



SUPPLIER REGISTRATION FORM

SUPPLIER NAME				
NEW APPLICATION	YES		NO	
UPDATED APPLICATION	YES		NO	
Contact person at your company				
Position				
Telephone number				
Cell phone number				
Fax number				
Email				
Signature				
Indicate if responding to an advert for our supplier database	Yes		No	

Checklist

*The following forms (where applicable) must accompany this document at the time of submission.
Kindly refer to Annexure A of this document for a detailed list of required documentation pertinent to
nature of registration of the enterprise*

Proof of company registration or CK documents	
Proof of ownership/shareholders certificate	
Certified Copy of identity document(shareholders, directors, members)	
Original Tax clearance certificate(valid) or Tax Compliance Pin Status	
Vat registration document(VAT 103)	
Certificate of incorporation (CM1)	
Memorandum of association (CM2)	
Register of directors (CM27 or CM 29)	
Relevant statutory body registration(e.g. PSIRA,CIDB etc)	
Copy of TV license business and private (valid)	
Original/ Certified BBBEE certificate (SANAS approved Agency) or Sworn Affidavit	

Forms can be obtained from the SABC website at www.sabc.co.za (Reg 2003/023915/06) or from the SABC Supplier Management Office on the 18th Floor, Radio Park Building, Henley Road, Auckland Park, alternatively you can request them by e-mail at sikhakhanefm@sabc.co.za; puletv@sabc.co.za; mahlaselam@sabc.co.za; alternatively call Telephone (011)714-2734; (011)714-2138, Fax (011) 714 2164

FOR OFFICE USE ONLY	
Received by (Print name and surname)	
Position	
Date received	
Signature	

SUPPLIER DETAILS									
Legal name									
Trading name									
Type of company			Public Company (Ltd)						
			Private Company (Pty) Ltd						
			Closed Corporation (CC)						
			Joint Venture (JV)						
			Non-Profit Organisation (NPO)						
			Non-Governmental Organisation (NGO)						
			Government Institution						
			Sole Proprietor						
Company Registration number									
Income Tax Reference number									
VAT registration number (If applicable)									
Company's TV license number									
Number of TV sets									
NATIONAL TREASURY CENTRAL SUPPLIER DATABASE (CSD) DETAILS									
CSD Supplier Number									
CSD Supplier Registration Security Code									
DIRECTOR/OWNERSHIP DETAILS									
Director/Owner 1									
Surname									
Names									
Position in the company									
ID number									
Nationality									
Director/Owner's TV license number									
Nationality	Gender	Race	Shares owned		Disability				
					Yes		No		
Director/Owner 2									
Surname									
Names									
Position in the company									
ID number									
Nationality									
Director/Owner's TV license number									
Nationality	Gender	Race	Shares owned		Disability				
					Yes		No		
Director/Owner 3									
Surname									
Names									
Position in the company									
ID number									
Nationality									
Director/Owner's TV license number									
Nationality	Gender	Race	Shares owned		Disability				
					Yes		No		
NOTE: If your company has more than three (3) owners, please attach a separate sheet with the above owners' information.									

COMPANY CONTACT DETAILS						
Contact Person (RFQ) & email address						
Contact Person (Remittances) & email						
Telephone number						
Cellphone number						
Fax number						
Email address						
Physical address	Line 1					
	Line 2					
	Line 3					
	Line 4					
	Postal code					
Postal address	Line 1					
	Line 2					
	Line 3					
	Postal code					
COMMODITIES AND/OR TYPE OF SERVICE YOU PROVIDE						
Does your company provide	Products		Services		Both	
Area Of Delivery	National		Provincial		Local	
Main Product or Service supplied						
PLEASE SPECIFY (EG: CONSTRUCTION)						
COMPLIANCE REGULATORY BODY	e.g. Construction CIDB					
Membership number						
Telephone number						
PUBLIC INSURANCE AND INDEMNITY COVER						
Does your company have public liability insurance?				Yes	No	N/A
Does your company indemnify the SABC in the event that someone is injured in the line of duty?					Yes	No
BANKING DETAILS						
(only original bank letters will be accepted and dated in the month of registration)						
Account Holder	Bank Name	Account Number	Type of account	Branch name	Branch code	
			Cheque			
			Savings/Transmission			
CERTIFIED BY BANK						
Date Stamp of Bank	Employee name					
	Employee surname					
	Position					
	Telephone number					
	Fax number					
	Signature					
In the absence of a bank stamp verification kindly furnish us with a bank stamped letter from your bank						

