABATA NKHODI  
**Annexure 1: Required Documentation Checklist**  
**Annexure 2: Commodity list**  
**Annexure 3: General Information & Definition**

**Kindly submit all relevant documentation requested in ANNEXURE 1**

Public Finance Management Act, 1999 (Act 1 of 1999) - (PFMA)  
Accounting Officers Procurement Procedures - (AOPP)

# SERVICE PROVIDER DATABASE REGISTRATION FORM

All sections to be completed in **black ink**, submitted with an **original signature** commissioned by an authorized **Commissioner of Oaths**

<b>SUPPLIER DETAILS</b>	
Supplier/Vendor Number	<b>OFFICIAL USE ONLY</b>
Registered Name	
Trading as	
Registration Number	
Tax Registration Number	
Tax Certificate Expiry Date	

Classification:	<b>R</b>	<b>Only the main area of business</b>
Distributor	<input type="checkbox"/>	
Exporter	<input type="checkbox"/>	
Importer	<input type="checkbox"/>	
Manufacturer	<input type="checkbox"/>	
Repairer	<input type="checkbox"/>	
Sales	<input type="checkbox"/>	
Services	<input type="checkbox"/>	

Type:	<b>R</b>	<b>R</b>
Private Company (Pty) Ltd	Joint Venture	<input type="checkbox"/>
Closed Corporation (cc)	Partnership	<input type="checkbox"/>
Sole Proprietor	Section 21 Company	<input type="checkbox"/>
Public Company	Trust	<input type="checkbox"/>
Consortium	Co-operation	<input type="checkbox"/>
Foreign Company	Unknown	<input type="checkbox"/>
Government/Institution/Parastate/Organ of State		<input type="checkbox"/>

Area of Operation:	<b>R</b>
Municipal Area	<input type="checkbox"/>
Provincial	<input type="checkbox"/>
National	<input type="checkbox"/>

Toll Free Number	
Email Address	
Website URL	
Local Municipality	
Comment	

<b>Official use:</b>	
<b>Rating</b>	<b>OFFICIAL USE ONLY</b>
<b>Status</b>	<b>OFFICIAL USE ONLY</b>

<b>R</b>	
VAT REGISTERED	VAT Registration Number

ADDRESS	
Physical Address	Postal Address

<b>Official use:</b>	R
<b>Blacklisted Reason:</b>	
OFFICIAL USE ONLY	
Expiry Date	

<b>GPS Coordinates:</b>	
Latitude	
Longitude	



**SUPPLIER MAINTENANCE**

BAS   
  PMIS   
  LOGIS   
  WCS   
  CONTRACTOR  
 CONSULTANT

OFFICE: .....

**The Director General :** .....

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/we understand that the credit transfers hereby authorised will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/we understand that no additional advice of payment will be provided by my/our bank, but that the details of each be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post. Please ensure information is validated as per required.

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

Head Office Only	
Captured By:	_____
Date Captured:	_____
Authorised By:	_____
Date Authorised:	_____
Supplier code:	_____
Enquiries:	_____
Tel. No.:	_____

Company / Personal Details	
Registered Name	_____
Trading Name	_____
Tax Number	_____
VAT Number	_____
Title:	_____
Initials:	_____
First Name:	_____
Surname:	_____
Address Detail	
Payment Address (Compulsory if Supplier)	_____
	_____
	_____
Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
New Detail	
<input type="checkbox"/> New Supplier information	<input type="checkbox"/> Update Supplier information
Supplier Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Department <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> CC <input type="checkbox"/> Other (Specify)
Department Number	<input type="text"/> <input type="text"/>







## EQUITY

Please attach Valid B-BBEE Certificate

### Values of following items dependent on most recent Financial Statement

Item	Value / Number
Total number of full time Employees	
Total Annual Turnover	R
Total Gross Asset Value	R

