

KZN DEPARTMENT OF EDUCATION



education

Department:
Education
PROVINCE OF KWAZULU-NATAL



VENDOR DATABASE REGISTRATION FORM

PLEASE RETURN THE COMPLETED REGISTRATION FORM WITH THE FOLLOWING ATTACHMENTS

<input type="checkbox"/>	ORIGINAL TAX CLEARANCE CERTIFICATE
<input type="checkbox"/>	EXEMPTED MICRO ENTERPRISES (EME) - CERTIFIED COPY OF BBBEE VERIFICATION LETTER FROM REGISTERED AUDITOR, ACCOUNTING OFFICER OR ACCREDITED VERIFICATION AGENCY (Where Applicable)
<input type="checkbox"/>	NON-EXEMPTED MICRO ENTERPRISE - CERTIFIED COPY OF BBBEE VERIFICATION CERTIFICATE (Where Applicable)
<input type="checkbox"/>	COMPLETED ENTITY FORM (ANNEXURE A)
<input type="checkbox"/>	CERTIFIED COPY/COPIES OF IDENTITY DOCUMENTS/PASSPORTS/TRUST DEEDS
<input type="checkbox"/>	CERTIFIED COPY OF ENTITY/BUSINESS REGISTRATION DOCUMENTS
<input type="checkbox"/>	BANK STATEMENT
<input type="checkbox"/>	PROOF OF BUSINESS ADDRESS (i.e. Electricity Bill/Water Bill/Telephone Bill/Councilors letter)
<input type="checkbox"/>	CERTIFIED COPY OF CIDB CERTIFICATE (Where Applicable)
<input type="checkbox"/>	CERTIFIED COPY OF BARGAINING COUNCIL CERTIFICATES (Where Applicable)
<input type="checkbox"/>	CERTIFIED COPY OF PSIRA CERTIFICATE (Where Applicable)



FOR OFFICE USE ONLY:

Vendor Name		
Vendor KZN Number		
Registration Number		
Received by	Name:	Comments:
	Sign:	
	Date:	
Captured by	Name:	Comments:
	Sign:	
	Date:	
Approved by	Name:	Comments:
	Sign:	
	Date:	

DELIVERY ADDRESS:

PHYSICAL ADDRESS

HEAD OFFICE:

ROOM G1A, NED BUILDING, 228 PIETERMARITZ STREET, PIETERMARITZBURG

ETHEKWINI SERVICE CENTER:

TRURO HOUSE, GROUND FLOOR, 17 MARGARET MNCIDI AVENUE, VICTORIA EMBANKMENT, DURBAN

PMB SERVICE CENTER:

GROUND FLOOR, OLD MUTUAL BUILDING, 185 LANGALIBALELI STREET, PIETERMARITZBURG

UKHAHLAMBA SERVICE CENTER:

Supply CHAIN MANAGEMENT BUILDING, 49 MURCHISON STREET, LADYSMITH

ZULULAND SERVICE CENTER:

FIRST FLOOR, ADMINISTRATION BUILDING, ULUNDI

POSTAL ADDRESS

DEPARTMENT OF EDUCATION

PRIVATE BAG X9137

PIETERMARTIZBURG

3200

ATTENTION: SUPPLY CHAIN MANAGEMENT

INTRODUCTION

In order to comply with the procedures set out in the Supply Chain Management Guidelines, as referred to in the Public Finance Management Act, Act No. 1 of 1999; the KZN Department of Education has developed a vendor database to be used by the Supply Chain Management section. The purpose of the database is to assist the KZN Department of Education in developing a central source of information of vendors from whom it can procure goods and/or services and to assist in ensuring transparency, equality and fairness by giving all prospective vendors an opportunity to submit quotations to the Department. The vendor database also assists the KZN Department of Education in the identification of SMME's and co-operatives, which assists the Department in promoting Local Economic Development.

Attached please find an official registration form to assist us in establishing our database according to the relevant legislation. It is imperative that vendors **read** the registration document carefully, **complete it in full**, **sign** and have it **commissioned** by an authorized Commissioner of Oaths. The relevant attachments **must** be included and should be either the original document or certified copies, i.e. an original valid tax clearance certificate, certified copy/copies of identity documents/passports/trust deeds, a certified copy of company registration, certified copy of accreditation certificates, a certified copy of the entities BBBEE certificate/letter from registered auditor/letter from accounting officer and bank statement. Only **original** entity forms will be accepted and **must** contain a bank verification stamp. Failure to do so will result in the applicant not qualifying for registration.

It is imperative that only documents with an original signature be submitted. A vendor registered on the Vendor Database **must** notify the KZN Department of Education of any changes to the information supplied on the initial registration form as soon as it becomes available. A new registration form must be completed and submitted whenever the details of a registered vendor changes. However, only the relevant sections that apply to the changed information should be completed on the registration form. **It is the responsibility of the vendor to ensure that his/her information is updated on the vendor database as soon as any changes occur.** The Department will not be held responsible when a vendor is not appointed in respect of a bid or quotation, due to outdated information on the vendor database.

The KZN Department of Education reserves the right to conduct a vetting of the information provided by vendors through the database application process. The Department may, in addition to any other action, remove a vendor from the vendor database should that entity be found guilty of providing fraudulent information.

GENERAL INSTRUCTIONS

1. All applicants will have to be registered on the KZN Provincial Treasury Vendor Database and must have a **KZN Number**. Vendors with no KZN Number will not be considered for registration;
2. The registration form is to be completed in full and be signed by all vendors seeking registration on the departmental vendors database;
3. The Department reserves the right to verify any information on this registration form;
4. All vendors may be subjected to the internal audit vetting process. Should any discrepancies arise, the vendor may not be included on the departmental database;
5. All fields on the registration form **must** be completed by the applicant; any alterations made by the applicant on this registration form must be initialed. The use of correction fluids is not be permitted;
6. Vendors must comply with all the registration criteria for registration to be finalised, failure to do so may result in the application not being processed, pending compliance with the registration requirements;
7. Applicants will be contacted telephonically or via fax and therefore it is in their best interest to submit correct contact details, i.e. mobile, telephone and/or fax number; failure to comply will result in your application not being processed pending compliance with the registration requirements;
8. The Department will not be liable for any consequences whatsoever arising from the failure of the vendor to update their information on the database;
9. The onus shall rest upon the vendor to inform the Department of any changes to the status of the service provider's business, in which case certified proof together with a new database application form will be required in order to effect the changes;
10. A company profile **will not** be accepted as a substitute for the registration form; and
11. It should be noted that the KZN Department of Education reserves the right to accept or reject any registration form.
12. All applicants must complete the certificate of correctness of information (Section M) on this vendor database registration form and ensure that the form is commissioned by a commissioner of oaths.

SECTION A: BUSINESS REGISTRATION INFORMATION

Information required in this section relates to the applicants business registration with the appropriate authority. In addition, details of the applicant’s registration on the KwaZulu-Natal Provincial Treasury supplier database are required.

1. REQUIRED DOCUMENTATION

Applicants must submit, as an attachment to this vendor database registration form, certified copy/copies of the applicant’s business registration documents. Below is a table of each entity type and the applicable business registration documents per entity type which would need to be submitted:

Entity Type	Business Registration Document/s Required
Sole Proprietor	Certified copy of Identity Document
Partnership	Certified copy of Partnership Agreement
Public Company (Ltd)	Certified copy of CM1 (Certificate of Incorporation), CM22, CM29/CM29/2
Private Company (Pty) Ltd	Certified copy of CM1/CM3 (Certificate of Incorporation), CM22, CM29/CM29/2
Close Corporation (CC)	Certified copy of CK1 and CK2 (if applicable)
Trust	Certified copy of Trust Deed
Co-operative	Certified copy of Proof of Registration with the Directorate Co-operatives
Joint Venture	Certified copy of the Joint Venture Agreement
Non-Governmental Organisation	Certified copy of the NPO registration document

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section A:

Field No.	Instructions and/or Guidelines
1	<p>Registration Number</p> <ul style="list-style-type: none"> ✓ The registration number field refers to the number allocated to a business entity by the relevant registering authority. ✓ The business registration number can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc. ✓ Sole Proprietors need to provide the ID number of the owner/proprietor of the business. ✓ This field is mandatory.
2	<p>Registered Name</p> <ul style="list-style-type: none"> ✓ The registered name field refers to the legal name of the business. ✓ The business registered name can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc. ✓ This field is mandatory.
3	<p>Trade Name</p> <ul style="list-style-type: none"> ✓ The trade name field refers to name by which the business trades. ✓ The business trading name can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc. ✓ Where the trade name is the same as the registered name, the registered name must be completed in this field also. ✓ This field is mandatory.
4	<p>Entity Type</p> <ul style="list-style-type: none"> ✓ The entity type field refers to the applicant's business type, i.e. Close Corporation, Private Company, etc. ✓ The business entity type can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc. ✓ Select the relevant field by marking the appropriate box with an X.

