



# Office of the Chief Procurement Officer System Account Application Form

| CSD User Account                                                                                                                            | eTender User Account                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Primary User<br><input type="checkbox"/> Support View OTP<br><input type="checkbox"/> Organ of State System Access | <input type="checkbox"/> Super User (System Administrator)<br><input type="checkbox"/> Planning Coordinator (Captures Procurement plans)<br><input type="checkbox"/> Bid Administrator (Publish Tenders)<br><input type="checkbox"/> Tender Support (Awards and Bidders list)<br><input type="checkbox"/> Contract Administrator (Captures Contracts)<br><input type="checkbox"/> Contract Approver (Approves Contracts) |

| Organ of State Information |                                                                                                                                            |                                |                                                                            |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------|
| Organ of State Type:       | <input type="checkbox"/> National<br><input type="checkbox"/> Provincial<br><input type="checkbox"/> Local<br><input type="checkbox"/> SOE | System Account to be:          | <input type="checkbox"/> Activated<br><input type="checkbox"/> Deactivated |
|                            |                                                                                                                                            | System Account effective from: | YYYY/MM/DD                                                                 |
| Organ of State Name:       |                                                                                                                                            |                                |                                                                            |

| User Information         |            |
|--------------------------|------------|
| Title:                   |            |
| Name (s):                |            |
| Surname:                 |            |
| Rank:                    |            |
| Division:                |            |
| PERSAL No / Employee No: |            |
| Telephone number:        |            |
| Cell phone number:       |            |
| Email Address:           |            |
| ID Number:               |            |
| Signature:               |            |
| Date:                    | YYYY/MM/DD |

### Declaration by CFO

I, the Chief Financial Officer (CFO) of the above-mentioned organisation, hereby certify that the provided information of the technical user is correct and verified.

| CFO Information          |            |                      |
|--------------------------|------------|----------------------|
| Title:                   |            |                      |
| Name (s):                |            |                      |
| Surname:                 |            |                      |
| Rank:                    |            |                      |
| Division:                |            |                      |
| PERSAL No / Employee No: |            | Organ of State Stamp |
| Telephone number:        |            |                      |
| Cell phone number:       |            |                      |
| Email Address:           |            |                      |
| ID Number:               |            |                      |
| Signature:               |            |                      |
| Date:                    | YYYY/MM/DD |                      |

1. For eTender please complete sign, stamp and email the document to [etenders@treasury.gov.za](mailto:etenders@treasury.gov.za)
2. For CSD please complete, sign, stamp and email the document to [csdOoS.Support@treasury.gov.za](mailto:csdOoS.Support@treasury.gov.za)

| National Treasury Office Use Only |            |                        |            |
|-----------------------------------|------------|------------------------|------------|
| Title:                            |            | Title:                 |            |
| Name (s):                         |            | Name (s):              |            |
| Surname:                          |            | Surname:               |            |
| Request authorised on:            | YYYY/MM/DD | Request authorised on: | YYYY/MM/DD |
| Signature:                        |            | Signature:             |            |