



SOUTH AFRICAN POLICE SERVICE

SUPPLIER APPLICATION FORM ACQUISITION MANAGEMENT: MGP AND SERVICES

Instructions

- Completion of this application must be done in black ink.
- Completion of this application does not mean that the SAPS have accepted your business entity as a supplier.
- Qualifying as a supplier does not necessarily mean that the SAPS will invite your business entity to quote. Please note, bids will be advertised in the Government Tender Bulletin.
- The SAPS will use the information that you fill in on this form to accredit your business entity in terms of the criteria stipulated below. This will apply for both existing and new suppliers.
- The SAPS will treat all the information that you supply as strictly confidential.
- The SAPS reserves the right to request additional information or documents regarding your answers in this application.
- The SAPS reserves the right to perform an audit to confirm or check any of the answers that you supply.
- Please make sure that your CEO or business entity secretary puts his/her signature to this application before you return it to the SAPS.
- Please respond to all applicable questions in the application as incomplete forms will not be processed.
- There are a total of 14 pages to be completed by you.
- Print clearly, use black ink and complete all the relevant sections
- Please submit the original pages 1 - 14 of the form to the SAPS, even if you were not required to complete all sections.
- Photocopy any pages that do not have sufficient space or add a page for additional information.
- Applications without relevant supporting documentation will not be processed. See checklist on Section C.

For more information or if you should require any help completing this application, please contact:

Conditions of Registration

The applicant must:

- Confirm particulars provided in this form annually.
- Notify the SAPS of any change of particulars to an existing registration.
- Be free from any restrictions from the National Treasury.
- Provide the latest, valid, original Tax Clearance Certificate , upon expiry of the previous tax certificate.

Mandatory Requirements

- Please ensure that you have completed sections A and B for accreditation.
- Use checklist (Section C) to ensure that you submit all the required supporting information
- You must submit the original AMD 1 document to the SAPS

What to do with the completed application form?

- Double check that you have correctly filled in all the required information
- Use the checklist (Section C) to make sure that you have all the required supporting information.

To mail your application:

- Make a photocopy of the application to keep for your own records.
- Mail your original application along with all the supporting information to:

Attention :

To deliver your application:

- Make a photocopy of the application to keep for your own records.
- Deliver your original application along with all the supporting information to:

Attention :

OFFICE USE ONLY

		Received on	
		Accepted	Rejected
NEW SUPPLIER (Supplier must please indicate)	EXISTING SUPPLIER (Supplier must please indicate) supplier	<u>Reason for rejection:</u>	
YES	NO		
For SAPS Office Use only		Supplier Number In POLFIN	

Pre-Accreditation Information

_____ Rank and Name of SAPS Pre-Accreditor	_____ Tel. Phone No. of SAPS Pre-Accreditor
_____ Signature of SAPS Pre-Accreditor	Date Pre-accredited: _____

Data Capturer Information

_____ Name of SAPS Data Capturer	Date captured: _____
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CONTENT OF APPLICATION FORM**ACCREDITATION CRITERIA:**

A	-	General Information
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B	-	Financial Information
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Declaration

C	-	Checklist Attach relevant documents as requested
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Annexure I – Products & Services To Offer To The SAPS
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SAPS 432(b) – Registration Of Creditors Bank Account Details

Date:				
Type of Application:	New	Amendment	Change of Name	Cancellation

ACCREDITATION CRITERIA (All the requested information below is mandatory. Failure to supply the requested information will lead to the non-accreditation of your Business Entity with regards to the listed Commodities)

A. General Information

Name of Business Entity

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Trading as Name of Business Entity

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Postal Address of business entity (To which all correspondence must be sent)

Physical Address of business entity (For Inspection Purposes)

Contact Details for your business entity

Contact Person(Title, Initials and Surname) :	
Designation:	
Tel. Phone No.	
Fax No.	
Cell No.	
E – Mail Address:	

Complete details for each principal in the Business Entity and attach copy of Identity Document for each (See Section C: Checklist)
A principal is a partner in a partnership, a sole proprietor, a director in a company (actively involved) or a member of a close corporation.