	<ul style="list-style-type: none"> ✓ Only one entity type can be selected. ✓ This field is mandatory.
5	<p>Date of Incorporation</p> <ul style="list-style-type: none"> ✓ This field refers to the date the business entity was registered by the relevant registration authority. ✓ The date of incorporation can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc. ✓ This field is mandatory.
6	<p>Date Entity Commenced Trading Activities</p> <ul style="list-style-type: none"> ✓ This field refers to the date the business entity began trading/operations. ✓ The date the entity commenced business can be located on the business registration documents and/or founding documents of the enterprise, i.e. CIPC/CIPRO Company Registration Documents, Partnership Agreements, Trust Deed, etc. ✓ This field is mandatory.
7	<p>KZN Provincial Treasury Database Number</p> <ul style="list-style-type: none"> ✓ Upon registration on the KZN Provincial Treasury Database, an entity is allocated a KZN Database Number. ✓ If the applicant entity has a ZNT number (old KZN Provincial Treasury Database) or a Temporary KZN provincial Treasury Database number, it is advised that the entity immediately contact the KZN Provincial Treasury and register on the new KZN Provincial Treasury Database to obtain a KZN Database Number (the previous database is obsolete). ✓ A vendor must be registered on the KZN Provincial Treasury supplier database. ✓ Vendors with no KZN Number/with Temporary KZN numbers will not be considered for registration; ✓ This field is mandatory.

SECTION B: BUSINESS CONTACT INFORMATION

Information required in this section includes the contact details of the applicant. This information is important to the Department for contacting prospective suppliers to submit quotations/bids for goods and/or services required, the development of sourcing strategies and identifying areas where the Department has indirectly contributed to local economic development, job creation, etc.

1. REQUIRED DOCUMENTATION

Applicants must ensure that a certified copy of a utility bill or letter from a Local Councillor is submitted as proof of address. The Department may choose to conduct a site visit to your businesses physical address during the pre-screening and vetting process.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section B:

Field No.	Instructions and/or Guidelines
1	<p>Business Physical Address</p> <ul style="list-style-type: none"> ✓ Applicants must complete the business physical address field with the address of the physical location of the business, i.e. the premises from which the entity operates. ✓ This field is mandatory.
2	<p>District Municipality</p> <ul style="list-style-type: none"> ✓ Applicants must complete the district municipality field with the relevant district municipality name within which the business entity's physical address is located, e.g. if the applicants business is located within the Durban city, the applicable district municipality to be filled in would be the eThekweni Metro Municipality. ✓ This field is a mandatory field.
3	<p>Province</p> <ul style="list-style-type: none"> ✓ Applicants must complete the province field with the relevant province name within which the business entity's physical address falls in, e.g. if the applicants business is located within the Durban city, the applicable province to be filled in would be KwaZulu-Natal. ✓ This field is a mandatory field.



4	<p>Business Postal Address</p> <ul style="list-style-type: none">✓ Applicants must complete the business postal address field with the postal address of the business, i.e. the address at which any notices, etc may be sent to.✓ This field is mandatory.
5	<p>Telephone Number</p> <ul style="list-style-type: none">✓ Applicants are requested to provide the telephone contact number of the entity.✓ Applicants are urged to complete this information so that the Department may contact the prospective supplier to request quotations.✓ This field is mandatory.
6	<p>Alternate Telephone Number</p> <ul style="list-style-type: none">✓ Applicants are requested to provide an alternative telephone contact number of the entity, if applicable.
7	<p>Fax Number</p> <ul style="list-style-type: none">✓ Applicants are requested to provide the fax contact number of the entity.✓ Applicants are urged to complete this information so that the Department may send faxed request for quotations to a prospective supplier.✓ This field is mandatory.
8	<p>Mobile Number</p> <ul style="list-style-type: none">✓ Applicants are requested to provide a mobile (cellular) telephone contact number for the entity, if applicable.
9	<p>Email Address</p> <ul style="list-style-type: none">✓ Applicants are requested to provide an email address for the entity, if applicable.
10	<p>Website Address</p> <ul style="list-style-type: none">✓ Applicants are requested to provide a website address for the entity, if applicable.
11	<p>Preferred Method of Contact</p> <ul style="list-style-type: none">✓ Select a preferred method of communication, i.e. via telephone, fax, email or sms, by marking the appropriate box with an X.✓ This field is mandatory.
12	<p>Contact Person/s</p> <ul style="list-style-type: none">✓ Applicants are requested to provide a contact person/s for the entity.✓ The name and capacity, i.e. designation/position, for each contact person.✓ At least one contact person's details are mandatory.



12. CONTACT PERSON/S:

PRIMARY CONTACT: *																				
CAPACITY: *																				
ALTERNATE CONTACT:																				
CAPACITY:																				

* Mandatory Field

SECTION C: BANKING & TAX INFORMATION

Applicants are requested to provide the Department with information regarding their banking details and tax status by completing this section.

1. REQUIRED DOCUMENTATION

A completed entity form (ANNEXURE A) and a certified copy of the applicant's latest bank statement must be attached to the applicants vendor database registration form. In addition, a valid original tax clearance certificate issued by the South African Revenue Service (SARS) is a mandatory requirement and must be attached to this vendor database registration form.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section C:

Field No.	Instructions and/or Guidelines
1	<p>Banking Details</p> <ul style="list-style-type: none"> ✓ Applicants must provide the Department with the banking details of the business, including the Banking Institution (i.e. Name of the Bank), Branch Name, Branch Code, Name of the Account Holder, the Account Number and the type of Bank Account (i.e. Savings, Current, Cheque, etc). ✓ This field is mandatory.
2	<p>Tax Information</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide details of their tax registration information, including Income Tax Registration, VAT Registration, PAYE Registration, SDL Registration and UIF Registration. ✓ For each tax type, applicants must indicate if they are registered or not by marking the appropriate box (Yes/No) with an X, and provide a reference number if "Yes" is selected. ✓ Applicants will be able to find this information on the applicant's Tax Clearance Certificate. ✓ This field is a mandatory field.
3	<p>Tax Clearance Certificate Information</p> <ul style="list-style-type: none"> ✓ Applicants must complete the relevant fields with the necessary information in addition to providing the Department with a valid original Tax Clearance Certificate, i.e. the Tax Clearance Certificate number, approval date and expiry date. ✓ The relevant information to be completed can be found on the applicants Tax Clearance



	<p>Certificate.</p> <ul style="list-style-type: none"> ✓ The Department may choose to verify the authenticity of the certificate during its pre-screening and vetting process. ✓ This field is a mandatory field.
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3. INFORMATION TO BE COMPLETED

1. BANKING DETAILS:*																
INSTITUTION	<input type="text"/>															
BRANCH NAME	<input type="text"/>															
BRANCH CODE	<input type="text"/>															
ACCOUNT HOLDER	<input type="text"/>															
ACCOUNT NUMBER	<input type="text"/>															
ACCOUNT TYPE	<input type="text"/>															
2. TAX INFORMATION: (PLEASE MARK THE APPROPRIATE BOX WITH AN (X),*																
2.1. IS YOUR BUSINESS REGISTERED FOR INCOME TAX?*																
										YES	<input type="checkbox"/>				NO	<input type="checkbox"/>
REFERENCE NO.: (ONLY IF YES ABOVE)																
<input type="text"/>																
2.2. IS YOUR BUSINESS REGISTERED FOR VAT?*																
										YES	<input type="checkbox"/>				NO	<input type="checkbox"/>
REFERENCE NO.: (ONLY IF YES ABOVE)																
<input type="text"/>																
2.3. IS YOUR BUSINESS REGISTERED FOR PAYE?*																
										YES	<input type="checkbox"/>				NO	<input type="checkbox"/>
REFERENCE NO.: (ONLY IF YES ABOVE)																
<input type="text"/>																
2.4. IS YOUR BUSINESS REGISTERED FOR SDL?*																
										YES	<input type="checkbox"/>				NO	<input type="checkbox"/>
REFERENCE NO.: (ONLY IF YES ABOVE)																
<input type="text"/>																

SECTION D: OWNERSHIP INFORMATION

Applicants who wish to be successfully registered on the KZN Department of Education database must provide the Department with ownership information of their business entity, including percentage shareholding information in terms of Broad Based Black Economic Empowerment.

1. REQUIRED DOCUMENTATION

This section of the vendor database registration form is mandatory for all applicants. Certified copy/copies of each shareholders/members/owners/partners/trustees/beneficiaries Identity Document/s must be attached. Where the shareholder/member/owner/partner/trustee/beneficiary is an entity other than an individual person, the registration documentation of such entity must be attached. In addition, proof of disability for any disabled shareholders must be attached.

2. HOW TO COMPLETE THE NEXT TABLE

The table which follows provides descriptions/guidelines/instructions for the completion of each field contained in the table on page 19 - An example is provided on page 18 of this application form, applicants are urged to follow the example provided.

