



KZN GROWTH FUND TRUST

APPLICATION TO REGISTER ON THE KZN GROWTH FUND TRUST SUPPLIER DATABASE

TO ALL SUPPLIERS AND SERVICE PROVIDERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER OR SERVICE PROVIDER ON THE DATABASE OF KZN GROWTH FUND TRUST

All suppliers are herewith invited to register as an approved supplier on the database of KZN Growth Fund Trust.

In order to comply with the procedures, set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999), KZN Growth Fund Trust Supply Chain Management (SCM) department has developed a database to be used by the SCM office.

The purpose of the supplier database is to select a preferred panel of suppliers and service providers as well as to provide them with an equal opportunity to submit quotations to KZN Growth Fund Trust.

Preference for quotations will be given to those suppliers and service providers registered on the database unless there are no suppliers on the database that can supply that particular commodity or service.

Attached, please find an official registration form to assist us with updating our database according to legislative requirements.

This application form must be completed by suppliers and service providers in order to register on the KGFT vendor management system. In order for your application to be processed, the following documentation **MUST** accompany this form, failing which, your application will not be considered. **Please DO NOT** submit CDs or video tapes with this form.

<i>DOCUMENT REQUIRED</i>	<i>CATEGORY OF SUPPLIER</i>	<i>TICK THE RELEVANT BOX INDICATING SUBMISSION</i>
Confirmation of registration on the KZN National Treasury Central Supplier database	Compulsory for all supplier's	
Original cancelled cheque or stamped letter from the bank, verifying the banking details of your Business	All suppliers	
Certified copy of your business registration documents if you are incorporated as a partnership, close corporation or a company	All suppliers	
Certified copies of the ID documents of directors and shareholders / partners / members / sole proprietor	All suppliers	
A valid and original tax clearance certificate	All suppliers	
A valid BBBEE verification certificate obtained from an accredited verification agency OR an ABVA- accredited verification agency (only in the absence of accredited verification	Compulsory for all suppliers whose turnover exceeds R5 million.	

SECTION A: GENERAL

Trading as" name of business: _____
(Contracts/orders will be placed on this name and invoices must reflect this)

Registered name of business: _____

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname/s: _____
(If trading as a sole-proprietor or a partnership)

Physical address of business:

Building / complex name: _____

Street name and number: _____

Suburb : _____ City : _____

Code: _____ Country: _____

Postal address of business:

Post net address: _____

P O Box / Private Bag: _____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Sales representative fax number: Code: _____ Number: _____
(Used by KGFT for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Accounting Clerk's fax number: Code: _____ Number: _____
(Used by KGFT for electronic faxing of the APS remittance advices)

Business e-mail: _____ (This is the address
to which an Invitation to bid / enquiry and orders / contracts will be sent to)

Your own business contact person/sales representative name _____ and telephone
number: _____

Is your business owned or partly-owned by government? _____ (Y/N)

Business Registration number (if applicable) _____
(In the case of a sole proprietor or partnership, please furnish identity numbers plus copies of the identity
documents of the owners)

Tax number of business: _____

VAT registration number: (if applicable) _____

SECTION B: CONFIRMATION OF B-BBEE STATUS

NB: It must be noted that KGFT will recognize only the following categories of persons as “Black” for purposes of B-BBEE, as defined in the Codes of Good Practice:

African, Colored or Indian persons who are natural persons and:

- *are citizens of the Republic of South Africa by birth or descent; or*
- *are citizens of the Republic of South Africa by naturalization before the commencement date of the Constitution of the Republic of South Africa Act of 1993; or*
- *became citizens of the Republic of South Africa after the commencement date of the Constitution of the Republic of South Africa Act of 1993, but who, or the Apartheid policy that had been in place prior to that date, would have been entitled to acquire citizenship by naturalization, prior to that date.*

1. Previous name(s) of business (if applicable)

If operating as an Exempted Micro Enterprise (EME) (turnover less than R5 million per annum), do you operate independently or are you related (common ownership and resources) to other operating EME's?