BROAD-BASED BLACK ECONOMIC EMPOWERMENT INFORMATION									
CERTIFICATE ISSUED BY (NAME OF SANAS APPROVED)									
AFFIDAVIT CERTIFIED BY (NAME OF COMMISSIONER OF OATH)									
DATE OF ISSUE					EXPIRY DATE				
What is your company's annual turnover?									
<R30K	>R30K <R0.3M	>R0.3M <R1M	>R1M <R5M	>R6M <R10M	>R11M <R15M	>R16M <R25M	>R26M <R30M	>R31M <R34M	<35M
What is the total number of full-time staff in your company?									
BLACK		WHITE		COLOURED			INDIAN		
Part time Staff									
BLACK		WHITE		COLOURED			INDIAN		
PROCUREMENT AND CONTRACTS INFORMATION									
The number of contracts or Supplier Registration Forms obtained from the SABC in the previous financial <i>if applicable</i>									
The value of Supplier Registration Forms or contracts obtained from the SABC in the previous financial <i>if applicable</i>								R	
TRADE REFERENCE									
Client/Company name	Contact person	Telephone number		Email address			Fax number		
TERMS AND CONDITIONS									
1. The SABC reserves the right to terminate supplier's contract should any form of misrepresentation (Fronting, etc.) be found. 2. The supplier agrees to supply original or certified copies of documents to the SABC as per requirements of this registration form. 3. The supplier agrees to supply original or certified copies of valid television (TV) license for shareholders and directors before engaging in any form of business with the SABC. 4. Failure to comply with the above terms and conditions shall give the SABC the right to reject the application or to terminate a pending or running contract.									
DECLARATION OF INTEREST(This must be completed and signed and is COMPULSORY)									
I hereby acknowledge that I read and understood the contents of this application form and abide myself and my organization by the terms and conditions stipulated in this form. Moreover, I grant the SABC the right to investigate authenticate and verify information provided by me with or without my knowledge.									
Name and surname					Date		Signature		

FICA REQUIREMENTS

SA Companies

- ☐ Certificate of Incorporation (CM1) and Notice of Registered Office and Postal Address (CM22) containing Registrar's stamp and signed by the Company Secretary.
- ☐ A document(s) less than 3 months old containing trade name and business address (i.e.) utility bill, account of landline telephone, bank statement, municipality rates, tax invoice, and lease agreement.
- ☐ ID document/passport of the manager, all authorised representatives, all individuals holding 25% or more of the voting rights at a general meeting.
- ☐ Proof of authority to act for company (i.e.) Director's resolution.
- ☐ Applicable documents referred to in institutions holding 25% or more of the voting rights at a general meeting.

SA Close Corporations

- ☐ Founding Statement and Certificate of Incorporation (CK1) and Amended Founding Statement (CK2) if applicable, containing Registrar's stamp and signed by an authorised representative/employee.
- ☐ A document(s) less than 3 months old containing trade name and business address (i.e.) utility bill, Account of landline phone, bank statement or municipality rates, tax invoice and lease agreement.
- ☐ ID document/passport of each member and all authorised representatives.
- ☐ Proof of authority to act for close corporation (i.e.) member's resolution.

SUPPLIER GUIDELINES

Dear Supplier

Suppliers do not need to be registered to participate in the SABC's bidding process, however, in order to receive a contract award they must be "Approved", which requires the completion of a Supplier Registration form, meeting all eligibility requirements and providing all required documentation which is outlined on page 1 of the Supplier Registration form and detailed in *Annexure A* of this document. Completion of a Supplier Registration form, however, does not guarantee that a supplier will be approved. Furthermore, the process of registration does not automatically qualify or entitle the supplier to receive work from the SABC. Once a supplier is approved it is added to the SABC Supplier Database.

In order to comply with the procedures set out in the Accounting Offices Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA) and the National Treasury Regulations, the SABC's Procurement Division employs a supplier database to be used by the SABC Procurement Division in managing the procurement of goods and services as required by the organization as and when needed.

The SABC Vendor Office receives all fully completed supplier registration forms.