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 next to your chosen sector

### SMME table

Column 1	Column 2 (tick applicable)				Column 3 (tick applicable)				Column 4 (tick applicable)			
Sectors in accordance with the standard Industrial Council	Total full time paid employees				Total Annual turnover (millions)				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	4m	2m	0.4m	0.15m	4m	2m	0.4m	0.1m
Catering, Accommodation & other trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Community, Social and Personal	100	50	10	5	10m	5m	1m	0.15m	5m	2.5m	0.5m	0.1m
Construction	200	50	20	5	20m	5m	2m	0.15m	4m	1m	0.4m	0.1m
Electricity, Gas and Water	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5m	0.1m
Finance and Business Services	100	50	10	5	20m	10m	2m	0.15m	4m	2m	0.4m	0.1m
Manufacturing	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5	0.1m
Mining and Quarrying	200	50	20	5	30m	7.5m	3m	0.15m	18m	4.5m	1.8m	0.1m
Other Trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Retail, Motor Trade and Repair Services	100	50	10	5	30m	15m	3m	0.15m	5m	2.5m	0.5m	0.1m
Transport, Storage and Communications	100	50	10	5	20m	10m	2m	0.15m	5m	2.5m	0.5m	0.1m
Wholesale Trade, Commercial Agents, and Allied Services	100	50	10	5	50m	25m	5m	0.15m	8m	4m	0.5m	0.1m

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Summary of results	SMME Status as per above (✓ appropriate block)
Column 2	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 3	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 4	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>

SMME FINAL RESULT	R
Micro	
Very Small	
Small	
Medium	
Large	

R

Locality	
Area	





## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder or his or her representative: .....

2.2 Identity Number: .....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>): .....

2.4 Company Registration Number: .....

2.5 Tax Reference Number: .....

2.6 VAT Registration Number: .....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

<sup>1</sup>"State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member: .....

Name of state institution at which you or the person connected to the bidder is employed : .....

Position occupied in the state institution: .....

Any other particulars:  
.....  
.....  
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attached proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:  
.....  
.....  
.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:  
.....  
.....  
.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

.....  
.....  
.....

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

**YES/NO**

2.10.1 If so, furnish particulars.

.....  
.....  
.....

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

**YES/NO**

2.11.1 If so, furnish particulars:

.....  
.....  
.....

**3 Full details of directors / trustees / members / shareholders.**

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Persal Number

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

January 2014

## ANNEXURE 1 - Required Documentation Checklist

Please ensure that all listed documentation below is attached (where applicable) to the registration form.

All documentation is to be provided in its original format and/or certified.

<b>Document Name</b>	<b>Please ✓ submitted documents Attached</b>
Original Valid Tax Clearance Certificate	<input type="checkbox"/>
Certified Copy of Company Registration Certificate	<input type="checkbox"/>
Certified copy of the Valid B-BBEE Certificate	<input type="checkbox"/>
Certified Copies of Director's ID documents	<input type="checkbox"/>
SBD 4 - Conflict of Interest Declaration	<input type="checkbox"/>
SBD 8 - SCM Bid document Declaration	<input type="checkbox"/>
Certified Copies of Compliant Accreditation Certificates (for Training as commodity)	
ICT - Sita	<input type="checkbox"/>
PSETA - Public Sector Education and Training Authority	<input type="checkbox"/>
SETA - Sector Education and Training Authority	<input type="checkbox"/>
Verification Letter of Bank (completed by bank) / Bank Stamp / Cancelled Cheque	<input type="checkbox"/>
Any relevant independent agency ratings / industrial endorsement	<input type="checkbox"/>
Valid Health Certificate (for Catering as Commodity)	<input type="checkbox"/>
Proof of Disability (Doctor's Letter)	<input type="checkbox"/>
Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>
Company Profile	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

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#### Captured by:

Date: \_\_\_\_\_ New  Update

Status: **Approved**  **Declined**  **Awaiting Approval**

Done VAT Checked: Yes  No  Reason if "No": \_\_\_\_\_

Send Summary Report Yes  No  Reason if "No": \_\_\_\_\_







## **ANNEXURE 3 - General information & Definitions**

**HDI Ownership Status:** Please read notes below very carefully

### **Instructions and Definitions:**

#### **Legislation:**

- Procedures are set out in the **Accounting Officers Procurement Procedures (AOPP)**, as referred to in the **Public Finance Management Act, 1999 (Act 1 of 1999)**(PFMA), to give all prospective suppliers an equal opportunity to submit quotations to a State Department.