Y/N _____ If yes, then elaborate on your relationship with other EME's?

Is your EME operating as a continuation of a currently or previously existing business? Y/N _____

If yes, then elaborate on your relationship with this business.

2. Is your business:

- An agent _____ Manufacturer _____ Distributor _____ Consultant _____ Contractor _____
Professional Services _____ Other _____ (specify): _____
- Governed by a Sector Code? Y/N _____ If yes, specify _____
- A Multinational based in South Africa with overseas headquarters, operating as a “Global Practice” which restricts the alienation of equity or the sale of businesses in its regional operations?
Y/N _____ (If yes, please provide documentation confirming operation as a Global Practice).

[If your business operates as a Multinational subject to a Global Practice, are you currently a participant in an Equity Equivalent Programmed (EEP)? Y/N ____ (If yes, please submit documentary proof that the EEP has been approved by the Minister of Trade and Industry OR forms part of a Sector Code)].

- Owned or partly owned by a Trust (Y/N) _____ Private Equity Fund (Y/N) _____
Broad-Based Ownership Scheme (Y/N) _____ Employee Ownership Scheme (Y/N) _____

SECTION C: DECLARATION OF INTERESTS

Are you or any other person who holds an interest in your business (i.e. a shareholder, a director, or a member or partner, a line manager, or a fellow employee), employed by KGFT or serves as a director or trustee at KGFT, or was previously employed by KGFT or served as a director at KGFT? Y/N _____

If yes, state particulars.

Are you, or any other person who holds an interest in your business, a close family member (i.e. related by birth, marriage, domestic partnership, adoption, guardianship or the like) to or an associate (i.e. a friend, rival, business partner, neighbor, etc.) of a KGFT employee and/or director? Y/N _____

If yes, state particulars.

Have you, or any other person who holds an interest your business, given a business courtesy to or received a business courtesy from a KGFT employee and/or director over the last 12 (twelve) months? Y/N _____

If yes, state particulars

Have you, or any other person who holds an interest in your business undergone an KGFT supplier disciplinary process and / or has been suspended from the KGFT supplier database over the last 5 (five) years? Y/N _____

If yes, state particulars.

Is your business currently engaged in defending any legal proceedings which have been instituted against it (including against any of its directors / members / partners), or has your business (including any directors / members / partners) either been charged with or been convicted of any criminal act, or has any judgment or decision been made against it by any administrative or regulatory body? Y/N _____

If yes, state particulars.

DECLARATION:

I, the undersigned _____ duly authorized to complete this application form in my capacity as _____ on behalf of the applicant _____

certify that, to the best of my knowledge, the information furnished herein is true and correct. I accept that KGFT reserves its right to act against the applicant or me personally in terms hereof, should this declaration prove to be false.

Name: _____ Signature: _____

Designation: _____ Date: _____

NOTE TO ALL SUPPLIERS AND SERVICE PROVIDERS:

KZN Growth Fund Trust reserves the right to verify and confirm any of the information provided on this application form. KGFT may request additional information during its bid evaluation process. KGFT reserves the right to conduct site visits where deemed necessary.

Incomplete submissions will not be processed. An incomplete submission will include failure to provide any supporting documentation required to be submitted with this form.

If there are any changes to the information provided on this form, please inform the Procurement Officer on accounts@kzngrowthfund.co.za at KGFT's Supply Chain Management department within 7 (seven) working days of such change. Outdated information could lead to your business not being invited to bid or not receiving correct payment!

NB: Bank information:

In all instances payment will be made via EFT directly into your bank account as per the banking details provided on this application form.

Should you change your banking details, you will once again be required to submit an original cancelled cheque or stamped letter from the bank, verifying these banking details.

All information provided by suppliers will be treated as strictly confidential