



Eskom Holdings Limited ESCo Application Form

Doc No. SAF

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This application form must be completed by suppliers in order to register suppliers on the Eskom Holdings Limited vendor management system.

In order for your application to be processed, the following documentation MUST accompany this form, failing which, your application will not be considered. Please DO NOT submit CDs or video tapes with this form.

DOCUMENT REQUIRED	CATEGORY OF SUPPLIER	TICK THE RELEVANT BOX INDICATING SUBMISSION OF THE REQUIRED DOCUMENTS
Original cancelled cheque or stamped letter from the bank, verifying the banking details of your business	All suppliers	
Certified copy of your business registration documents if you are incorporated as a partnership, close corporation or a company	All suppliers	
Certified copies of the ID documents of directors and shareholders / partners / members / sole proprietor	All suppliers	
A valid and original tax clearance certificate	All suppliers	
Proof of registration with the UIF (i.e. reference number issued by the UIF)	All suppliers who are employers in terms of the Unemployment Insurance Act 63 of 2001 as amended	
Proof of registration with the Compensation Fund for Workers' Compensation	All suppliers who are employers in terms of the Compensation for Occupational Injuries and Diseases Act 130 of 1993 as amended (COIDA)	
A copy of the CIDB (Construction Industry Development Board) certificate NB: You can contact the CIDB on +27 12 482 7200 or +27 086 100 CIDB, or visit www.cidb.org.za for information and registration. You are also required to obtain the document entitled "Code of Conduct for all parties engaged in construction procurement" from the CIDB.	All suppliers whose services constitute construction and /or engineering works in terms of the Construction Industry Development Board Act 38 of 2000 and its Procurement Regulations	
Proof of professional registration or a copy of any other registration certificate pertaining to your relevant industry, e.g. ECB (Electrical Contractors Board)	All suppliers, where applicable	
A valid verification certificate obtained from an accredited verification agency OR an ABVA-accredited verification agency (only in the absence of accredited verification agencies)	All suppliers whose turnover exceeds R5 million.	
Supporting documentation confirming the points scored regarding each element of the applicable scorecard, as used by the relevant verification agency	All suppliers submitting a valid verification certificate in terms of the B-BBEE Codes of Good Practice	
<ul style="list-style-type: none"> • Shareholder certificates or the shareholder's agreement (for companies); OR • association agreements (for close corporations); OR • partnership agreements (for partnerships and joint ventures), confirming the percentage of Black ownership and Black management within the business	All suppliers	
Latest verified annual financial statements confirming annual turnover, Net Profit Before Tax (NPBT) and total cost of labour NB: Financial statements must be verified by an auditor for a company or a certified accounting officer for a close corporation, partnership or sole proprietorship.	All suppliers	
Letter signed off by an auditor or a certified accounting officer confirming that the entity is newly incorporated and is in its first year of operation	Start-up enterprises as defined in the B-BBEE Codes of Good Practice	



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SECTION A: GENERAL

'Trading as' name of business: _____

(Contracts/orders will be placed on this name and invoices must reflect this)

Registered name of business: _____

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname/s : _____

(If trading as a sole-proprietor or a partnership)

Physical address of business:

Building / complex name: _____

Street name and number : _____

Suburb : _____ City : _____

Code: _____ Country: _____

Postal address of business: *(This is the address to which an Invitation to Tender / enquiry and orders / contracts will be sent to)*

Postnet address: _____

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

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Sales representative fax number: Code: _____ Number: _____

(Used by Eskom for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Is this a dedicated fax number? (Y/N) _____

Accounting Clerk's fax number: Code: _____ Number: _____

(Used by Eskom for electronic faxing of the APS remittance advices)

Is this a dedicated fax number? (Y/N) _____

Business e-mail : _____

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

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

Business Registration number (if applicable) _____

(In the case of a sole proprietor or partnership, please furnish identity numbers plus copies of the identity documents of the owners)