Initials and Surname	Date/ position occupied in Business Entity	ID Number	% of shares or interest held

Registrations: (Please provide Proof of Registration) See Section C, Checklist

Department	Yes	No	Registration Number
Company Registration number / ID number of owner			
SARS – Business entity tax number			
SARS – VAT number			

Type of Business Entity (Please tick the appropriate box(es))

Registered Partnership		Close Corporation	
Un-Registered Partnership		Company	
One Person Business / Sole Proprietor		(Pty) Limited	

Indicate under which Categories the Supplier must be Registered (if applicable)

1) State Attorney		7) Non-Standard Employee	
2) Attorney/Legal Representative		8) Personal Service Company	
3) Medical		9) Personal Service Trust	
4) Magistrate Office		10) Labour Broker with a SARS Exemption Certificate	
5) Financial Institute		11) Labour Broker without a SARS Exemption Certificate	
6) Standard Employee		12) Agent	
		13) None of the above	

DOCUMENTATION

1. **A Company Profile of your Business Entity must be attached which address a full overview of your business.**
(Failure to supply the Company Profile of your Business Entity will lead to the non-accreditation of your Business Entity with regards to the listed Commodities)
- **PLEASE INDICATE ABILITY TO SUPPLY SPECIFIC GOODS & SERVICES AS PER ANNEXURE I (ATTACHED PAGES)**
- **PLEASE INDICATE IN WHICH MUNICIPAL AREA(S) THE SPECIFIC GOODS & SERVICES CAN BE SUPPLIED AS PER ANNEXURE II (ATTACHED PAGES)**

B. Financial Information

PLEASE COMPLETE THE REGISTRATION OF CREDITORS BANK ACCOUNT DETAILS FORM, SAPS 432(b)

Declaration

I the undersigned hereby declare that:

- I am duly authorised to sign this application on behalf of the business entity;
- The information furnished as well as all documentation submitted in support of this application is true and correct in every respect and have been lawfully obtained, and may be verified by members of the SAPS;
- Any changes to the above information or registrations will be immediately communicated when it occurs, as indicated under the conditions of registration;
- It is accepted that the company will be approached for price quotations, either together with all other companies or on a rotational basis with a selected number of companies registered for the same categories;
- It is accepted that if any of the above information or enclosed documentary proof is found to be incorrect or false, the company may be deleted from the relevant Supplier Database and that criminal proceedings could be instituted against the business entity.

Respondent's Signature

.....

On behalf of: (Business entity's name)

.....

Date

Respondent's Name:	Respondent's Title/Position
Business entity Stamp	

Contact Information for your business entity:

Name of person:

Designation of person:

Telephone number:

Fax number:

E-mail address:

C. CHECKLIST OF DOCUMENTS ATTACHED	CROSS REFERENCE	YES	NO	N/A
1) Copy of Business entity's Registration Documents: i.e. CK2 form • For Close Corporations – a copy of the CIPRO report showing the directors/owners/members of the cc • For Pty Ltd – a copy of the CIPRO report as well as a copy of the shareholders agreement or a letter from your auditors confirming the shareholding of the company • Copy of shareholders/members certificates / agreements	Section A			
2) Copy of Business entity's Vat Registration Certificate	Section A			
3) Current Business entity original Tax Clearance Certificate	Section A			
4) Copy of Identity Documents of Shareholders/Directors	Section A			
5) Cancelled or blank invoice or Company Letterhead	Section A			
6) Written proof of account from the bank / financial institution	SAPS 432(b)			
7) Details of creditors bank account assignee	SAPS 432(b)			
8) Registration of bank account details	SAPS 432(b)			
9) B-BBEE Status level verification certificate or certified copy thereof	SAPS 432(b)			
10) Written request from the Registered Member regarding the change of contact details (Only when an amendment on a current Supplier is made)	Section A			
11) Company Profile	Section A			
12) Declaration of interest	Section A			

PLEASE INDICATE ABILITY TO SUPPLY SPECIFIC GOODS & SERVICES (limited to only three commodities)