Field/Column No.	Instructions and/or Guidelines
1	<p>Number (NO.)</p> <ul style="list-style-type: none"> ✓ Applicants must provide the Department with the ownership details of each owner in the business using a sequential numbering format (this numbering format will be used as a reference for each owner in the percentage ownership table), i.e. 1, 2, 3, etc. ✓ This field is mandatory.
2	<p>Type</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the type of owner for each owner. Please note that owners can be two types only, i.e. Individual or Entity. ✓ This field is a mandatory field.
3	<p>Full Name/Name of Business</p> <ul style="list-style-type: none"> ✓ Applicants must provide the full name of the owner (for individual owner types) and/or the name of the business (for entity owner types). ✓ This field is a mandatory field.



4	<p>SA Identity Number/Business Registration Number</p> <ul style="list-style-type: none">✓ Applicants must provide the identity number of the owner (for individual owner types) and/or the business registration number of the business (for entity owner types).✓ This field is a mandatory field.
5	<p>Capacity</p> <ul style="list-style-type: none">✓ Applicants must provide the capacity of the owner/owners within the business.✓ Proprietor should be used for Sole Proprietors.✓ Member should be used for Close Corporations.✓ Partner should be used for Partnerships.✓ Shareholder should be used for Companies.✓ Trustee and/or Beneficiary should be used for Trusts.✓ This field is a mandatory field.
6	<p>Ownership %/Member/Partnership/Trust Interest</p> <ul style="list-style-type: none">✓ Applicants must provide the ownership percentage or interest in the business for each owner.✓ The percentage ownership/interest must sum, i.e. add up, to 100%.✓ This field is a mandatory field.
7	<p>Gender</p> <ul style="list-style-type: none">✓ Applicants must provide the gender of each owner by selecting the appropriate box, i.e. Male (M) or Female (F).✓ Where the owner type is an entity, this field is not applicable.✓ This field is a mandatory field where the owner type is an individual.
8	<p>SA Citizen</p> <ul style="list-style-type: none">✓ Applicants must indicate whether each owner is a South African citizen (for individual owner types) or South African Incorporated business entity (for entity owner types) by selecting the appropriate box, i.e. Yes (Y) or No (N).✓ This field is a mandatory field.
9	<p>SA Citizen before 27 April 1994</p> <ul style="list-style-type: none">✓ Applicants must indicate whether each owner was a South African citizen before 27 April 1994 (for individual owner types) or South African Incorporated business entity (for entity owner types) by selecting the appropriate box, i.e. Yes (Y) or No (N).✓ This field is a mandatory field.

EXAMPLE

The example seen below can be used as guide when completing the table on page 19 of this database application form.

- ✓ A close corporation is registered in the ownership of 4 individuals i.e. Thulani Mageba Zulu (Black Male), 40 years old; Claudia Jacobs (Coloured Female), 25 years old; Edith Smith (White Female), disabled , 32 years old; Pravesh Naidoo (Indian Male), 30 years old. The entry will be as follows:

NO.	TYPE (INDIVIDUAL /ENTITY)	FULL NAME/NAMES OF BUSINESS	SA IDENTITY NUMBER/ BUSINESS REGISTRATION NUMBER	CAPACITY (PROPRIETOR/ MEMBER/ PARTNER/ SHAREHOLDER/ TRUSTEE/ BENEFICIARY)	OWNERSHIP % MEMBER/ PARTNERSHIP / TRUST/ INTEREST	GENDER (MALE/ FEMALE)		SA CITIZEN (YES/NO)		SA CITIZEN BEFORE 27 APRIL 1994 (YES/ NO)	
1	INDIVIDUAL	THULANI MAGEBA ZULU	7201105054088	MEMBER	25%	M	F	X	N	X	N
2	INDIVIDUAL	CLAUDIA JACOBS	8702143002088	MEMBER	25%	M	F	X	N	X	N
3	INDIVIDUAL	EDITH SMITH	8001291567083	MEMBER	25%	M	F	X	N	X	N
4	INDIVIDUAL	PRAVESH NAIDOO	8202277982088	MEMBER	25%	M	F	X	N	X	N
						M	F	Y	N	Y	N
						M	F	Y	N	Y	N
						M	F	Y	N	Y	N
						M	F	Y	N	Y	N
						M	F	Y	N	Y	N
					100%						

SECTION D: OWNERSHIP INFORMATION (CONTINUED)

4. HOW TO COMPLETE THE NEXT TABLE

The table which follows provides descriptions/guidelines/instructions for the completion of each field contained in the table on page 22. An example is provided in the supplier database registration form, applicants are urged to follow the example provided.

Field/Column No.	Instructions and/or Guidelines
1	<p>Number (NO.)</p> <ul style="list-style-type: none"> ✓ Applicants must provide the Department with the ownership percentages in terms of BBBEE for each owner in the business using the same sequential numbering format as the previous table, i.e. the percentage ownership information for owner no. 1 must be completed for owner no. 1 in the previous table. ✓ This field is mandatory.
2 - 9	<p>BBBEE Ownership Percentage Information</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the percentage ownership for each owner according to the following demographic categories; African Male, African Female, Coloured Male, Coloured Female, Indian Male, Indian Female, White Male, White Female, Youth, Disabled, Co-operative, Other. ✓ Please ensure you provide a total per category by adding up each owner's percentage for each applicable category. ✓ This field is a mandatory field.

EXAMPLE

The example seen below can be used as guide when completing the table on page 22 of this database application form.

- ✓ A close corporation is registered in the ownership of 4 individuals i.e. Thulani Mageba Zulu (Black Male), 40 years old; Claudia Jacobs (Coloured Female), 25 years old; Edith Smith (White Female), disabled , 32 years old; Pravesh Naidoo (Indian Male), 30 years old. The entry will be as follows:

INDIVIDUAL NO.	% AFRICAN		% COLOURED		% INDIAN		% WHITE		% YOUTH	% DISABLED	% CO-OPERATIVE	% OTHER
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
1	25%											
2				25%					25%			
3								25%	25%	25%		
4					25%				25%			
5												
6												
7												
8												
9												
TOTAL	25%			25%	25%			25%	75%	25%		

5. INFORMATION TO BE COMPLETED

NO.	% AFRICAN		% COLOURED		% INDIAN		% WHITE		% YOUTH	% DISABLED	% CO-OPERATIVE	% OTHER
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
16												
17												
18												
19												
20												
21												
TOTAL												

SECTION E: SMALL, MEDIUM & MICRO ENTERPRISE INFORMATION

All qualifying Small, Medium and Micro Enterprises (SMME's) applying for registration on the KZN Department of Education vendor database must complete this section.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in section E:

Field No.	Instructions and/or Guidelines
1	<p>SMME Status Table</p> <ul style="list-style-type: none"> ✓ The first column (A) within this table, i.e. Sector, indicates each industrial sector. ✓ Column B which indicates the number of full time paid employees within the applicants business must be completed by the applicant by selecting the appropriate box for each criteria within column B for the applicants applicable sector in Column A (i.e. Medium, Small, Very Small and Micro). ✓ Column C which indicates the annual turnover in millions of the applicants business must be completed by the applicant by selecting the appropriate box for each criteria within column C for the applicants applicable sector in Column A (i.e. Medium, Small, Very Small and Micro). ✓ Column D which indicates the total gross asset value (excluding fixed property) in millions of the applicants business must be completed by the applicant by selecting the appropriate box for each criteria within column D for the applicants applicable sector in Column A.
2	<p>SMME Status</p> <ul style="list-style-type: none"> ✓ Applicants are requested to indicate the appropriate SMME Status of the applicant using the SMME Status Table completed above as a guide by marking the appropriate box with an X.
3	<p>Annual Turnover</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the annual turnover of the business in rand value (R) for the last financial year. ✓ This field is a mandatory field.
4	<p>Number of Permanently Employed Paid Employees</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the number of permanently paid employees within the applicants business.
5	<p>Total Gross Asset Value (Excluding Fixed Property)</p> <ul style="list-style-type: none"> ✓ Applicants are requested to provide the total gross asset value excluding fixed property in rand value (R) within the applicants business.

4. INFORMATION TO BE COMPLETED

- ✓ All fields in this section are mandatory and must be completed in full.
- ✓ Please mark the appropriate indicator in columns B, C & D for the relevant sector (column A) within which your business falls with an X.

1. Complete the table below.

A. SECTOR	B. FULL TIME PAID EMPLOYEES				C. ANNUAL TURNOVER (MILLIONS)				D. TOTAL GROSS ASSET VALUE (FIXED PROPERTY EXCLUDED) (MILLIONS)			
	MEDIUM	SMALL	VERY SMALL	MICRO	MEDIUM	SMALL	VERY SMALL	MICRO	MEDIUM	SMALL	VERY SMALL	MICRO
AGRICULTURE	>100	>50	>10	>5	>R 4.00m	>R 2.00m	>R 0.40m	>R 0.15m	>R 4.00m	>R 2.00m	>R 0.40m	>R 0.10m
MINING & QUARRYING	>200	>50	>20	>5	>R 30.00m	>R 7.50m	>R 3.00m	>R 0.15m	>R 18.00m	>R 4.50m	>R 1.80m	>R 0.10m
MANUFACTURING	>200	>50	>20	>5	>R 40.00m	>R 10.00m	>R 4.00m	>R 0.15m	>R 15.00m	>R 3.75m	>R 1.50m	>R 0.10m
ELECTRICITY, GAS & WATER	>200	>50	>20	>5	>R 40.00m	>R 10.00m	>R 4.00m	>R 0.15m	>R 15.00m	>R 3.75m	>R 1.50m	>R 0.10m
CONSTRUCTION	>200	>50	>20	>5	>R 20.00m	>R 5.00m	>R 2.00m	>R 0.15m	>R 4.00m	>R 1.00m	>R 0.40m	>R 0.10m
RETAIL & MOTOR TRADE & REPAIR SERVICES	>100	>50	>10	>5	>R 30.00m	>R 15.00m	>R 3.00m	>R 0.15m	>R 5.00m	>R 2.50m	>R 0.50m	>R 0.10m

SECTION F: BBBEE STATUS LEVEL OF CONTRIBUTOR

Applicants who are applying for registration on the KZN Department of Education vendor database are urged to provide the Department with their BBBEE status information. This information is critical for the evaluation of quotations and/or bids in accordance with the guidelines issued in terms of the Preferential Procurement Regulations, 2011.

1. REQUIRED DOCUMENTATION

Applicants are urged to submit a valid certified copy of their businesses BBBEE Certificate issued by an Accredited Verification Agency. For those applicants who qualify as an Exempted Micro Enterprise (i.e. Entities with an annual turnover of less than R 5 000 000.00 per annum), a letter/certificate stating such from the applicants Registered Auditor, Accounting Officer or Accredited Verification Agency must be provided. Failure to submit the relevant documentation will result in your business being registered as a non-compliant contributor.

2. HOW TO COMPLETE THIS SECTION

Field No.	Instructions and/or Guidelines
1	<p>Qualifying Exempted Micro Enterprise</p> <ul style="list-style-type: none"> ✓ Applicants must indicate whether their business is a Qualifying Exempted Micro Enterprise, i.e. if the business has an annual turnover which is below R 5 000 000, 00 per annum, by marking the appropriate box with an X. ✓ This is a mandatory field.
2	<p>Letter/Certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency Submitted</p> <ul style="list-style-type: none"> ✓ Applicants, who qualify as Exempted Micro Enterprises and have answered “Yes” in 1 above, must indicate if they have submitted a letter/certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency. ✓ Failure to submit the required certification will result in the entity being registered as a non-compliant contributor. ✓ This field is a mandatory field.
3	<p>Valid BBBEE Certificate issued by an Accredited Verification Agency Submitted</p> <ul style="list-style-type: none"> ✓ Applicants, who have answered “No” in 1 above, must indicate if they have submitted a valid BBBEE Certificate from an Accredited Verification Agency.



	<ul style="list-style-type: none">✓ Failure to submit the required certification will result in the entity being registered as a non-compliant contributor.✓ This field is a mandatory field.
4	<p>BBBEE Certificate Number</p> <ul style="list-style-type: none">✓ Applicants must provide the BBBEE Certificate Number if such certificate has been submitted. This number will be indicated on the certificate.
5	<p>BBBEE Certificate Date</p> <ul style="list-style-type: none">✓ Applicants must provide the date of issue of the BBBEE Certificate if such certificate has been submitted. This date will be indicated on the certificate.
6	<p>BBBEE Certificate Expiry Date</p> <ul style="list-style-type: none">✓ Applicants must provide the date that the BBBEE Certificate expires if such certificate has been submitted. This date will be indicated on the certificate.
7	<p>Procurement Recognition Level</p> <ul style="list-style-type: none">✓ Applicants must provide the BBBEE Procurement Recognition Level of the business entity indicated on the BBBEE Certificate if such certificate has been submitted. This percentage will be indicated on the certificate.
8	<p>BBBEE Status Level of Contributor</p> <ul style="list-style-type: none">✓ Applicants must provide the BBBEE level of the business, i.e. Level 1, Level 2, Level 3, Level 4, Level 5, Level 6, Level 7, Level 8 or Non-compliant Contributor, by marking the appropriate level with an X.✓ Only one level can be selected.✓ Entities who have not submitted a valid BBBEE Certificate issued by an Accredited Verification Agency must select the Non-compliant Contributor Level.✓ Qualifying Exempted Micro Enterprises who have not submitted a letter/certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency must select the Non-compliant Contributor Level.✓ Exempted Micro Enterprises who have submitted a letter/certificate from a Registered Auditor, Accounting Officer or Accredited Verification Agency are deemed to have a Level 4 status.✓ In instances where an Exempted Micro Enterprise is more than 50% black owned such an entity will be deemed to have a Level 3 status.✓ This field is a mandatory field.

SECTION G: AREAS OF OPERATION

Applicants are required to indicate the areas within which their businesses are able to operate, i.e. the geographical areas which your business is able to serve. For purposes of the Department, the areas have been classified into the District Municipalities within the KwaZulu-Natal Province. Applicants are urged to complete this section with due care. Site visits and periodic reviews of supplier performance may be instituted to ensure the information provided in this section is accurate.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 2 of section G:

Field No.	Instructions and/or Guidelines
1	<p>Areas of Operation</p> <ul style="list-style-type: none"> ✓ Applicants must indicate the areas within which their businesses operate and are able to offer their services by marking the appropriate box with an X. ✓ This is a mandatory field.

2. INFORMATION TO BE COMPLETED

ETHEKWINI MUNICIPALITY (DC20)	<input type="checkbox"/>	UGU MUNICIPALITY (DC21)	<input type="checkbox"/>
UMGUNGUNDLOVU MUNICIPALITY (DC22)	<input type="checkbox"/>	UTHUKELA MUNICIPALITY (DC23)	<input type="checkbox"/>
UMZINYATHI MUNICIPALITY (DC24)	<input type="checkbox"/>	AMAJUBA MUNICIPALITY (DC25)	<input type="checkbox"/>
ZULULAND MUNICIPALITY (DC26)	<input type="checkbox"/>	UMKHANYAKUDE MUNICIPALITY (DC27)	<input type="checkbox"/>
UTHUNGULU MUNICIPALITY (DC28)	<input type="checkbox"/>	ILEMBE MUNICIPALITY (DC29)	<input type="checkbox"/>
SISONKE MUNICIPALITY (DC47)	<input type="checkbox"/>		

* Mandatory Field

SECTION H: GOODS AND/OR SERVICES OFFERED

Applicants must complete this section by indicating the relevant goods and/or services offered by their businesses.

1. REQUIRED DOCUMENTATION

Where possible, applicants may supply the Department with a price list/catalogue of the goods and/or services offered by the applicant.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section H:

Field No.	Instructions and/or Guidelines
1	<p>Goods and/or Services</p> <ul style="list-style-type: none"> ✓ Applicants must indicate the goods and/or services offered by the applicant by marking the appropriate box with an X. ✓ Please note that a maximum of four (4) products and services groupings can be selected. If the applicant selects more than four (4) products and services groupings, only the first four (4) will be selected. The applicant may however, choose multiple items with each selected products and services grouping. ✓ Products and services groupings are indicated in bold. ✓ This field is a mandatory field.

3. INFORMATION TO BE COMPLETED

See tables that follow on pages 31 to 39;



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
ADVERTISING	<input type="checkbox"/>	
ADVERTISING: ALL MEDIA (EG. TV, NEWSPAPERS, RADIO STATIONS)		<input type="checkbox"/>
ADVERTISING: WRITTEN MEDIA RECRUITMENT ADVERTISEMENTS		<input type="checkbox"/>
ADVERTISING: WRITTEN MEDIA TENDER ADVERTISEMENTS		<input type="checkbox"/>
AIR-CONDITIONING	<input type="checkbox"/>	
INDIVIDUAL AIR-CONDITIONING SYSTEMS		<input type="checkbox"/>
CENTRAL AIR-CONDITIONING SYSTEMS		<input type="checkbox"/>
AUDIO VISUAL EQUIPMENT	<input type="checkbox"/>	
AUDIO/VISUAL EQUIPMENT ABOVE R5000 IN VALUE (EG. TV'S, VIDEO RECORDERS, ETC)		<input type="checkbox"/>
AUDIO/VISUAL EQUIPMENT BELOW R5000 IN VALUE (EG. TV'S, DVD'S, VIDEO RECORDERS, ETC)		<input type="checkbox"/>
BOOKS, MAGAZINES, JOURNALS AND PUBLICATIONS	<input type="checkbox"/>	
MAGAZINES AND NEWSPAPERS		<input type="checkbox"/>
BOOKS AND JOURNALS		<input type="checkbox"/>
BOOKS, MAGAZINES AND PUBLICATIONS FOR SCHOOLS AND LIBRARIES		<input type="checkbox"/>
PUBLISHING SERVICES		<input type="checkbox"/>
CATERING	<input type="checkbox"/>	
CATERING FOR DEPARTMENTAL ACTIVITIES		<input type="checkbox"/>
CATERING FOR NON-DEPARTMENTAL ACTIVITIES		<input type="checkbox"/>
CELLULAR PHONES AND SMART DEVICES	<input type="checkbox"/>	
TOUCHSCREEN TABLETS ABOVE R5000 IN VALUE		<input type="checkbox"/>
TOUCHSCREEN TABLETS BELOW R5000 IN VALUE		<input type="checkbox"/>
CELLULAR PHONES ABOVE R5000 IN VALUE (NO CONTRACT)		<input type="checkbox"/>
CLEANING PRODUCTS AND TOILETRIES	<input type="checkbox"/>	
WASHING AND CLEANING DETERGENTS		<input type="checkbox"/>