No form will be accepted/loaded if the following has been omitted at the time of submission

- a. If the document is not fully completed
- b. If the forms are not readable
- c. If all the required and valid documentation is not received (e.g. Tax Clearance/Compliance Status Pin certificate, BBBEE certificate, TV License)
- d. If the banking details are not supported with either a bank stamp, letter from the bank or cancelled cheque is not attached
- e. If the Supplier registration form is not dated and signed

In the event of a request to amend a supplier's details becomes necessary, the SABC would require the supplier to communicate such changes to the office of the Vendor Master in writing. Depending on the nature of the request the following will apply:

Change in banking details

A signed letter by the Financial Director of the organization with a cancelled cheque or a stamped letter from the bank

Company name change

A new supplier registration form has to be completed in the new name and relevant documentation submitted. (Name change Certificate)

Change in contact details, change of address and/or contact persons

Written notification on a company letterhead of request.

SABC's Vendor Master amendment forms should be completed

Verification – the verification of the information supplied will be performed against third party sources such as SARS, CIPS and SANAS.

Your Tax Clearance/Compliance Status Pin certificate and BBBEE certificate is only valid for a period of one (1) year from the date of issue. You are required to submit an updated original, valid Tax Clearance/Compliance Status Pin Certificate and BBBEE Certificate on, or before the currently submitted Tax Clearance/Compliance Status Pin Certificate and BBBEE Certificate expires on order maintain your verified status on the SABC's supplier database. Failure to do so may result in your status becoming inactive until the valid documentation is received.

The SABC fully endorses and supports the Government's Broad-based Black Economic Empowerment Programme and it is strongly of the opinion that all South African Business Enterprises have an equal obligation to redress the imbalances of the past.

If your annual turnover is R10 million or less, then in terms of the DTI codes, 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 on an annual basis, confirming the Annual Total Revenue of R10 Million or less and percentage of black ownership and black female ownership in the company AND/OR BBBEE certificate and detailed scorecard from an accredited rating agency (e.g. permanent SANAS Member), should you feel you will be able to attain a better BBBEE score.

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). If your company is classified as a QSE, please include in your submission, a sworn affidavit on an annual basis, confirming the Annual Total Revenue between R10 Million and R50 Million and percentage of black ownership and black female ownership in the company.

If your turnover is in excess of R50 million, then in terms of the DTI codes, you are classified as a Large Enterprise and you claim a specific BEE level based on all five elements of the BBBEE generic scorecard. Please include your BEE certificate in your submission as confirmation of your status. BBBEE certificate and detailed scorecard should be obtained from an accredited SANAS verification agency.

No payments can be made to a supplier until the supplier has been registered.

Once a supplier has been registered on the SABC's supplier database, a letter of confirmation will be forwarded to the supplier advising of the registration number. The supplier registration number can be quoted on all future correspondence to the SABC.

DECLARATION OF INTEREST

1. Any legal or natural person, excluding any permanent employee of SABC, may make an offer or offers in terms of this Supplier Registration Form invitation. In view of possible allegations of favouritism, should the resulting Supplier Registration Form, or part thereof be awarded to-
 - (a) any person employed by the SABC in the capacity of , consultant or service provider; or
 - (b) any person who acts on behalf of SABC; or
 - (c) any person having kinship, including a blood relationship, with a person employed by, or who acts on behalf of SABC; or
 - (d) any legal person which is in any way connected to any person contemplated in paragraph (a), (b) or (c),

it is required that:

The Supplier or his/her authorised representative shall declare his/her position *vis-à-vis* SABC and/or take an oath declaring his/her interest, where it is known that any such relationship exists between the Supplier and a person employed by SABC in any capacity.

Does such a relationship exists? [YES/NO]

If YES, state particulars of all such relationships (if necessary, please add additional pages containing the required information):

	[1]	[2]
NAME	:.....	
POSITION	:.....	
OFIFICE WHERE EMPLOYED	:.....	
TELEPHONE NUMBER	:.....	
RELATIONSHIP	:.....	

2. Failure on the part of a Supplier to fill in and/or sign this certificate may be interpreted to mean that an association as stipulated in paragraph 1, *supra*, exists.
3. In the event of a contract being awarded to a Supplier with an association as stipulated in paragraph 1, *supra*, and it subsequently becomes known that false information was provided in response to the above question, SABC may, in addition to any other remedy it may have:
 - recover from the Supplier all costs, losses or damages incurred or sustained by SABC as a result of the award of the contract; and/or
 - cancel the contract and claim any damages, which SABC may suffer by having to make less favourable arrangements after such cancellation.