03	FIRE CONTROL EQUIPMENT		545	COMMERCIAL AND INDUSTRIAL GAS CYLINDERS	
03028	FIRE CONTROL DIRECTORS		546	BOTTLES AND JARS	
03029	FIRE CONTROL COMPUTING SIGHTS AND DEVICES		547	REELS AND SPOOLS	
03031	OPTICAL SIGHTING AND RANGING EQUIPMENT		548	PACKAGING AND PACKING BULK MATERIALS	
1250	FIRE CONTROL STABILIZING MECHANISMS		549	AMMUNITION AND NUCLEAR ORDNANCE BOXES, PACKAGES AND SPECIAL CONTAINERS	
03034	FIRE CONTROL TRANSMITTING AND RECEIVING EQUIPMENT, EXCEPT AIRBORNE		550	SPECIALIZED SHIPPING AND STORAGE CONTAINERS	
03035	AIRCRAFT GUNNERY FIRE CONTROL COMPONENTS		969	BAGS, EVIDENCE	
03036	AIRCRAFT BOMBING FIRE CONTROL COMPONENTS		1118	BAGS AND SACKS: WEAPONS	
03037	FIRE CONTROL RADAR EQUIPMENT, EXCEPT AIRBORNE		1119	BAGS AND SACKS: PHOTOGRAPHIC EQUIPMENT	
03038	FIRE CONTROL SONAR EQUIPMENT		1120	BAGS AND SACKS: BACKPACKS	
			1121	BAGS AND SACKS: BULLET RESISTANT	
	FOOD PREPARATION AND SERVING EQUIPMENT		1122	BAGS AND SACKS: EQUESTRIAN	
505	FOOD COOKING, BAKING, AND SERVING EQUIPMENT		1123	BAGS AND SACKS: SPORT AND RECREATION	
507	KITCHEN HAND TOOLS AND UTENSILS		1124	BAGS AND SACKS: CRIME SCENE	
508	CUTLERY AND FLATWARE		1125	BAGS AND SACKS: MUSICAL	
509	TABLEWARE		1126	BAGS AND SACKS: VEHICLE ACCESSORIES	
510	SETS, KITS, OUTFITS AND MODULES, FOOD PREPARATION AND SERVING		1127	BAGS AND SACKS: PLASTIC	
			1128	BAGS AND SACKS: TOOLS	
			1129	BAGS AND SACKS: TOOLS, RADIO TECH	
	OFFICE MACHINES, TEXT PROCESSING SYSTEMS AND VISIBLE RECORD		1130	BAGS AND SACKS: DOG SCHOOL	
511	ACCOUNTING AND CALCULATING MACHINES			TEXTILES, LEATHER, FURS, APPAREL AND SHOE FINDINGS, TENTS, FLAGS	
512	TYPEWRITERS AND OFFICE TYPE COMPOSING MACHINES			TEXTILE FABRICS	
513	OFFICE INFORMATION SYSTEM EQUIPMENT		551	TEXTILE FABRICS	
514	OFFICE TYPE SOUND RECORDING AND REPRODUCING MACHINES		552	YARD AND THREAD	
515	VISIBLE RECORD EQUIPMENT		553	NOTIONS AND APPAREL FINDINGS	
516	MISCELLANEOUS OFFICE MACHINES		554	PADDING AND STUFFING MATERIALS	
			555	FUR MATERIALS	
			556	LEATHER	
	MUSICAL INSTRUMENTS, PHONOGRAPHS, AND HOME-TYPE RADIOS		557	SHOE FINDINGS AND SOLING MATERIALS	
528	MUSICAL INSTRUMENTS		558	TENTS AND TARPAULINS	
529	MUSICAL INSTRUMENT PARTS AND ACCESSORIES		559	FLAGS AND PENNANTS	
530	PHONOGRAPHS, RADIOS, AND TELEVISION SETS: HOME TYPE			TOILETRIES	
531	PHONOGRAPH RECORDS		575	PERFUMES, TOILET PREPARATIONS, AND POWDERS	
			576	TOILET SOAP, SHAVING PREPARATION, AND DENTIFRICES	
			577	PERSONAL TOILETRY ARTICLES	
	CLEANING EQUIPMENT AND SUPPLIES		578	TOILETRY PAPER PRODUCTS	
535	FLOOR POLISHERS AND VACUUM CLEANING EQUIPMENT			SUBSISTENCE	
536	BROOMS, BRUSHES, MOPS AND SPONGES		584	MEAT, POULTRY, AND FISH	
537	CLEANING AND POLISHING COMPOUNDS AND PREPARATIONS		585	DAIRY FOODS AND EGGS	
			586	FRUITS AND VEGETABLES	
	CONTAINERS, PACKAGING AND PACKING SUPPLIES		587	BAKERY AND CEREAL PRODUCTS	
542	BAGS AND SACKS			SUGAR, CONFECTIONERY, AND NUTS	
543	DRUMS AND CANS		589	JAMS, JELLIES, AND PRESERVES	
544	BOXES, CARTONS, AND CRATES		590	SOUPS AND BOUILLONS	

591	SPECIAL DIETARY FOODS AND FOOD SPECIALITY PREPARATIONS	68696	JACKET, BUNNY TYPE, MEN & WOMEN
		68687	JACKET, CEREMONIAL, MEN & WOMEN
592	FOOD, OILS AND FATS	68697	JACKET, PILOT AND OVERALL
593	CONDIMENTS AND RELATED PRODUCTS	68698	JACKET, RAIN, CYCLER
594	COFFEE, TEA, AND COCOA	68695	JACKET, TASKFORCE (PARKA AND JUMP JACKET)
595	BEVERAGES, NON-ALCOHOLIC	68677	JERSEY & SOCKS, MEN & WOMEN
596	BEVERAGES, ALCOHOLIC	68716	LANYARDS, MEN AND WOMEN
597	COMPOSITE FOOD PACKAGES	68693	MESS DRESS, MEN SUIT AND WOMEN DRESS
598	TOBACCO PRODUCTS	68667	NOTIONS AND APPAREL FINDINGS, BRAID
		68672	OUTERWEAR, HORSE RIDING CLOTHING
	FUELS, LUBRICANTS, OILS, AND WAXES	68679	OUTERWEAR, MEN & WOMEN, OVERALL, SPECIAL UNITS
599	FUELS, SOLID	68669	OUTERWEAR, MEN, BERET AND BALACLAVA
600	LIQUID PROPELLANTS AND FUELS, PETROLEUM BASE	68673	OUTERWEAR, MEN'S SHIRT, LONG AND SHORT SLEEVE
601	LIQUID PROPELLANT FUELS AND OXIDIZERS, CHEMICAL BASE	68686	OUTERWEAR, WOMEN, BLOUSE, BLUE, SHORT AND LONG SLEEVE
602	FUEL OILS	68684	OUTERWEAR, WOMEN, HAT, BLUE, FELT
603	OILS AND GREASES: CUTTING, LUBRICATING AND HYDRAULIC	68688	OUTERWEAR, WOMEN, SKIRT, CEREMONIAL
		68685	OUTERWEAR, WOMEN, STEWARD, BLUE, LONG AND SHORT SLEEVE JACKET, SLACKS AND SKIRTS
604	MISCELLANEOUS WAXES, OILS, AND FATS		
		68715	POUCHES AND HOLSTERS (DUTY KITS)
	NON-METALLIC FABRICATED MATERIALS	68682	RAIN SUIT, MEN & WOMEN
605	PAPER AND PAPERBOARD	68681	SHIRT, KNITTED, MEN & WOMEN, CYCLE
606	RUBBER FABRICATED MATERIALS	68680	SHORTS & TROUSERS, MEN & WOMEN, CYCLE
607	PLASTICS FABRICATED MATERIALS	68668	SHORTS MEN, ATHLETIC
609	REFRACTORIES AND FIRE SURFACING MATERIALS	68675	SUIT, BOILER, OUTERWEAR, MEN & WOMEN
852	MISCELLANEOUS FABRICATED NON-METALLIC MATERIALS	68707	TIE & CRAVAT, MEN & WOMEN
		68692	TRACKSUIT, STUDENT
	SERVICES	68674	TROUSERS SUMMER WEAR & CEREMONIAL MEN
633	ADVERTISING	68678	TROUSERS, CAMOUFLAGE, FIELD DRESS, MEN & WOMEN
634	COMMUNICATION	68694	T-SHIRT, KNITTED, STUDENTS
635	SITA COMPUTER SERVICES	68563	UNDERWEAR, THERMAL, MEN'S
636	EXTERNAL COMPUTER SERVICES		
637	CONSULTANTS, CONTRACTORS, SPECIAL SERV.		
640	ENTERTAINMENT	60	OFFICE SUPPLIES AND DEVICES
641	LEGAL FEES	666	ADHESIVE, TAPE AND ACCESSORIES
642	MEDICAL SERVICES	836	BAND, RUBBER, ASSORTED AND BINDING TWINE
643	OPERATING LEASES	837	BANK, DISC STORAGE
646	MAINTENANCE & REPAIR TRANSPORT ASSETS	755	BASKET, WASTE PAPER, NON WOOD
647	MAINTENANCE & REPAIR EQUIPMENT & MACHINE	756	BINDER, A4, PERSONAL VELOBINDER SYSTEM COMPLETE
648	MAINTENANCE & REPAIR LIVESTOCK	758	BINDER, BOOK + PUNCH COMB.
649	ROADWORTHY TESTS	759	BINDER, PAPER (PAPERCLIP TYPES)
650	COURIER AND DELIVERY SERVICES	760	BINDERS, INTERSCREW - METAL - NOTES - SPIRAL
651	AUDIT FEES: EXTERNAL	761	BINDING SLIDES AND STRIPS ALL SIZES
652	PERSONNEL AGENCY FEES	763	BUSINESS CARDS AND ACCESSORIES
653	PRINTING AND PUBLICATIONS	764	CALCULATORS
654	RESETTLEMENT COST	765	CALENDARS
655	TRANSLATIONS AND TRANSCRIPTIONS	766	CARBON PAPER, ALL TYPES AND SIZES
656	TRAVEL AND SUBSISTENCE	769	CARD INDEX
657	VENUES AND FACILITIES	770	CARRY BAG, PLASTIC FOLDER
658	TRAINING & STAFF DEVELOPMENT	771	CARTRIDGE, PRINTER, PAINTJET
638	MEDICAL WASTE REMOVAL	772	CLIPBOARDS
729	MARKING OF VEHICLES	773	CLIPS - ALL TYPES
739	SECURITY SERVICES	774	CONTROL FILE FOR FIELD TRAINING
849	MAINTENANCE & REPAIR, DIVING EQUIPMENT	775	CORRECTION FLUID - ALL TYPES
850	TOWING SERVICES	776	CUTTERS, PAPER - ALL TYPES
851	FLOWER ARRANGING SERVICES	778	DOCUMENT COVERS, POCKETS AND WALLETS - ALL TYPES
852	ACCOMMODATION	779	EASELS, ALL TYPES
		780	ENVELOPES, ALL TYPES AND SIZES
		781	FASTENERS, PAPER - ALL TYPES AND SIZES
	SIGNAGE AND ACCESSORIES	782	FILES AND FILE ACCESSORIES
659	SIGNS, ADVERTISING DISPLAYS, AND IDENTIFICATION PLATES	783	FLIGHT, GUIDE
		784	FLIPCHARTS AND ACCESSORIES
1143	TAPE, BARRIER: SAPS BRANDED AND CRIME SCENE	785	FOIL CERTIFICATE
		786	FOLDERS
	CLOTHING, INDIVIDUAL EQUIPMENT, AND INSIGNIA	787	GUILLOTINES
68710	BADGES AND INSIGNIA, CHEST BADGES, CEREMONIAL	788	HOLDERS & DESK ORGANISERS - ALL TYPES
68711	BADGES AND INSIGNIA, CHEST BADGES, IRON-ON TYPE	789	INSTRUMENT, LETTER MEASURE
68713	BADGES AND INSIGNIA, EPAULETTE	792	LABELS AND TAGS - ALL TYPES
68712	BADGES AND INSIGNIA, RIBBON	793	LABELS AND TAGS FOR BAR CODING
68570	BADGES, INSIGNIA AND MEDALS	794	LAMINATORS
68709	BAGS, HAND WEAR, WOMEN'S	795	MACHINE, INKING, TYPING RIBBON
68719	BELTS, CANVAS	797	NOTE PADS AND ACCESSORIES - ALL TYPES
68717	BELTS, POUCHES AND HOLSTERS, LEATHER, MEN AND WOMEN	798	OFFICIAL SAPS FORMS, REGISTERS, DOCKETS AND BOOKS
		799	OPENER, LETTER
68705	BOOTS, LEGGINGS, EQUESTRIAN & LEATHER	800	PAPER - ALL COLOURS
68706	BOWTIE, MEN & WOMEN	801	PAPER, A4, SINGLE PLY, PERFORATED, CONTINUOUS
68751	BULLET RESISTANT JACKET, TILE, MEN AND WOMEN	802	PAPER, FACSIMILE - ALL TYPES AND SIZES
68573	BULLET RESISTANT VEST/JACKET, MEN AND WOMEN	803	PATCH, TARGET SHOOTING - ALL COLOURS
68715	CAP BANDS & STUDENTS LOOPS	804	PINS - ALL TYPES
68670	CAP, BASEBALL, MEN & WOMEN	805	PLOTTER, PAPER, PENS AND OTHER SPECIAL PAPER
68683	CAP, CEREMONIAL, BORDER HATS & GORGETS	806	POINTER, LECTURE, TELESCOPIC
68701	FOOTWEAR, MEN & WOMEN, BOOTS	808	PROJECTOR, OVERHEAD, PLAIN PAPER
68699	FOOTWEAR, MEN, MESS DRESS	809	PUNCH - ALL TYPES
68565	FOOTWEAR, MEN'S, SERVICE TYPE, BLACK	810	RIBBON, ADDING MACHINE, BLACK/RED, OLIVETTI
68700	FOOTWEAR, STUDENTS, RUNNING	811	RIBBON, DATA CARD
68702	FOOTWEAR, WOMEN, CEREMONIAL	812	RIBBON, EPSON
68703	FOOTWEAR, WOMEN, STUDENT SHOES, BLUE	813	RIBBON, FUJITSU
68690	GLOVES, KEVLAR	814	RIBBON, GENICOM
68689	GLOVES, MEN AND WOMEN	815	RIBBON, INK WITH COIL, TRANSWORLD
68671	HAT, BLUE, WIDE BRIM, BORDER POLICE	816	RIBBON, LINE WRITERS, ICL
68691	HELMETS, CYCLE & EQUESTRIAN	816	RIBBON, NEC
68708	HOSIERY, WOMEN	818	RIBBON, OKI
68714	INSIGNIA, EMBROIDERED, BADGES AND EPAULETTE	819	RIBBON, PANASONIC

820	RIBBON, PRINTER, BROTHER		762	BOOK, HIGH SITE REGISTER	
821	RIBBON, TYPEWRITERS, BROTHER		841	BOOKS, AVIATION	
822	RIBBON, TYPEWRITERS, OLIMPIA		840	BOOKS, NON PRE-PRINTED	
823	RIBBON, TYPEWRITERS, OLIVETTI		842	BOOKS, PRE-PRINTED	
857	RIBBON, HL 35		843	BOOKS, WRITING, ALL TYPES AND SIZES	
824	RING BINDER, A4, LAMINATED – ALL SIZES		796	MANUAL, PRODUCT SPECIFIC	
825	ROLLER, DAMPER, ENVELOPE		523	MAPS, ATLASES, CHARTS, AND GLOBES	
826	STAMPS AND STAMP PADS, ALL TYPES AND SIZES		526	MICROFILM, PROCESSED	
827	STAPLER AND STAPLES – ALL TYPES AND SIZES		522	NEWSPAPERS AND PERIODICALS	
828	STENCILS – ALL TYPES		807	POSTERS, NON PRE-PRINTED	
829	TAPE WRITER, OFFICE, DYMO AND ACCESSORIES		525	SHEET AND BOOK MUSIC	
830	TONER, BROTHER				
831	TONER, CANON				
832	TONER, PANASONIC				
833	TRAYS, DOCUMENT, LETTERS, NON WOOD OR STEEL				
834	TRIMMERS, ALL TYPES				
847	WHITE BOARD AND ACCESSORIES				
835	WRITING AIDS – ALL TYPES				
61	BOOKS, MAPS, AND OTHER PUBLICATIONS				

SOUTH AFRICAN POLICE SERVICE



SOUTH AFRICAN POLICE SERVICE

POLFIN SUPPLIER CODE <small>FOR OFFICIAL USE ONLY</small>									
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**ELECTRONIC FUND TRANSFER INSTRUCTION
FOR REGISTRATION AND AMENDMENT(S) OF CREDITOR(S) BANKING DETAIL(S)**

*See reverse side for:
COMPLETION INSTRUCTIONS, NOTICE, TERMS AND CONDITIONS AND CERTIFICATE*

1. PARTICULARS OF THE SERVICE PROVIDER / MEDICAL PRACTITIONER OR INSTITUTION / LEGAL ENTITY

REGISTERED NAME OF BUSINESS	
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TRADING NAME OF BUSINESS	
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Postal address		Postal Code							
-----------------------	--	--------------------	--	--	--	--	--	--	--

Physical address	
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VAT Registration number		Postal Code							
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Practice number (Applicable only to Medical Service Providers)									
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1.1 Particulars to Identify the Service Provider/ Legal Entity (Trading Business Particulars)									
--	--	--	--	--	--	--	--	--	--

1.2 Contact Details									
----------------------------	--	--	--	--	--	--	--	--	--

Telephone: (Code)..... Number..... Cell No: Fax: (Code)..... Number.....

1.3 HOLDING COMPANY RELATED TO (Only when applicable, see page 2, par. C)

Registered name of Holding Company	
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2. DETAILS OF BANK ACCOUNT FOR ELECTRONIC FUNDS TRANSFERS

NAME OF ACCOUNT, in accordance with the particulars as registered at the bank institution which administers the account (See sub par 2.5 For an individual, complete only the Surname (See sub par 2.3 for initials) (Continue in next line when applicable)									
---	--	--	--	--	--	--	--	--	--

BANK ACCOUNT NUMBER									
----------------------------	--	--	--	--	--	--	--	--	--

2.1 NAME OF BANK AND BRANCH CODE									
---	--	--	--	--	--	--	--	--	--

2.2 TYPE OF ACCOUNT (Mark with an "X" where applicable)									
--	--	--	--	--	--	--	--	--	--

CURRENT ACCOUNT (Cheque)	SAVINGS ACCOUNT	TRUST ACCOUNT (Attorneys)	TRANSMISSION ACC
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2.3 INDIVIDUALS									
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INITIALS (for individuals)		TITLE (Mark with an X)	DR	ADV	PROF	MRS	ME	MR	
-----------------------------------	--	-------------------------------	-----------	------------	-------------	------------	-----------	-----------	--

Identity Number		Passport Number	
------------------------	--	------------------------	--

2.4 BUSINESS NB - Please include CC or CK, before or after, where applicable in accordance with the registration at the Bank									
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Business registration Number if registered at the bank									
---	--	--	--	--	--	--	--	--	--

Trust Account Registration number in accordance with the registration at the Bank (if applicable)	I	T							
--	----------	----------	--	--	--	--	--	--	--

2.5 BANK CONFIRMATION									
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It is hereby confirmed that the banking details provided above have been verified with information at this bank and are correct. (ABSA-CIF Screen)(FNB-Hogans System CIS4)(STD Bank-Look up screen) (Nedbank - Banking Platform under the Client Details Tab, ect.)	BANK STAMP
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SIGNATURE OF BANK OFFICIAL	
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3. PAYMENT INSTRUCTION

3.1 I hereby instruct and authorise the South African Police Service to, electronically transfer any amounts which are payable to me/ us, to my/our bank account according to above mentioned details.

3.2 This instruction and authorisation may only be cancelled or amended by me/ us with submission of a new completed form SAPS 432(b).See D.3

3.3 I confirm that any changes / amendment of payment instruction require at least 30 days notice and will only become effective once verified by National Treasury on the Safety Net System.

3.4 I hereby indemnify the South African Police Service from any liability of whatever nature regarding any payment or delayed payments not made into my / our Bank Account, if the Bank Account details were not supplied timeously or were incorrectly supplied.

.....
**INITIALS AND SURNAME
OF THE AUTHORIZED PERSON(S)**

.....
SIGNATURE OF THE AUTHORIZED PERSON(S)

.....
DATE
(Continue on Page 2 which must also be completed and submitted)

COMPLETION INSTRUCTIONS, NOTICE, TERMS AND CONDITIONS AND CERTIFICATE

A: COMPLETION INSTRUCTIONS

- 1) This is the official form that must be used to inform the South African Police Service, of the banking details to transfer payments to service providers. No other form of instruction will be accepted by the South African Police Service.
- 2) Both pages, 1 and 2 must be completed, signed and submitted.
- 3) The name of the Bank Account details must be exactly as the records held at the particular bank. See confirmation page 1 par 2.5.
- 4) To cancel or amend banking details, this form must be used and the reason for cancellation or amending of the banking details must be mentioned in all instances. See sub par. A: 8) . Amendments / cancellations will only regarded as received once a receipt thereof has been acknowledged by the Service (See par. B)
- 5) The person instructing the South African Police Service regarding the payment to a bank account must be duly authorized, to do so.
- 6) Attorneys must indicate if payment must be made to their normal or Trust account. See page 1 par. 2.2 and 2.4.
- 7) Completed form with attached documents must be submitted as follows;
 - a) **Suppliers:** faxed to **Fax No: 0866496544**, or posted to ; **The Section Commander, Supplier Payments, Financial Services, Head Office, South African Police Service, Private Bag X94, Pretoria. 0001.**
 - b) **Medical Service Providers:** faxed to **Fax No: 012 393 4403** or posted to; **The Section Commander , IOD Payments, Financial Services, Head Office, South African Police Service, Private Bag X94, Pretoria. 0001.**
 - c) **Civil Claims:** faxed to **Fax No: 0866742267**, or posted to ; **The Section Commander, Civil Claims, Lost Management, Head Office, South African Police Service, Private Bag X94, Pretoria. 0001.**

8) **NOTIFICATION OF AMENDMENTS** (Mark with X where applicable) (Mention reason (s) for amendment (See Instruction, Terms and Conditions D par. 3)

New Instruction	Amendment	Cancellation	Change of Ownership
Reasons			

B: NOTIFICATION TO RECEIVED PAYMENT ADVICES OR AMENDMENT PARTICULARS

Send Payment Advice to e-mail address	
Send receipt / amendments / cancellations to e-mail address	

C: NOTICE OF HOLDING COMPANY CONTROLLED BRANCHES

If the service provider is related to a holding company of which the banking details are the same as the holding company, a separate form must be completed and submitted for each service provider (Branch). This will be deemed by the SAPS that payment must be made to the Holding Company's bank account, for services rendered by the service provider mentioned. See page 1, par. 1.2.