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
TOILETRIES (EG. SOAPS, TOOTHPASTES, DEODORANTS, ETC)		<input type="checkbox"/>
BROOMS, BRUSHES, MOPS AND CLEANING UTENSILS		<input type="checkbox"/>
CLEANING SERVICES	<input type="checkbox"/>	
CLEANING SERVICES (BARGAINING COUNCIL REGISTERED) ¹		<input type="checkbox"/>
COMPUTER HARDWARE, SOFTWARE AND CONSUMABLES	<input type="checkbox"/>	
COMPUTER CONSUMABLES		<input type="checkbox"/>
COMPUTER DESKTOPS ABOVE R5000 IN VALUE		<input type="checkbox"/>
COMPUTER DESKTOPS BELOW R5000 IN VALUE		<input type="checkbox"/>
COMPUTER LAPTOPS ABOVE R5000 IN VALUE		<input type="checkbox"/>
COMPUTER LAPTOPS BELOW R5000 IN VALUE		<input type="checkbox"/>
COMPUTER PERIPHERALS ABOVE R5000 IN VALUE (EG. KEYBOARDS, DISK DRIVES ETC)		<input type="checkbox"/>
COMPUTER PERIPHERALS BELOW R5000 IN VALUE (EG. KEYBOARDS, Mouses, DISK DRIVES ETC)		<input type="checkbox"/>
COMPUTER PRINTERS ABOVE R5000 IN VALUE - MULTIPLE COMPUTER CONNECTION		<input type="checkbox"/>
COMPUTER PRINTERS ABOVE R5000 IN VALUE - SINGLE COMPUTER CONNECTION		<input type="checkbox"/>
COMPUTER PRINTERS BELOW R5000 IN VALUE - MULTIPLE COMPUTER CONNECTION		<input type="checkbox"/>
COMPUTER PRINTERS BELOW R5000 IN VALUE - SINGLE COMPUTER CONNECTION		<input type="checkbox"/>
COMPUTER SYSTEMS ABOVE R5000 IN VALUE		<input type="checkbox"/>
COMPUTER SYSTEMS BELOW R5000 IN VALUE		<input type="checkbox"/>
SITA: DATA LINES (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: EXTERNAL COMPUTER SERVICES-DATALINES (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: EXTERNAL COMPUTER SERVICES-SOFTWARE LICENCES AND DEVELOPMENT SOFTWARE (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: INFORMATION SERVICES (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: INTERNET SERVICE CHARGES (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: SOFTWARE LICENCES-DEVELOPMENT SOFTWARE (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>

¹ REFER TO SECTION I: ACCREDITATION INFORMATION, NUMBERS 5 AND 6

² KINDLY FURNISH THE DEPARTMENT WITH PROOF OF ACCREDITATION/REGISTRATION WITH SITA



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
SITA: SOFTWARE LICENCES-OFFICE SUITE SOFTWARE (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: SOFTWARE LICENCES-OPERATOR SYSTEM SOFTWARE (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: SOFTWARE LICENCES-UTILITY SOFTWARE (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: SPECIALISED COMPUTER SERVICES (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SITA: SYSTEM ADVISORS (SITA ACCREDITED/REGISTERED COMPANY) ²		<input type="checkbox"/>
SOFTWARE DEVELOPMENT		<input type="checkbox"/>
SOFTWARE OPERATING SYSTEMS		<input type="checkbox"/>
CONSTRUCTION MATERIAL AND EQUIPMENT	<input type="checkbox"/>	
CONSTRUCTION AND MAINTENANCE EQUIPMENT		<input type="checkbox"/>
BUILDING AND CONSTRUCTION MATERIAL		<input type="checkbox"/>
PAINTING MATERIALS		<input type="checkbox"/>
HARDWARE AND MAINTENANCE MATERIAL		<input type="checkbox"/>
CONSTRUCTION SERVICES	<input type="checkbox"/>	
CONTRACTORS: MAINTENANCE AND REPAIRS OF INFRASTRUCTURE ASSETS (CIDB REGISTERED CONTRACTORS) ³		<input type="checkbox"/>
CONTRACTORS: MAINTENANCE AND REPAIRS OF NON-INFRASTRUCTURE ASSETS (CIDB REGISTERED CONTRACTORS) ³		<input type="checkbox"/>
CONTRACTORS: NEW BUILDINGS/FIX STRUCTURES (CIDB REGISTERED CONTRACTORS) ³		<input type="checkbox"/>
CONTRACTORS: REFURBISHMENT OF BUILDINGS/FIXED STRUCTURES (CIDB REGISTERED CONTRACTORS) ³		<input type="checkbox"/>
CONTRACTORS: UPGRADES AND ADDITIONS TO BUILDINGS/FIX STRUCTURES (CIDB REGISTERED CONTRACTORS) ³		<input type="checkbox"/>
CONSULTANTS AND PROFESSIONAL SERVICES	<input type="checkbox"/>	
CONSULTANTS AND PROFESSIONAL SERVICES: ACCOUNTANTS AND AUDITORS		<input type="checkbox"/>
CONSULTANTS AND PROFESSIONAL SERVICES: FINANCIAL MANAGEMENT		<input type="checkbox"/>
CONSULTANTS AND PROFESSIONAL SERVICES: HUMAN RESOURCES		<input type="checkbox"/>
CONSULTANTS AND PROFESSIONAL SERVICES: LEGAL- ADVISE		<input type="checkbox"/>

² KINDLY FURNISH THE DEPARTMENT WITH PROOF OF ACCREDITATION/REGISTRATION WITH SITA

³ REFER TO SECTION I: ACCREDITATION INFORMATION, NUMBERS 1 AND 2



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
CONSULTANTS AND PROFESSIONAL SERVICES: LEGAL- MESSENGER OF THE COURT		<input type="checkbox"/>
CONSULTANTS AND PROFESSIONAL SERVICES: ORGANISATIONAL STRUCTURE		<input type="checkbox"/>
CONSULTANTS AND PROFESSIONAL SERVICES: PROJECT MANAGEMENT		<input type="checkbox"/>
CONSULTANTS AND PROFESSIONAL SERVICES: TRANSLATION AND TRANSCRIPTION SERVICES		<input type="checkbox"/>
STATE ATTORNEY: CONVEYANCING		<input type="checkbox"/>
STATE ATTORNEY: LEGAL ADVISE		<input type="checkbox"/>
STATE ATTORNEY: MESSENGER OF THE COURT		<input type="checkbox"/>
CONTRACTORS	<input type="checkbox"/>	
CONTRACTORS: DEBT COLLECTION SERVICES		<input type="checkbox"/>
CONTRACTORS: MEDICAL SERVICES		<input type="checkbox"/>
CONTRACTORS: PLANTS, FLOWERS AND OTHER DECORATIONS		<input type="checkbox"/>
ENTERTAINMENT (EG. PERFORMING ARTISTS)		<input type="checkbox"/>
CROCKERY AND CUTLERY	<input type="checkbox"/>	
CROCKERY AND CUTLERY ABOVE R5000 IN VALUE		<input type="checkbox"/>
CROCKERY AND CUTLERY BELOW R5000 IN VALUE (EG. SPOONS, CUPS, PLATES, ETC)		<input type="checkbox"/>
CONSUMABLE CROCKERY AND CUTLERY (EG. PLASTIC FORKS, KNIVES AND SPOONS, ETC)		<input type="checkbox"/>
DOMESTIC EQUIPMENT	<input type="checkbox"/>	
DOMESTIC EQUIPMENT ABOVE R5000 IN VALUE (EG. SOLAR PANELS, HEATERS, GENERATORS, ETC)		<input type="checkbox"/>
DOMESTIC EQUIPMENT BELOW R5000 IN VALUE (EG. FANS, HEATERS, GENERATORS, ETC)		<input type="checkbox"/>
DOMESTIC FURNITURE	<input type="checkbox"/>	
DOMESTIC FURNITURE ABOVE R5000 IN VALUE (EG. LOUNGE SUITES, DINING SUITES, BEDS, ETC)		<input type="checkbox"/>
ELECTRICAL SUPPLIES	<input type="checkbox"/>	
ELECTRICAL SUPPLIES (EG. WIRE, PLUGS, CIRCUIT PANELS, SURGE PROTECTORS, ETC)		<input type="checkbox"/>
LIGHT BULBS AND TUBE LIGHTS		<input type="checkbox"/>