#### **Terminology:**

- **Commodities:**  
The commodities the company wishes to be registered for as a supplier. Please define your **PRINCIPAL BUSINESS** to a maximum of 5 commodities.
- **Trade Names:**  
The trade names that the company own or distribute, which you wish to be registered for.
- **Owned:**  
Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Historically Disadvantaged Individuals (HDI):**  
For the purpose of registering as a supplier for the Department, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Historically Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.
- **Women:**  
A female person who is a SA citizen.
- **Disability:**  
In respect of a person, a permanent of physical, intellectual, or sensory function, which result in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.
- **Establishment of HDI / Women Equity Ownership in a enterprise:**  
Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.
- **Fronting:**  
Companies with no Black Economic Empowerment (BEE) status illegally claiming to be headed by previously disadvantaged individuals\* and claim false BEE credentials in order to win tenders/contracts.

### DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have -
  - a. abused the institution's supply chain management system;
  - b. committed fraud or any other improper conduct in relation to such system;
  - or
  - c. failed to perform on any previous contract.
4. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? <b>(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combatting of Corrupt Activities Act (No 12 of 2004)? <b>To access this Register enter the National Treasury's website, <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 326-5445.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	<input type="checkbox"/>	<input type="checkbox"/>
4.4.1	If so, furnish particulars:		

**CERTIFICATION**

I, THE UNDERSIGNED (FULL NAME) .....  
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND  
CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN  
AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of Bidder**

**Please note:** No faxes and copies are acceptable, please forward the original form either by hand or by courier services

**CREDIT ORDER INSTRUCTION**

**COMPANY'S FULL TRADING NAME**

(please print clearly)

	Year		Number	Type
ENTERPRISE REGISTRATION NUMBER OR SMME NUMBER (Please attach a copy of the Registration Certificate)				
VAT NUMBER	X <input style="width: 100%;" type="text"/>			
IDENTITY NUMBER	X <input style="width: 100%;" type="text"/>			

(Please attach a copy of your identity document)

**BUSINESS ADDRESS**

Street:

Suburb:

City:

Telephone and area code: (      )

Fax number and area code: (      )

Email address:

**POSTAL ADDRESS**

Street:

Suburb:

City:

Code:

**PAYMENT ADDRESS**

Street:

Suburb:

City:

Code:

1. I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
2. I/We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund Service", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements.)
3. I/We also understand that a payment advice will be supplied by CGTA in the normal way, and that it will indicate the date on which funds will be available in my/our account.
4. This authority may be cancelled by me/us by giving 30 day's notice by pre-paid/registered post.
5. I / We will not hold the CGTA liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment.

X

\_\_\_\_\_  
Initials and Surname

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

**DETAILS OF MY/OUR BANK ACCOUNT**

Name of Bank	<input style="width: 100%;" type="text"/>
Name of Branch	<input style="width: 100%;" type="text"/>
Branch Code	<input style="width: 100%;" type="text"/>
Account Name	<input style="width: 100%;" type="text"/>
Account Number	<input style="width: 100%;" type="text"/>
Account Type*	<input style="width: 50%;" type="text"/> If Cheque Account, attach a blank, cancelled cheque

\*Please enter numeric value:

1 = Cheque Account

4 = Bond Account

2 = Savings Account

5 = (Not in use)

3 = Transmission Account

6 = Subscription Account

<b>Please complete this form and forward it to:</b>	<b><u>FOR INTERNAL USE ONLY</u></b>	<b>DATE STAMP OF BANK</b>	<b><u>FOR COMPLETION BY BANK OFFICIAL:</u></b>
	Safetynet verification:	X	Bank account details are hereby certified as being correct:

LOGIS Supplier Number:

Name:

ID Number:

Capturer: Authorizer:

Signature: