### SUPPLIER DECLARATION FORM

Transnet Vendor Management has received a request to load / change your company details onto the Transnet vendor master database. Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents as per Appendix A to the Transnet Official who is intending to procure your company's services / products, to enable us to process this request. Please only submit the documentation relevant to your request.

**Please Note:** all organisations, institutions and individuals who wish to provide goods and/or services to organs of the State must be registered on the National Treasury's Central Supplier Database (CSD). This needs to be done via their portal at <a href="https://secure.csd.gov.za/">https://secure.csd.gov.za/</a> **before applying to Transnet**.

### **General Terms and Conditions:**

**Please Note:** Failure to submit the relevant documentation will delay the vendor creation / change process.

Where applicable, the respective Transnet Operating Division processing your application may request further or additional information from your company.

The Service Provider warrants that the details of its bank account ("the nominated account") provided herein, are correct and acknowledges that payments due to the Supplier will be made into the nominated account. If details of the nominated account should change, the Service Provider must notify Transnet in writing of such change, failing which any payments made by Transnet into the nominated account will constitute a full discharge of the indebtedness of Transnet to the Supplier in respect of the payment so made. Transnet will incur no liability for any payments made to the incorrect account or any costs associated therewith. In such an event, the Service Provider indemnifies and holds Transnet harmless in respect of any payments made to an incorrect bank account and will, on demand, pay Transnet any costs associated herewith.

Transnet expects its suppliers to timeously renew their Tax Clearance and B-BBEE certificates (Large Enterprises and QSEs less than 51% black owned) as well as sworn affidavits in the case of EMEs and QSEs with more than 51% black ownership as per Appendices C and D.

#### In addition, please note of the following very important information:

- 1. **If your annual turnover is R10 million or less,** then in terms of the DTI Generic Codes of Good Practice, you are classified as an Exempted Micro Enterprise (EME). If your company is classified as an EME, please include in your submission a sworn affidavit confirming your company's most recent annual turnover is less than R10 million and percentage of black ownership and black female ownership in the company (Appendix C) OR B-BBEE certificate issued by a verification agency accredited by SANAS in terms of the EME scorecard should you feel you will be able to attain a better B-BBEE score. It is only in this context that an EME may submit a B-BBEE verification certificate.
- 2. **If your annual turnover is between R10 million and R50 million,** then in terms of the DTI codes, you are classified as a Qualifying Small Enterprise (QSE). A QSE which is at least 51% black owned, is required to submit a sworn affidavit confirming their annual total revenue of between R10 million and R50 million and level of black ownership (Appendix D). O QSE 'that does not qualify for 51% of black ownership, are required to submit a B-BBEE verification certificate issued by a verification agency accredited by SANAS their QSEs are required to submit a B-BBEE verification certificate issued by a verification agency accredited by SANAS.

**Please Note:** B-BBEE certificate and detailed scorecard should be obtained from an accredited rating agency (e.g. SANAS Member).

3. **If your annual turnover exceeds R50 million,** then in terms of the DTI codes, you are classified as a Large Enterprise. Large Enterprises are required to submit a B-BBEE level verification certificate issued by a verification agency accredited by SANAS.

**Please Note:** B-BBEE certificate and detailed scorecard should be obtained from an accredited rating agency (e.g. SANAS Member).

- 4. The supplier to furnish proof to the procurement department as required in the Fourth Schedule of the Income Tax Act. 58 of 1962 whether a supplier of service is to be classified as an "employee", "personal service provider" or "labour broker". Failure to do so will result in the supplier being subject to employee's tax.
- 5. **No payments can be made to a vendor until the** vendor has been registered / updated, and no vendor can be registered / updated until the vendor application form, together with its supporting documentation, has been received and processed. No payments can be made to a vendor until the vendor has met / comply with the procurement requirements.
- 6. It is in line with PPPFA Regulations, only valid B-BBBEE status level certificate issued by an unauthorised body or person OR a sworn affidavit as prescribed by the B-BBEE Codes of Good Practice, OR any other requirement prescribed in terms of the Broad- Based Black Economic Empowerment Act.
- 7. As per the communique dated 04 March 2016 addressed to the **Members of the IRBA**, as of **30 September 2016**, the IRBA will no longer be the 'Approved Regulatory Body' as per Code Series 000, Statement 005 of the Codes of Good Practice. Any entity that seeks to apply for B-BBEE Accreditation to issue B-BBEE Verification Certificates post 30 September 2016 or wishes to participate in the B-BBEE Verification Industry must thus follow the Code Series 000, Statement 005, Section 5 of the Codes of Good Practice application process to the Accreditation Body (SANAS).'
- 8. Presenting banking details. Please note: Banks have decided to enable the customers and provide the ability for customers to generate Account Confirmation/Bank Account letters via their Online platform; this is a digital approach to the authentication of banking details.

### **SUPPLIER DECLARATION FORM**

Important Notice: all organisations, institutions and individuals who wish to provide goods and/or services to organs of the

**Supplier Declaration Form** 

| at <a href="https://secure.csd.gov.za/">https://secure.csd.gov.za/</a> before applying to Transnet.           |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
|---|---------------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|---------|--------------------------|--|--|
| CSD Number (MAAA xxxxxxx):  |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| Company Trading N   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| Company Registered Name   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| Company Registrat<br>Sole Proprietor  | ion No Or ID No                 | If a                     |                       |                          |                     |                          |         |                          |  |  |
| Company Income T  | ax Number                       |                          |                       |                          |                     |                          |         |                          |  |  |
|   | CC                              |                          | Trust                 | Pty Ltd                  | Limited             | Partne                   | rship   | Sole Proprietor          |  |  |
| Form of Entity  | Non-profit<br>(NPO's or<br>NPC) |                          | ersonal<br>bility Co  | State Owned<br>Co        | National Govt       | Provincia                | al Govt | Local Govt               |  |  |
|   | Educational Institution         |                          | ecialised<br>ofession | Financial<br>Institution | Joint Venture       | Foreign<br>International |         | Foreign Branch<br>Office |  |  |
| Did your company p  | previously opera                | te und                   | der anothe            | r name?                  |                     | Yes                      |         | No                       |  |  |
| If YES state the pre  | vious details bel               | ow:                      |                       |                          |                     | <b>'</b>                 |         |                          |  |  |
| Trading Name  |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| Registered Name   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| Company Registrat<br>Sole Proprietor  | ion No Or ID No                 | If a                     |                       |                          |                     |                          |         |                          |  |  |
|   | CC                              |                          | Trust                 | Pty Ltd                  | Limited             | Partne                   | rship   | Sole Proprietor          |  |  |
| Form of Entity  | Non-profit<br>(NPO's or<br>NPC) | Personal<br>Liability Co |                       | State Owned<br>Co        | National Govt       | Provincial Govt          |         | Local Govt               |  |  |
|   | Educational<br>Institution      |                          | ecialised<br>ofession | Financial<br>Institution | Joint Venture       | Fore<br>Interna          | •       | Foreign Branch<br>Office |  |  |
| Your Current Comp   | stratio                         | n Status                 |                       |                          |                     |                          |         |                          |  |  |
| VAT Registration Number   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| If Exempted from VAT registration, state reason and submit proof from SARS in confirming the exemption status |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| If your business ent<br>Your Non VAT Reg  |                                 |                          |                       |                          | nt original sworn a | ffidavit (se             | e examp | le in Appendix I).       |  |  |
| Company Banking   | Details                         |                          |                       |                          | Bank Name           |                          |         |                          |  |  |
| Universal Branch C  |                                 |                          |                       | Bank Account Number      |                     |                          |         |                          |  |  |
| Company Physical  | Address                         |                          |                       |                          |                     |                          |         |                          |  |  |
| Company Postal Ac   |                                 |                          |                       |                          |                     | Co                       |         |                          |  |  |
| Company Telephon  |                                 |                          |                       |                          |                     | Co                       | de      |                          |  |  |
| Company Fax Num   | ber                             |                          |                       |                          |                     |                          |         |                          |  |  |
| Company E-Mail Ad   | ddress                          |                          |                       |                          |                     |                          |         |                          |  |  |
| Company Website   | Address                         |                          |                       |                          |                     |                          |         |                          |  |  |
| Company Contact F   | Person Name                     |                          |                       |                          |                     |                          |         |                          |  |  |
| Designation   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| Telephone   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
| Email   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |
|   |                                 |                          |                       |                          |                     |                          |         |                          |  |  |

| Main Product / Service Supplied e.g. Stationery / Consulting / Labour etc.  |  |   |                             |                                       |          |                                    |         |          |           |        |                    |       |        |
|---|--|---|-----------------------------|---------------------------------------|----------|------------------------------------|---------|----------|-----------|--------|--------------------|-------|--------|
| How many personnel does the business employ?  |  |   |                             | Full Time Part Time                   |          |                                    |         |          |           |        |                    |       |        |
| Please Note: Should your business employ more than 2 full time employees who are not connected persons as defined by the lease Tay Act, places on the it as your efficient as your afficient as your efficient as your efficient. |  |   |                             |                                       |          |                                    | ed in   |          |           |        |                    |       |        |
| the Income Tax Act, please submit a sworn affidavit, as per App  Most recent Financial Year's Annual Turnover  R10Million EME   |  |   |                             | >R10Million >                         |          | >R50Million<br>Large<br>Enterprise |         |          |           |        |                    |       |        |
| Does your company h   | ave a valid  | d proof of R-RRE  | E status                    | 2                                     |          | •                                  |         |          | Yes       |        |                    | No    |        |
| Does your company have a valid proof of B-BBEE status?  Please indicate your Broad Based BEE status (Level 1 to 9)  |  |   |                             |                                       | 1        | 2                                  | 3       | 4        | 5         | 6      | 7                  | 8     | 9      |
| Majority Race of Own  | ership   |   |                             |                                       |          |                                    |         |          |           |        |                    |       |        |
| % Black Ownership   |  | % Black Wor<br>Ownershi   |                             |                                       |          | Black [<br>on(s) C                 |         | _        |           |        | Black Yo<br>wnersh |       |        |
| % Black<br>Unemployed   |  | % Black Ped<br>Living in Ru<br>Areas  |                             |                                       | %        | Black<br>Veter                     |         | <b>y</b> |           |        |                    |       |        |
| <ul> <li>EMEs and Q</li> <li>Appendix C a</li> <li>Black Disable physician on</li> </ul>  | SEs with a<br>and D resp<br>ed person(<br>the physic | redited rating age<br>at least 51% blac<br>bectively;<br>(s) ownership wil<br>cian's letterhead<br>n identification d | k owner  I only be confirmi | e accepte                             | ed if ac | compa<br>y;                        | ınied w | vith a c | ertified  | letter | signed             |       |        |
| Supplier Developm   | nent Info  | rmation Requ  | ired                        |                                       |          |                                    |         |          |           |        |                    |       |        |
| EMPOWERING SUPPLIER   |  |   |                             |                                       |          |                                    | YES     | s C      | )         | NO     | 0                  |       |        |
| FIRST TIME SUPPLI   | ER   |   |                             |                                       |          |                                    | YES     | s C      | )         | NO     | 0                  |       |        |
| SUPPLIER DEVELOPMENT PLAN   |  |   |                             |                                       |          |                                    | YES     | s C      | )         | NO     | 0                  |       |        |
| DEVELOPMENT PLAN DOCUMENT   |  |   |                             | * If Yes- Attach supporting documents |          |                                    |         |          |           |        |                    |       |        |
| ENTERPRISE DEVELOPMENT BENEFICIARY  |  |   |                             |                                       | YES      |                                    |         | NO       | 0         |        |                    |       |        |
| SUPPLIER DEVELOPMENT BENEFICIARY  |  |   |                             |                                       | YES      | , C                                | )       | NO       | 0         |        |                    |       |        |
| GRADUATION FROM ED TO SD BENEFICIARY  |  |   |                             |                                       | YES      | <sub>3</sub> C                     | )       | NO       | 0         |        |                    |       |        |
| ENTERPRISE DEVELOPMENT RECIPIENT  |  |   |                             |                                       |          | YES                                | , C     | )        | NO        | 0      |                    |       |        |
| By signing below, I hall information conta  |  |   |                             |                                       |          |                                    |         | ehalf c  | of firm / | orga   | nisatio            | n and | l that |
| Name and Surname  |  |   |                             |                                       | esigna   |                                    |         |          |           |        |                    |       |        |
| Signature   |  |   |                             | D                                     | ate      |                                    |         |          |           |        |                    |       |        |

Yes

Is your company a Labour Broker?

# Example of an Affidavit or Solemn Declaration as to VAT registration status

| Affidavit or Solemn Declaration   |
|---|
| I, solemnly swear/declare that  |
| is not a registered VAT vendor and is not required to   |
| register as a VAT vendor because the combined value of taxable supplies made by the provider in   |
| any 12 month period has not exceeded or is not expected to exceed R1 million threshold, as  |
| required in terms of the Value Added Tax Act.   |
| Signature:  |
| Designation:  |
| Date:   |
| Commissioner of Oaths   |
| Thus signed and sworn to before me at on this theday of   |
| the Deponent having knowledge that he/she knows and understands the contents of this Affidavid and that he/she has no objection to taking the prescribed oath, which he/she regards binding of his/her conscience and that the allegations herein contained are all true and correct. |
| Commissioner of Oaths   |

## Example of an Affidavit or Solemn Declaration as to number of employees

| Affidavit or Solemn Declaration   |                            |               |
|---|----------------------------|---------------|
| II  | solemnly swear/declare the | at            |
| employs three or more full  | time employees, which      | employees are |
| engaged in the business of rendering the services of  | the organisation and are   | not connected |
| persons as defined in the Income Tax Act.   |                            |               |
|   |                            |               |
| Signature:  |                            |               |
| Designation:  |                            |               |
| Date:   |                            |               |
|   |                            |               |
|   |                            |               |
| Commissioner of Oaths   |                            |               |
| Thus signed and sworn to before me at   | on this the                | day of        |
| 20,   |                            |               |
| the Deponent having knowledge that he/she knows and and that he/she has no objection to taking the prescribe his/her conscience and that the allegations herein contained | d oath, which he/she rega  | ,             |
| Commissioner of Oaths   |                            |               |

## SWORN AFFIDAVIT – B-BBEE **EXEMPTED MICRO ENTERPRISE** - GENERAL

I, the undersigned,

| Full name & Surname |  |
|---------------------|--|
| Identity number     |  |

Hereby declare under oath as follows:

- 1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
- 2. I am a Member / Director / Owner (**Select one**) of the following enterprise and am duly authorised to act on its behalf:

| Enterprise Name:           |   |
|----------------------------|---|
| Trading Name (If           |   |
| Applicable):               |   |
| Registration Number:       |   |
| Vat Number (If applicable) |   |
| Enterprise Physical        |   |
| Address:                   |   |
|                            |   |
|                            |   |
| Type of Entity (CC, (Pty)  |   |
| Ltd, Sole Prop etc.):      |   |
| Nature of Business:        |   |
|                            |   |
| Definition of "Black       | As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as |
| People"                    | Amended by Act No 46 of 2013 "Black People" is a generic term which |
|                            | means Africans, Coloureds and Indians –                             |
|                            |   |
|                            | (a) who are citizens of the Republic of South Africa by birth or    |
|                            | descent; or   |
|                            | (b) who became citizens of the Republic of South Africa by          |
|                            | naturalisation-   |
|                            | i. before 27 April 1994; or   |
|                            | ii. on or after 27 April 1994 and who would have been               |
|                            | entitled to acquire citizenship by naturalization prior to          |
|                            | that date;"   |
| Definition of "Black       | "Black Designated Groups means:                                     |
| Designated Groups"         |   |
|                            | (a) unemployed black people not attending and not required by law   |
|                            | to attend an educational institution and not awaiting admission     |
|                            | to an educational institution;                                      |
|                            | (b) Black people who are youth as defined in the National Youth     |
|                            | Commission Act of 1996;   |
|                            | (c) Black people who are persons with disabilities as defined in    |
|                            | the Code of Good Practice on employment of people with              |
|                            | disabilities issued under the Employment Equity Act;                |
|                            | (d) Black people living in rural and under developed areas;         |
|                            | (e) Black military veterans who qualifies to be called a military   |
|                            | veteran in terms of the Military Veterans Act 18 of 2011;"          |

| 3.   | I hereby  | declare under O   | ath that:  |  |  |  |
|------|---|---|--|--|--|--|
| •    | Amende<br>(1) of B-<br>The Ent<br>of the A<br>2003 as<br>The Ent<br>Series 1<br>No 53 o                                 | ed Code Series 1 BBEE Act No 53 erprise is mended Codes of Amended by Act erprise is 100 of the Amend f 2003 as Amend |  |  |  |  |
|      | •   | Black Youth % =   | =%   |  |  |  |
|      | •   | Black Disabled  | % =%   |  |  |  |
|      | •   | Black Unemploy  | ved % =%   |  |  |  |
|      | •   |   | ing in Rural areas % =%  |  |  |  |
|      | •   | ·   | eterans % =%   |  |  |  |
| •    | Revenu  | e was R10,000,0   | ancial year-end of (DD/MM/YYYY), the annual Total 00.00 (Ten Million Rands) or less elow table the B-BBEE Level Contributor, by ticking the applicable |  |  |  |
| 1    | 00% Blad  | ck Owned  | Level One (135% B-BBEE procurement recognition level)  |  |  |  |
|      | At least 5<br>Owned   | 51% Black   | Level Two (125% B-BBEE procurement recognition level)  |  |  |  |
| _    | ess than<br>)wned   | 51% Black   | Level Four (100% B-BBEE procurement recognition level)   |  |  |  |
| 4.   | prescrib  | ed oath and cons  | ne contents of this affidavit and I have no objection to take the sider the oath binding on my conscience and on the Owners of the ent in this matter. |  |  |  |
| 5.   | <ol><li>The sworn affidavit will be valid for a period of 12 months from the date signed by<br/>commissioner.</li></ol> |   |  |  |  |  |
|      |   |   |  |  |  |  |
|      |   |   | Deponent Signature:  |  |  |  |
|      |   |   | Date :   |  |  |  |
| nmis | sioner of   | Oaths   |  |  |  |  |
|      | re & stam   |   |  |  |  |  |
| Δ.   |   |   |  |  |  |  |

Comn Signa Date:

## SWORN AFFIDAVIT - B-BBEE QUALIFYING SMALL ENTERPRISE - GENERAL

I, the undersigned,

| Full name & Surname |  |
|---------------------|--|
| Identity number     |  |

Hereby declare under oath as follows:

- 1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
- 2. I am a Member / Director / Owner (**Select one**) of the following enterprise and am duly authorised to act on its behalf:

| Enterprise Name:           |   |
|----------------------------|---|
| Trading Name (If           |   |
| Applicable):               |   |
| Registration Number:       |   |
| Vat Number (If applicable) |   |
| Enterprise Physical        |   |
| Address:                   |   |
|                            |   |
|                            |   |
| Type of Entity (CC, (Pty)  |   |
| Ltd, Sole Prop etc.):      |   |
| Nature of Business:        |   |
|                            |   |
| Definition of "Black       | As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as |
| People"                    | Amended by Act No 46 of 2013 "Black People" is a generic term which |
|                            | means Africans, Coloureds and Indians –                             |
|                            | Thousand, Colourous and Malaine                                     |
|                            | (a) who are citizens of the Republic of South Africa by birth or    |
|                            | descent; or   |
|                            | (b) who became citizens of the Republic of South Africa by          |
|                            | naturalisation-   |
|                            | i. before 27 April 1994; or   |
|                            | ii. on or after 27 April 1994 and who would have been               |
|                            | entitled to acquire citizenship by naturalization prior to          |
|                            | that date;"   |
| Definition of "Black       | "Black Designated Groups means:                                     |
| Designated Groups"         | Black Bookgratoa Groupe mound.                                      |
| Joseph                     | (a) unemployed black people not attending and not required by law   |
|                            | to attend an educational institution and not awaiting admission     |
|                            | to an educational institution;                                      |
|                            | (b) Black people who are youth as defined in the National Youth     |
|                            | Commission Act of 1996;   |
|                            | (c) Black people who are persons with disabilities as defined in    |
|                            | the Code of Good Practice on employment of people with              |
|                            | disabilities issued under the Employment Equity Act;                |
|                            | (d) Black people living in rural and under developed areas;         |
|                            | (e) Black military veterans who qualifies to be called a military   |
|                            | veteran in terms of the Military Veterans Act 18 of 2011;"          |
|                            | votorali ili tellilo di tilo ivilitary votoralio / lot 10 di 2011,  |

| 3.      | I hereby declare under Oath that   |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|
| •       | The Enterprise is% Black Owned using the flow-through principle as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,       |  |  |  |  |  |  |  |
| •       | The Enterprise is  | % Black Female Owned as per Amended Code Series 100 Practice issued under section 9 (1) of B-BBEE Act No 53 of |  |  |  |  |  |  |
| •       | The Enterprise is% Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,                       |  |  |  |  |  |  |  |
| •       | Black Designated Group Owned   | % Breakdown as per the definition stated above:  |  |  |  |  |  |  |
|         | • Black Youth % =  | %  |  |  |  |  |  |  |
|         | Black Disabled % =   | %  |  |  |  |  |  |  |
|         | Black Unemployed % =   | %  |  |  |  |  |  |  |
|         | Black People living in R   | ural areas % =%  |  |  |  |  |  |  |
|         | Black Military Veterans  | % =%   |  |  |  |  |  |  |
| •       | <ul> <li>Total Revenue was between R10,000,000.00 (Ten Million Rands) and R50,000,000.00 (Fifty Million Rands),</li> <li>Please confirm on the table below the B-BBEE level contributor, by ticking the applicable box.</li> </ul> |  |  |  |  |  |  |  |
| 100% E  | Black Owned  | Level One (135% B-BBEE procurement recognition level)  |  |  |  |  |  |  |
| At Leas | st 51% black owned   | Level Two (125% B-BBEE procurement recognition level)  |  |  |  |  |  |  |
| 4.      | I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.      |  |  |  |  |  |  |  |
| 5.      | 5. The sworn affidavit will be valid for a period of 12 months from the date signed by<br>commissioner.  |  |  |  |  |  |  |  |
|         | Deponent Signature:  |  |  |  |  |  |  |  |
|         |  | Date:  |  |  |  |  |  |  |
|         | ssioner of Oaths<br>re & stamp   |  |  |  |  |  |  |  |