Tax number of business: _____

VAT registration number: (if applicable) _____

SECTION B: CONFIRMATION OF B-BBEE STATUS

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

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

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

Business by Definition	Business Indicator	Levels	Please mark your status with an “X”
Turnover less than R5m			
<i>(More than 50% Black Woman Owned)</i>	EME 3 (BWO)		
<i>(More than 50% Black Male Owned)</i>	EME 3 (SBE)		
<i>No Equity</i>	EME 4		
Turnover more than R5m but less than R35m			
<i>(More than 50% Black Male Owned/Black Woman Owned where there's SBE or BWO)</i>	QSE 1 (QSE 1; SBE; BWO)	> 100 = Level 1 @ 135%	
	QSE 2 (QSE 2; SBE; BWO)	>85 <100 = Level 2 @ 125%	
	QSE 3 (QSE 3; SBE; BWO)	>75 <85 = Level 3 @ 110%	
	QSE 4 (QSE 4; SBE; BWO)	>65 <75 = Level 4 @ 100%	
	QSE 5 (QSE 5; SBE; BWO)	>55 <65 = Level 5 @ 80%	
	QSE 6 (QSE 6; SBE; BWO)	>45 <55 = Level 6 @ 60%	
	QSE 7 (QSE 7; SBE; BWO)	>40 <45 = Level 7 @ 50%	
	QSE 8 (QSE 8; SBE; BWO)	>30 <40 = Level 8 @ 10%	
	Non-compliant	<30 @ 0%	
Turnover more than R35m			
<i>(More than 50% Black Male Owned/Black Woman Owned where there's BEE or BWO)</i>	LME 1 (LME 1; BWO; BEE)	> 100 = Level 1 @ 135%	
	LME 2 (LME 2; BWO; BEE)	>85 <100 = Level 2 @ 125%	
	LME 3 (LME 3; BWO; BEE)	>75 <85 = Level 3 @ 110%	
	LME 4 (LME 4; BWO; BEE)	>65 <75 = Level 4 @ 100%	
	LME 5 (LME 5; BWO; BEE)	>55 <65 = Level 5 @ 80%	
	LME 6 (LME 6; BWO; BEE)	>45 <55 = Level 6 @ 60%	
	LME 7 (LME 7; BWO; BEE)	>40 <45 = Level 7 @ 50%	
	LME 8 (LME 8; BWO; BEE)	>30 <40 = Level 8 @ 10%	
	Non-compliant	<30 @ 0%	

Is your business:

- An agent _____ Manufacturer _____ Distributor _____ Consultant _____ Contractor _____
Professional _____ Services _____ Other _____
(specify) _____
- Governed by a Sector Code? Y/N _____

If _____ yes, _____ specify _____

- A Multinational based in South Africa with overseas headquarters, operating as a “Global Practice” which restricts the alienation of equity or the sale of businesses in its regional operations? Y/N ____ (If yes, please provide documentation confirming operation as a Global Practice).

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

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

SECTION C: SUPPLIER/ESCO PROFILE

NB! In order for Eskom to build up a profile of its suppliers, it is **IMPORTANT** that this section be completed fully and accurately.

Business focus :

1. In which area(s) does your company specialize? Please indicate by ticking one or more areas listed below.

-Managing energy usage in:

- HVAC
- Lighting
- Heat Pumps
- Shower Heads
- Solar Water Heating
- Compressed Air Systems
- Industrial Optimisation
- Demand Response/Demand reduction/Ripple Control
- Project Management

2. In which market(s) does your company operate? Indicate by ticking one or more of sectors listed below.

- Residential and Munics Sector
- Corporate and Commercial Sector
- Mining and Industrial Sector
- Agricultural Sector

3. Does your company provide consulting services? Y/N____ if Yes indicate the nature of consultancy :

4. Does your company have an in-house engineering Project Management resources and expertise? Y/N____ If No briefly explain how do you intend executing IDM projects?



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Please indicate (x) the geographical areas where your business is willing and capable of supplying Eskom:

Gauteng _____ Kwa-Zulu Natal _____ Western Cape _____

Mpumulanga _____ Free State _____ Eastern Cape _____

North West _____ Northern Cape _____ Northern Province _____

SECTION D: SUPPLIER PROFILE

In order for Eskom to build up a profile of its suppliers, we would like you to complete the following:

Commercial

Name 3 commercial references/referees of previous projects / contracts and provide their name(s) and telephone number(s):

Financial

Has your business ever been declared insolvent or had a judicial management order granted against it? (Y/N)_____ If yes, please elaborate:

Technical

Is your business a permit holder under the South African National Standards (SANS)? (Y/N) _____

If yes, indicate product(s) for which permits are held, including permit numbers

Are you working to accredited National or International Standards? (Y/N)_____ If yes, indicate products and to which standards: _____

Quality

Does your business operate a Quality Management System which includes:

- Quality policy and objectives (Y/N) _____
- Document and record control system (e.g. proof of competence, minutes of meetings and references) (Y/N) _____



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- Procedure for non-conforming products / services (Y/N) _____
- Procedure for corrective and preventative action (Y/N) _____

Has your Quality Management System been assessed and certified by any Nationally or Internationally recognised accreditation body? (Y/N)_____ If yes, please provide a copy of the certificate.