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
FARMING EQUIPMENT	<input type="checkbox"/>	
FARMING AND AGRICULTURAL EQUIPMENT ABOVE R5000 IN VALUE		<input type="checkbox"/>
FIRE FIGHTING	<input type="checkbox"/>	
FIRE FIGHTING EQUIPMENT ABOVE R5000 IN VALUE (EG. FIRE APPARATUS, FIRE EXTINGUISHERS, ETC)		<input type="checkbox"/>
FIRE FIGHTING EQUIPMENT BELOW R5000 IN VALUE (EG. FIRE APPARATUS, FIRE EXTINGUISHERS, ETC)		<input type="checkbox"/>
FIRST AID	<input type="checkbox"/>	
FIRST AID MATERIALS AND EQUIPMENT: FIXED		<input type="checkbox"/>
FIRST AID MATERIALS AND EQUIPMENT: PORTABLE		<input type="checkbox"/>
FUELS, OILS, CHEMICALS AND COAL	<input type="checkbox"/>	
GENERAL GAS		<input type="checkbox"/>
FUEL, OIL AND LUBRICANTS		<input type="checkbox"/>
LABORATORY CHEMICALS		<input type="checkbox"/>
WOOD AND COAL		<input type="checkbox"/>
FUMIGATION	<input type="checkbox"/>	
FUMIGATION SERVICES		<input type="checkbox"/>
GARDEN MATERIAL AND EQUIPMENT	<input type="checkbox"/>	
CONSUMABLE GARDEN SUPPLIES (EG. COMPOST, WATER HOSES, PLANTS, POTTING SOIL, POTS, ETC)		<input type="checkbox"/>
GARDEN EQUIPMENT ABOVE R5000 IN VALUE (EG. TOOL SHEDS, LAWN MOWERS, BRUSH CUTTERS, ETC)		<input type="checkbox"/>
GARDEN EQUIPMENT BELOW R5000 IN VALUE (EG. LAWN MOWERS, BRUSH CUTTERS, ETC)		<input type="checkbox"/>
GARDEN SERVICES	<input type="checkbox"/>	
GARDENING SERVICES		<input type="checkbox"/>
PACKAGING	<input type="checkbox"/>	
CONSUMABLE PACKAGING MATERIAL (EG. PAPER AND PLASTIC WRAPPING, ETC)		<input type="checkbox"/>
DISPOSABLE PAPER AND PLASTIC ITEMS (EG. PAPER CUPS, PLASTIC CONTAINERS, PLASTIC DUSTBINS, PLASTIC WATERBOTTLES, ETC)		<input type="checkbox"/>



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
INTERIOR DECORATIONS	<input type="checkbox"/>	
PAINTINGS, SCULPTURES AND ORNAMENTS ABOVE R5000 IN VALUE		<input type="checkbox"/>
PAINTINGS, SCULPTURES AND ORNAMENTS BELOW R5000 IN VALUE		<input type="checkbox"/>
KITCHEN APPLIANCES	<input type="checkbox"/>	
KITCHEN APPLIANCES ABOVE R5000 IN VALUE (EG. DEEP FRYERS, EXTRACTION FANS, STOVES, ETC)		<input type="checkbox"/>
KITCHEN APPLIANCES BELOW R5000 IN VALUE (EG. KETTLES, FRIDGES, STOVES, ETC)		<input type="checkbox"/>
LABORATORY SUPPLIES	<input type="checkbox"/>	
LABORATORY SUPPLIES		<input type="checkbox"/>
LAUNDRY SERVICES	<input type="checkbox"/>	
LAUNDRY SERVICES		<input type="checkbox"/>
LIBRARIES	<input type="checkbox"/>	
LIBRARY MATERIAL FOR SCHOOLS AND LIBRARIES		<input type="checkbox"/>
LINEN AND SOFT FURNISHINGS	<input type="checkbox"/>	
LINEN AND SOFT FURNISHINGS ABOVE R5000 IN VALUE (EG. BED LINEN, TABLE LINEN, CURTAINS AND BLINDS, ETC)		<input type="checkbox"/>
LINEN AND SOFT FURNISHINGS BELOW R5000 IN VALUE (EG. BED LINEN, TABLE LINEN, CURTAINS AND BLINDS, ETC)		<input type="checkbox"/>
MUSICAL INSTRUMENTS	<input type="checkbox"/>	
MUSICAL INSTRUMENTS		<input type="checkbox"/>
OFFICE EQUIPMENT	<input type="checkbox"/>	
LEARNING AND TRAINING MATERIALS ABOVE R5000 IN VALUE (EG. WHITE BOARDS, PROJECTORS, ETC)		<input type="checkbox"/>
LEARNING AND TRAINING MATERIALS BELOW R5000 IN VALUE (EG. WHITE BOARDS, PROJECTORS, ETC)		<input type="checkbox"/>
OFFICE EQUIPMENT ABOVE R5000 IN VALUE (EG. SWITCHBOARDS, BINDING MACHINERY, PHOTOCOPIERS, SCANNERS, SHREDDERS, ETC)		<input type="checkbox"/>
OFFICE EQUIPMENT BELOW R5000 IN VALUE (EG. PHOTOCOPIERS, SCANNERS, SHREDDERS, ETC)		<input type="checkbox"/>



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
OFFICE FURNITURE	<input type="checkbox"/>	
OFFICE FURNITURE ABOVE R5000 IN VALUE (EG. CABINETS, L SHAPED DESKS, HIGH BACK CHAIRS, CUPBOARDS, ETC)		<input type="checkbox"/>
OFFICE FURNITURE BELOW R5000 IN VALUE (EG. CABINETS, DESKS, CHAIRS, CUPBOARDS, ETC)		<input type="checkbox"/>
PHOTOGRAPHIC EQUIPMENT	<input type="checkbox"/>	
PHOTOGRAPHIC EQUIPMENT ABOVE R5000 IN VALUE (EG. CAMERAS, LENS, TRIPODS, ETC)		<input type="checkbox"/>
PHOTOGRAPHIC EQUIPMENT BELOW R5000 IN VALUE (EG. CAMERAS, LENS, TRIPODS, ETC)		<input type="checkbox"/>
PRINTING	<input type="checkbox"/>	
PRINTING SERVICES		<input type="checkbox"/>
PROPERTY MAINTENANCE	<input type="checkbox"/>	
PROPERTY MAINTENANCE SERVICES		<input type="checkbox"/>
RENTAL AND HIRING	<input type="checkbox"/>	
LEASING OF PROPERTY, PLANT AND EQUIPMENT (EG. OFFICE EQUIPMENT AND MACHINERY)		<input type="checkbox"/>
RENTAL AND HIRING SERVICES		<input type="checkbox"/>
SCHOOL FURNITURE	<input type="checkbox"/>	
SCHOOL FURNITURE ABOVE R5000 IN VALUE (EG. CLASS ROOM DESKS AND CHAIRS, BLACK BOARDS, TEACHER DESKS AND CHAIRS, ETC)		<input type="checkbox"/>
SCHOOL FURNITURE BELOW R5000 IN VALUE (EG. CLASS ROOM DESKS AND CHAIRS, BLACK BOARDS, TEACHER DESKS AND CHAIRS, ETC)		<input type="checkbox"/>
SCHOOL STATIONERY	<input type="checkbox"/>	
SCHOOL STATIONERY		<input type="checkbox"/>
SECURITY EQUIPMENT AND SYSTEMS	<input type="checkbox"/>	
SECURITY EQUIPMENT,SYSTEMS AND MATERIALS ABOVE R5000 IN VALUE		<input type="checkbox"/>
SECURITY EQUIPMENT,SYSTEMS AND MATERIALS BELOW R5000 IN VALUE		<input type="checkbox"/>
SECURITY SERVICES	<input type="checkbox"/>	
SECURITY AND SAFETY SERVICES (PSIRA ACCREDITED) ⁴		<input type="checkbox"/>