SIGNATURE OF DECLARANT

POSITION OF DECLARANT

DATE

SUPPLIER REGISTRATION FORM

By signing the **SUPPLIER REGISTRATION FORM** documents, the Supplier is deemed to acknowledge and accept all the conditions governing the **SABC SUPPLIER REGISTRATION FORM**.

SIGNED at _____ this _____ day of _____ 201

NAME OF COMPANY _____

NAME OF THE SIGNATORY (IES) _____

CAPACITY: _____

Are you authorised to sign on behalf of the company (YES/NO) _____

WITNESSES:

1. _____

2. _____

ANNEXURE A

DOCUMENTS REQUIRED	SOLE PROPRIETOR	CLOSE CORPORATIONS	PARTNERSHIPS	PUBLIC/PRIVATE COMPANY	BUSINESS TRUST	NON PROFIT ORGANISATIONS (NPO)	INSTITUTIONS
Company Registrations (certified copies)	N/A	Certificate of Incorporation CK1 & CK2	Duly signed partnership agreement which is still in full force and effect	CM1 Incorporation of a company & CM9 Change of Name of Company CM22 Notice of Registered Office & Postal Address of Company	Deed of Trust Agreement	CM3 Incorporation Certificate Section CM4 Memorandum of Association CM22 Notice of Registered Office & Postal Address of Company	Registrar of Close Corporation & Companies
Proof of Ownership	Copy of ID (Certified)	Membership/Shareholding CK1/CK2	Duly signed partnership agreement which is still in full force and effect	CM29 Contents of Register of Directors, Auditors and Officers	Trust Deed, Power of Attorney, Beneficiaries & Trustees	CM29 Contents of Register of Directors, Auditors and Officers	Register of Close Corporations & Companies
Proof of Banking	Banking details on original <u>bank</u> letterhead signed and stamped by bank (See Annexure 1)	Banking details on original <u>bank</u> letterhead signed and stamped by bank (See Annexure 1)	Banking details on original <u>bank</u> letterhead signed and stamped by bank (See Annexure 1)	Banking details on original <u>bank</u> letterhead signed and stamped by bank (See Annexure 1)	Banking details on original <u>bank</u> letterhead signed and stamped by bank (See Annexure 1)	Banking details on original <u>bank</u> letterhead signed and stamped by bank (See Annexure 1)	Banking details on original <u>bank</u> letterhead signed and stamped by bank (See Annexure 1)
Original Tax Clearance/Compliance Status Pin	For the owner of the business	For the company	For the partnership	For the company	For the Trust	Proof of Exemption	Receiver of Revenue (SARS)
Proof of P.A.Y.E. Registration	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Receiver of Revenue (SARS)
U.I.F. Certificate	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Receiver of Revenue (SARS)
VAT 103 Registration	If registered VAT	If registered VAT	If registered VAT	If registered VAT	If registered VAT	If registered VAT	Department of Labour
Certified Copy of Identity Document	Clear copy of Identity Document(s)	Clear copy of Identity Document(s)	Clear copy of Identity Document(s)	Clear copy of Identity Document(s)	Clear copy of Identity Document(s)	Clear copy of Identity Document(s)	N/A
Compensation for Occupational Injuries & Diseases Certificate	Certified copy of letter of good standing from Compensation Commissioner	Certified copy of letter of good standing from Compensation Commissioner	Certified copy of letter of good standing from Compensation Commissioner	Certified copy of letter of good standing from Compensation Commissioner	Certified copy of letter of good standing from Compensation Commissioner	Certified copy of letter of good standing from Compensation Commissioner	Compensation Commissioner
Audited Financial Statement	Latest statement (If applicable) or letter from auditor	Latest statement (If applicable) or letter from auditor	Latest statement (If applicable) or letter from auditor	Latest statement (If applicable) or letter from auditor	Latest statement (If applicable) or letter from auditor	Latest statement (If applicable) or letter from auditor	Personal Auditor
BBBEE Certification or Sworn Affidavit	Copy of valid compliance certification by accredited institution or Sworn Affidavit	Copy of valid compliance certification by accredited institution or Sworn Affidavit	Copy of valid compliance certification by accredited institution or Sworn Affidavit	Copy of valid compliance certification by accredited institution or Sworn Affidavit	Copy of valid compliance certification by accredited institution or Sworn Affidavit	Copy of valid compliance certification by accredited institution or Sworn Affidavit	Copy of valid compliance certification by accredited institution or Sworn Affidavit