Safety

Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (Act 85 of 1993) (OHS Act) that clearly states overall health and safety objectives and commitment to improving health and safety performance? (Y/N)_____ If yes, attach a copy of this policy.

Are you registered with the Compensation Fund in terms of the Compensation for Occupational Injuries and Diseases Act (COIDA)? (Y/N) _____ Registration number _____

Has your business experienced any incident that resulted in a fatality or serious injury? (Y/N)_____ If yes, provide details thereof.

Has any non-conformances or prohibition notices been issued by the Department of Labour to your business on previous projects? (Y/N)_____ If yes, provide details thereof.

Do you maintain the integrity and safety of all health and safety related equipment and do you have an effective maintenance schedule? (Y/N)_____ If no, provide reasons?

Environmental

Do you have an Environmental Management System in place? (Y/N) _____

Does your facility routinely work with any hazardous substances? (Y/N)_____

Has your Environmental Management System been assessed and certified by any Nationally or Internationally recognised accreditation body? (Y/N)_____ If yes, please provide a copy of the certificate.

Energy Efficiency

What is the total energy used to produce your products? (kWh or MJ) _____

[If you are a service provider, derive your total embedded energy from the use of energy to deliver your services (e.g., driving, use of computers, flights, etc)].



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Does your business have energy usage reduction targets (in kWh/product or MJ/product)? (Y/N)_____ If yes, fill in the target: _____

Have you taken any measures to improve on energy efficiency of your products / your facilities in the last 5 years? (Y/N)_____ If yes, please provide details of such improvements benchmarked against standard practices or product, including kWh reduction or reduction in electricity bill(s):

-

What is your business's carbon footprint, i.e. a measure of how much carbon dioxide, methane and other "greenhouse gases" that your business is responsible for creating? (in kg CO₂/employee/annual)

What would you estimate as your business's contribution towards the energy usage reduction percentage targets as set out by Department of Minerals and Energy in The Energy Efficiency Strategy?

-

Human Resources

How many full-time employees do you currently have? _____

How many part-time employees do you have? _____

Please provide an organogram of your overall business structure indicating all human resources within your business.

Facilities, Plant & Equipment

Please provide a summary of your plant and facilities: _____

Please attach a list detailing tools and equipment held by your business.



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CIDB Declaration:

I confirm that I have read the document entitled "Code of Conduct for all parties engaged in construction procurement" and will abide by it. _____ (Y / N / Not Applicable)

SECTION E: DECLARATION OF INTERESTS

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

Y/N ____

If yes, state particulars.

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

Y/N ____

If yes, state particulars.

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

Y/N ____

If yes, state particulars.

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

Y/N ____

If yes, state particulars.

Is your business currently engaged in defending any legal proceedings which have been instituted against it (including against any of its directors / members / partners), or has your business (including any directors / members / partners) either been charged with or been convicted of any criminal act, or has any judgment or



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decision been made against it by any administrative or regulatory body?

Y/N ____

If yes, state particulars.

DECLARATION:

I, the undersigned [*insert full name of signatory*] _____, duly authorised to complete this application form in my capacity as [*insert capacity, i.e., member, director, partner, etc*] _____ on behalf of the applicant [*insert full name of the business entity*] _____ certify that, to the best of my knowledge, the information furnished herein is true and correct. I accept that Eskom reserves its right to act against the applicant or me personally in terms hereof, should this declaration prove to be false.

Name _____ Signature _____

Designation _____ Date _____

NOTE TO ALL ESCOs:

Eskom Holdings Limited (Eskom) reserves the right to verify and confirm any of the information provided on this application form. Eskom may request additional information during its tender evaluation process.

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

If there are any changes to the information provided on this form, please inform the relevant contact person within Eskom's IDM department within 7 (seven) working days of such change. Outdated information could lead to your business not receiving communication from IDM!

NB: Bank information:

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

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

All information provided by ESCOs will be treated as strictly confidential



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After completion, please ***hand deliver*** or ***courier*** to:

**Nthabiseng Letlapa
Megawatt Park
Maxwell Drive
Sunninghill
Sandton
Location C1U35**