⁴ REFER TO SECTION I: ACCREDITATION INFORMATION, NUMBERS 3 AND 4



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
SPORTS EQUIPMENT	<input type="checkbox"/>	
SPORT AND RECREATIONAL CONSUMABLES (EG. BALLS)		<input type="checkbox"/>
SPORT AND RECREATIONAL EQUIPMENT ABOVE R5000 IN VALUE (EG. BATS, CLUBS, ETC)		<input type="checkbox"/>
SPORT AND RECREATIONAL EQUIPMENT BELOW R5000 IN VALUE (EG. BATS, CLUBS, ETC)		<input type="checkbox"/>
STAFF AND PROFESSIONAL RECRUITMENT	<input type="checkbox"/>	
AGENCY AND SUPPORT/OUTSOURCED SERVICES: PROFESSIONAL STAFF		<input type="checkbox"/>
AGENCY AND SUPPORT/OUTSOURCED SERVICES: SECURITY SERVICES		<input type="checkbox"/>
RECRUITMENT AGENCIES: HIRE OF STAFF		<input type="checkbox"/>
STATIONERY	<input type="checkbox"/>	
STATIONERY AND OFFICE CONSUMABLES (EG. PENS , PENCILS, WRITING PADS, STAPLERS, STAPLES, ETC)		<input type="checkbox"/>
TEXT BOOKS	<input type="checkbox"/>	
SCHOOL TEXT BOOKS		<input type="checkbox"/>
TOOLS AND WORKSHOP EQUIPMENT	<input type="checkbox"/>	
WORKSHOP EQUIPMENT AND TOOLS ABOVE R5000 IN VALUE		<input type="checkbox"/>
WORKSHOP EQUIPMENT AND TOOLS BELOW R5000 IN VALUE		<input type="checkbox"/>
TRAINING AND DEVELOPMENT	<input type="checkbox"/>	
REGISTRATION FEES (EG. TRAINING, VENUES, EXIBITIONS, ETC)		<input type="checkbox"/>
PROFESSIONAL BODIES, MEMBERSHIPS AND SUBSCRIPTIONS		<input type="checkbox"/>
TRAINING AND DEVELOPMENT: GOVERNMENT EMPLOYEES		<input type="checkbox"/>
TRAINING AND DEVELOPMENT: MATERIAL AND MANUALS		<input type="checkbox"/>
TRAINING AND DEVELOPMENT: NON-GOVERNMENT EMPLOYEES		<input type="checkbox"/>
TRANSPORT SERVICES	<input type="checkbox"/>	
COURIER AND DELIVERY SERVICES		<input type="checkbox"/>
TRANSPORTATION SERVICES: DAILY CONVEYANCE		<input type="checkbox"/>



GOODS AND SERVICES	GROUPINGS	SINGLE ITEM
TRANSPORTATION OF GOODS AND FREIGHT SERVICES		<input type="checkbox"/>
TRANSPORTATION SERVICES: EXCURSIONS		<input type="checkbox"/>
TRAVEL AND ACCOMODATION	<input type="checkbox"/>	
TRAVEL AGENCIES		<input type="checkbox"/>
DOMESTIC TRAVEL: ACCOMODATION		<input type="checkbox"/>
DOMESTIC TRAVEL: AIR TRANSPORT WITH OPERATOR		<input type="checkbox"/>
DOMESTIC TRAVEL: CAR RENTAL		<input type="checkbox"/>
DOMESTIC TRAVEL: RAILWAY TRANSPORT WITH OPERATOR		<input type="checkbox"/>
FOREIGN TRAVEL: ACCOMODATION		<input type="checkbox"/>
FOREIGN TRAVEL: AIR TRANSPORT WITH OPERATOR		<input type="checkbox"/>
UNIFORMS AND PROTECTIVE CLOTHING	<input type="checkbox"/>	
UNIFORM AND PROTECTIVE CLOTHING		<input type="checkbox"/>
VENUES AND FACILITIES	<input type="checkbox"/>	
VENUES AND FACILITIES		<input type="checkbox"/>

SECTION I: ACCREDITATION INFORMATION

The Department requires mandatory certification/registration/accreditation for the following goods and/or services items selected in Section H:

- ✓ Construction Services (CIDB Registered Contractors);
- ✓ Security Services (PSIRA Accredited); and
- ✓ Cleaning Services (Bargaining Council Registered).

In addition to the above mandatory certification/registration/accreditation, applicants are urged to provide information of any other applicable certification/registration/accreditation which the entity has.

1. REQUIRED DOCUMENTATION

Certified copy/copies of the relevant accreditation/registration certificates must be submitted.

2. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 3 of section I:

Field No.	Instructions and/or Guidelines
1	<p>CIDB Accredited</p> <ul style="list-style-type: none"> ✓ Applicants who selected the goods and/or services item Construction Services (CIDB Registered Contractors) must complete this field by marking the appropriate box with an X. ✓ This field is a mandatory field.
2	<p>CIDB Accreditation Information</p> <ul style="list-style-type: none"> ✓ Applicants who indicated “Yes” in 1 above must complete this field. ✓ Applicants are requested to provide the name of the Accreditation Institute, Accreditation Number and CIDB Number. ✓ Applicants must indicate their relevant CIDB grade and category by marking the appropriate boxes with an X.
3	<p>PSIRA Accredited</p> <ul style="list-style-type: none"> ✓ Applicants who selected the goods and/or services item Security Services (PSIRA Accredited)



	<p>must complete this field by marking the appropriate box with an X.</p> <p>✓ This field is a mandatory field.</p>
4	<p>PSIRA Accreditation Information</p> <p>✓ Applicants who indicated “Yes” in 3 above must complete this field.</p> <p>✓ Applicants are requested to provide the PSIRA Registration Number and Certificate Number.</p>
5	<p>Bargaining Council Registered</p> <p>✓ Applicants who selected the goods and/or services item Cleaning Services (Bargaining Council Registered) must complete this field by marking the appropriate box with an X.</p> <p>✓ This field is a mandatory field.</p>
6	<p>Bargaining Council Registration Information</p> <p>✓ Applicants who indicated “Yes” in 5 above must complete this field.</p> <p>✓ Applicants are requested to provide the type of Bargaining Council Registration, Registration Number and Certificate Number.</p>
7	<p>Other Accreditations</p> <p>✓ Applicants must indicate if they have any other applicable accreditations by marking the appropriate box with an X.</p> <p>✓ This field is a mandatory field.</p>
8	<p>Other Accreditation Information</p> <p>✓ Applicants who indicated “Yes” in 7 above must complete this field.</p> <p>✓ Applicants are requested to provide the name of the Accreditation Institution, Registration Number and Certificate Number.</p>



3. INFORMATION TO BE COMPLETED

1. IS YOUR BUSINESS CIDB ACCREDITED? * Yes No

2. IF YES IN (1) ABOVE, PLEASE COMPLETE THE FOLLOWNG DETAILS:

ACCREDITATION INSTITUTE:																				
ACCREDITATION NUMBER:																				
CIDB NUMBER:																				

GRADES: (PLEASE MARK THE RELEVANT STATUS WITH AN X):

GRADE 1 <input type="checkbox"/>	GRADE 2 <input type="checkbox"/>	GRADE 3 <input type="checkbox"/>
GRADE 4 <input type="checkbox"/>	GRADE 5 <input type="checkbox"/>	GRADE 6 <input type="checkbox"/>
GRADE 7 <input type="checkbox"/>	GRADE 8 <input type="checkbox"/>	GRADE 9 <input type="checkbox"/>

CATEGORY: (PLEASE MARK THE RELEVANT STATUS WITH AN X):

CE <input type="checkbox"/>	EB <input type="checkbox"/>	EP <input type="checkbox"/>
GB <input type="checkbox"/>	ME <input type="checkbox"/>	SB <input type="checkbox"/>
SC <input type="checkbox"/>	SD <input type="checkbox"/>	SE <input type="checkbox"/>
SF <input type="checkbox"/>	SG <input type="checkbox"/>	SH <input type="checkbox"/>
SI <input type="checkbox"/>	SJ <input type="checkbox"/>	SK <input type="checkbox"/>
SL <input type="checkbox"/>	SM <input type="checkbox"/>	SN <input type="checkbox"/>
SO <input type="checkbox"/>	SQ <input type="checkbox"/>	OTHER <input type="checkbox"/>

3. IS YOUR BUSINESS PSIRA ACCREDITED?* Yes No

4. IF YES IN (3) ABOVE, PLEASE COMPLETE THE FOLLOWNG DETAILS:

REGISTRATION NUMBER:																				
CERTIFICATE NUMBER:																				



5. IS YOUR BUSINESS ACCREDITED BY A BARGAINING COUNCIL? * Yes No

6. IF YES IN (5) ABOVE, PLEASE COMPLETE THE FOLLOWING DETAILS:

TYPE OF BARGAINING COUNCIL:																			
REGISTRATION NUMBER:																			
CERTIFICATE NUMBER:																			

7. IS YOUR BUSINESS ACCREDITED WITH OTHER INSTITUTIONS? * Yes No

8. IF YES IN (7) ABOVE, PLEASE COMPLETE THE FOLLOWING DETAILS:

NAME OF INSTITUTION:																			
REGISTRATION NUMBER:																			
CERTIFICATE NUMBER:																			

NAME OF INSTITUTION:																			
REGISTRATION NUMBER:																			
CERTIFICATE NUMBER:																			

* Mandatory Field

SECTION J: PREVIOUS BUSINESS REGISTRATION INFORMATION

Applicants whose business entities have existed under a different name previously are required to provide such information.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 2 of section J:

Field No.	Instructions and/or Guidelines
1	<p>Did the Business Previously Exist Under a Different Name</p> <ul style="list-style-type: none"> ✓ Applicants must complete this field by marking the appropriate box with an X. ✓ This field is a mandatory field.
2	<p>Previous Business Name</p> <ul style="list-style-type: none"> ✓ Applicants who indicated “Yes” in 1 above must complete this field. ✓ Applicants are requested to provide the previous business name under which the business traded.
3	<p>Previous Business Registration Number</p> <ul style="list-style-type: none"> ✓ Applicants who indicated “Yes” in 1 above must complete this field. ✓ Applicants are requested to provide the previous business registration number issued by the relevant registration authority of the business.
4	<p>Previous KZN Provincial Treasury Registration Number</p> <ul style="list-style-type: none"> ✓ Applicants who indicated “Yes” in 1 above must complete this field. ✓ Applicants are requested to provide the previous KZN Provincial Treasury database registration number of the business.