D: TERMS AND CONDITIONS

By signing this form, I / we agree to the following terms and conditions and I / we declare that I / We understand that:

- 1) details provided should be exactly as the records held by the bank and no 3rd Party payments will be allowed;
- 2) any invoice issued and submitted for payment should indicate the bank account details which correspond with the information set out in this form, see page 1, par 2;
- 3) the completed form with the applicable documentation for a new instruction or amendment with regard to the banking details, previously submitted, for any reason, for example change of ownership, supplier taken over by another supplier, liquidation or any other reason, must be addressed to the **Head, Financial Services, South African Police Service Head Office, PRETORIA** and submitted as indicated above;
- 4) by submitting this form, my / our bank account details will be electronically stored on the SAPS Polfin System, and payments will be electronically transferred to the mentioned bank account until such time that the particulars are cancelled or amended on the Polfin System and verified by Treasury (Safety Net);
- 5) payments payable to me / us will be transferred during the payment process to the bank account number indicated on this form, until such time that I / we cancel or amend my / our banking details and the applicable particulars are changed or amended on the SAPS Polfin System, and the "ACB - Electronic Fund Transfer Service";
- 6) payments to branches with the same bank account number will be made to the holding company's bank account as instructed on this form,
- 7) an electronic remittance advice will be supplied on request by the South African Police Service on submission of an e-mail address, and it will indicate the date on which funds were transferred to my/ our bank account;
- 8) the South African Police Service will not be liable for payments, losses, or expenses which may occur when money is transferred to the instructed bank account and which account is not the account in which the payment was meant to be transferred;
- 9) I / we will be liable to the SAPS for the repayment of any funds incorrectly paid over to me / us and that failure to do so may result in SAPS instituting civil proceedings to recover the money so paid and that I / We shall be liable for cost of the recovery; and
- 10) the person signing this form will be deemed by the South African Police Service to be the authorized person.

E: DOCUMENTATION TO CONFIRM ABOVEMENTIONED DETAILS

The following documentation must be attached:

- (a) Letter from the Bank, to confirm the bank account name and number. See page 1 par. 2.
- (b) Copy of the Certificate, issued by the Registrar of Companies & Close Corporations. (When applicable)
- (c) Invoice, quotation or Formal letter head to confirm the name and address of the trading business or beneficiary.
- (d) Copy of the identity or passport document of the authorized person. (See certificate par. F)
- (e) Written confirmation of non VAT Vendor registration. (Applicable only to Medical Practitioner or Institution.)

F: CERTIFICATE BY THE AUTHORIZED PERSON

Surname											Initials						
Identity Number											Passport Number						

As the authorized person of abovementioned Service Provider, I hereby certify that the above information is correct and acknowledge and agree with the terms and conditions as stated on this form. (NB. Copy of identity or passport document must be attached see par E: (c).)

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**INITIALS AND SURNAME
 OF THE AUTHORIZED PERSON(S)**

.....
SIGNATURE OF THE AUTHORIZED PERSON(S)

.....
DATE

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the State*, or persons having a kinship with persons employed by the State, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the State, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudication authority and/or take an oath declaring his/her interest, where-

- the bidder is employed by the State; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid/quotation/supplier database registration form (AMD 1):**

- 2.1 Full name of bidder/applicant or his or her representative :
- 2.2 Identity number :
- 2.3 Position occupied in the company (director, shareholder, etc) :
- 2.4 Company registration number :
- 2.5 Tax reference number :
- 2.6 VAT registration number :

* "State" means-

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national assembly or the national council of provinces; or
- (e) Parliament.

2.7 Are you or any person connected with the bidder/applicant presently employed by the State? **YES / NO**

2.7.1 If so, furnish the following particulars:

- Name of person/director/shareholder/member :
- Name of state institution to which the person is connected :
- Position occupied in the state institution :

Any other particulars:

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2.8 Did you or your spouse, or any of the company's directors/shareholders/members or their spouses conduct business with the State in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:
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2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the State and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars:
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2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between the bidder and any person employed by the State who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.10.1 If so, furnish particulars:
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2.11 Do you or any of the directors/shareholders/members of the company have any interest in any other related companies whether or not they are bidding for this contract? **YES / NO**

2.11.1 If so, furnish particulars:
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DECLARATION

I, THE UNDERSIGNED (NAME)
CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.1 TO 2.11.1 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL
CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
SIGNATURE

.....
DATE

.....
POSITION

.....
NAME OF BIDDER/APPLICANT