2. INFORMATION TO BE COMPLETED

1. PREVIOUSLY DID YOUR BUSINESS EXIST UNDER A DEFFERENT NAME?*																				
YES					<input type="checkbox"/>	NO					<input type="checkbox"/>									
2. IF YES IN (1) ABOVE, WHAT WAS THE PREVIOUS BUSINESS NAME?																				
3. IF YES IN (1) ABOVE, WHAT WAS THE PREVIOUS BUSINESS REGISTRATION NUMBER?																				
4. IF YES IN (1) ABOVE, WHAT WAS THE PREVIOUS DATABASE REGISTRATION NUMBER?																				

* Mandatory Field

SECTION K: PREVIOUS BUSINESS EXPERIENCE

Applicants are requested to provide details of any previous business experience, where applicable.

1. HOW TO COMPLETE THIS SECTION

The table that follows provides descriptions/guidelines/instructions for the completion of each field contained in sub-section 2 of section K:

Field No.	Instructions and/or Guidelines
1	<p>Has the Business Conducted Business with a Public Sector Institution Before</p> <ul style="list-style-type: none"> ✓ Applicants must complete this field by marking the appropriate box with an X. ✓ This field is a mandatory field.
2	<p>Previous Business Name</p> <ul style="list-style-type: none"> ✓ Applicants who indicated “Yes” in 1 above must complete this field. ✓ Applicants are requested to provide the details of at least one (1) but not more than three (3) references. ✓ For each reference, the Institution Name who awarded the applicant work, the order number, the order date, the value of the contract and a short description of the work completed is required.
3	<p>Previous Core Business Experience</p> <ul style="list-style-type: none"> ✓ Applicants who indicated “No” in 1 above must complete this field. ✓ Applicants are requested to provide adequate details of any previous experience of the business related to its core operations.



2. INFORMATION TO BE COMPLETED

1. HAS YOUR ENTERPRISE EVER CONDUCTED ANY BUSINESS WITH ANY PUBLIC SECTOR INSTITUTION?*													
YES <input type="checkbox"/> NO <input type="checkbox"/>													
2. IF YES IN (1) ABOVE, PLEASE COMPLETE THE TABLE BELOW.*													
REFERENCE 1													
INSTITUTION NAME:													
ORDER NUMBER:													
ORDER DATE:													
VALUE:													
DESCRIPTION:													
REFERENCE 2													
INSTITUTION NAME:													
ORDER NUMBER:													
ORDER DATE:													
VALUE:													
DESCRIPTION:													
REFERENCE 3													
INSTITUTION NAME:													
ORDER NUMBER:													
ORDER DATE:													
VALUE:													
DESCRIPTION:													
3. IF NO IN (1) ABOVE, PLEASE INDICATE PREVIOUS EXPERIENCE RELATED TO YOUR CORE BUSINESS?*													

* Mandatory Field

SECTION L : DECLARATION OF INTEREST

All fields in this section are mandatory and must be completed in full.

We, the undersigned, who warrants that he/she is duly authorized to do so on behalf of the vendor certifies that the information supplied in terms of this document (Database Registration form), including any annexure(s) with additional information, is correct and accurate and also acknowledge the following:

1. 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) or an associate (i.e. a friend, rival, business partner, neighbour, etc) an employee of the state?

Y/N _____

If yes, state particulars. (Name and position held must be included)

2. If you, or any other person who holds an interest in your business, are presently employed by the state, was the appropriate authority obtained to undertake remunerative work outside employment in the public sector?

Y/N _____

If yes, is proof of such authority attached to the database application form?

Y/N _____

3. Have you, or any other person who holds an interest in your business, given a business courtesy or received a business courtesy from a Departmental/ Municipal employee and/or director over the last 12 (twelve) months?

Y/N _____

If yes, state particulars.



4. 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?

Y/N _____

If yes, state particulars.

5. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies?

Y/N _____

If yes, state particulars.

6. 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.



7. Do you, or any person connected with the entity, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication processes?

Y/N _____

If yes, state particulars.

SECTION M : CERTIFICATION OF CORRECTNESS OF INFORMATION

Certification of correctness of information supplied in this document relating to preferences that the applicant (business) may apply for.

I/we understand, who warrants that he/she is duly authorised to do so on behalf of the vendor/supplier, certifies that the information supplied in terms of this document including the annexure/s with additional information, is correct and accurate and acknowledges that:

1. The vendor/supplier will be required to furnish documentary proof of the information relating to preference points, if requested to do so.
2. If the information supplied is found to be incorrect then the Province may, in addition to any remedies it may have:
 - i. Disqualify the vendor/supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the vendor/contractor;
 - ii. Recover from the vendor/supplier/contractor all costs, losses or damages incurred or sustained by the Province as a result of the award of a contract;
 - iii. Cancel the contract and claim any damages which the Province may suffer by having to make less favourable arrangements after such cancellation; and/or
 - iv. De-register the vendor registration on the Vendor Database.

Signed on this.....day of.....20.....at..... before the Commissioner of Oaths.

.....
Signature of vendor/supplier or duly authorised representative

.....
Name in block letters

Signed and affirmed, before me at.....on this.....day of..... year....., by the deponent who has acknowledged that he/she knows and understands, the contents of the document, and he/she has acknowledged that he/she had no objection to affirming, that he/she regards the affirmation to be binding on his/her conscience. NB: Kindly initial each page in confirmation that the dependant understands the contents of the document and affirms that the information supplied is true and correct.

.....
COMMISSIONER OF OATHS
FULL NAME:
BUSINESS ADDRESS:
CAPACITY:
AREA:

SIGNED OF BEHALF OF (VENDOR/SUPPLIER'S NAME).....

ANNEXURE: A

ENTITY FORM



**PROVINCE OF KWAZULU NATAL
ISIFUNDAZWE SAKWAZULU-NATALI**

Department of Education

SUPPLIER DATABASE REGISTRATION

The KwaZulu-Natal Department of Education hereby invites **NEW** and **EXISTING** Vendors to register for placement on the KwaZulu-Natal Department of Education Vendor Database.

Closing date : 2 November 2012
Closing time : 11h00
Enquiries : Ms. M Mkhize (033) 846 5432
Ms. G Khuzwayo (033) 846 5112
Mrs. P Bengu (033) 846 5263

Vendor Database Registration Forms will be available from the 8th October 2012 at the following venues and can also be hand delivered to the following addresses:

1. Head Office: 228 Pietermaritz Street, Room G1A, Pietermaritzburg.
2. PMB Service Centre: 185 Langalibaleli Street (Old Longmarket Street), Old Mutual Building, Ground Floor.
3. eThekweni Service Centre: Truro House, 17 Margaret Mncadi Avenue, Victoria Embankment Durban Ground Floor.
4. Ukhahlamba Service Centre: Supply chain management building, 49 Murchison Street, Ladysmith
5. Zululand Service Centre: First Floor Administration Building, Ulundi.

Vendor Database Registration Forms can alternatively be posted to the following address:

Department of Education, Private bag x9137, Pietermaritzburg, 3200

Vendor Database Registration Forms can also be downloaded from: www.kzneducation.gov.za

Please Note:

As from 1 April 2012, KZN Provincial Treasury notified Departments that the old vendor database is being discontinued. Therefore the previous (old) suppliers will no longer be valid as from 1/04/2012. Service providers must therefore ensure that they have a new database number which appears as follows, KZN 0000. For any guidance and assistance with KZN Provincial Treasury database registration contact 033 897 4215 or 033 897 4509.

Vendors/Applicants are requested to attach an original valid tax clearance certificate, certified copy/copies of identity documents/passports/trust deeds, a certified copy of company registration, certified copy of accreditation certificates, certified copy of the entities BBBEE certificate/letter from registered auditor/letter from accounting officer and a bank statement. Only original entity forms will be accepted and must contain a bank verification stamp.

The registration form must to be completed in full and must be signed by all vendors seeking registration on the Departmental Vendor Database.

Assistance with the completion of the application form can be obtained by telephonically contacting the Department.

Should vendors fail to submit their correctly filled registration forms and required attachments by the closing date, the KwaZulu-Natal Department of Education will not register that vendor on the Departmental vendor database.

