



APPLICATION FOR REGISTRATION (ZNT 31) PROVINCIAL SUPPLIERS DATABASE KwaZulu-Natal

THESE FORMS MUST BE COMPLETED AND SUBMITTED TO:

PROCUREMENT ADMINISTRATION OFFICE
GROUND FLOOR
TREASURY HOUSE (NBS BUILDING)
145 COMMERCIAL ROAD (cnr. Church St. & Commercial Rd.)
PIETERMARITZBURG

OR POSTED TO :

PROCUREMENT ADMINISTRATION OFFICE
PRIVATE BAG X9082
PIETERMARITZBURG
3200

ENQUIRIES :

Toll free - 0800 201 049/Tel. (033) 8974378/8974508/8974509
Tel : 033-897 4200, Fax : 033-897 4217 (Pietermaritzburg)

FOR OFFICIAL PURPOSES ONLY

NAME OF SUPPLIER :

REGISTRATION NUMBER :

PREFERENCE ALLOCATION :(excl. S. A. Manufactured)

OCTOBER 2003

INTRODUCTION AND GUIDELINES

The ZNT 31 was specifically designed to provide for the registration of suppliers on the Provincial Suppliers Database. In order to ensure that suppliers are considered legitimate tenderers, it is imperative that the following guidelines are adhered to.

Applicants must complete pages 2 to 8, where applicable. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "N/A" in the appropriate space. If the space provided is left blank, it will be regarded as information that is still outstanding and you WILL NOT be registered.

Applicants are advised that only **ORIGINAL** ZNT 31 or PHOTOSTAT copies thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.

It is imperative that only documents with an **ORIGINAL** signature be submitted.

All signatures to the document must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration.

A supplier registered on the Suppliers Database MUST notify the Procurement Administration Office of any changes to information provided in the initial ZNT 31. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Suppliers providing information incorrectly or fraudulently in their ZNT 31 will be disqualified from tendering and removed from the Suppliers Database, in addition to any other action the Province may institute against such a supplier. Further, in the event of the Province being prejudiced financially, it reserves the right to take legal action against the supplier.

For definitions of terminology used in this document, please refer to the definitions set out in regulation 1 of the Procurement Regulations, 2001, obtainable from the Procurement Administration Office or website.

Any alterations made by the tenderer must be initialed. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business.

Electronic forms are available on the website: www.kzntreasury.gov.za

APPLICATION FOR REGISTRATION ON PROVINCIAL SUPPLIERS DATABASE

*(The following information must be filled in by the applicant. Failure to submit **ALL** the required information may lead to non-registration of the applicant business)*

1. BUSINESS PARTICULARS:

1.1 Name of Business as registered with the Registrar of Companies/Close Corporations

1.2 Name of business used for TRADING purposes, if different from 1.1 or name of business if business is not registered with the Registrar

1.3 Registration Number as registered with the Registrar of companies/close corporations (if applicable):

1.4 Postal address

Postal Code: _____

Physical address

Postal Code: _____

Telephone no. : (____) _____ Fax no.: (____) _____

Cell. no. : _____

E-mail address (if available): _____

Preferred method of Communication: Email Fax Post

1.5 Contact person : _____

1.6 Physical location of Head Office (if applicable) _____

1.7 Unemployment Insurance Fund no. (if applicable) : _____

1.8 Compensation Commissioner registration no. (if applicable): _____

1.9 Income Tax Reference Number : _____

N.B. *Insert personal income tax no. if a one person business (Sole Proprietor) and Personal Income Tax Numbers of all partners in a partnership. If insufficient space kindly attach information with original signature.

1.10 P.A.Y.E. Number (if applicable) _____

**N.B. COPIES OF REGISTRATION CERTIFICATES FOR 1.7 AND 1.8 MUST BE SUPPLIED
(If you cannot provide these certificates, kindly attach explanation)**

2. BANKING DETAILS

2.1 Name of banking institution: _____

2.2 Branch Name: _____

2.3 Town/City: _____

2.4 Banking account number: _____

2.5 Account Holder (Name under which account is operated):

N. B. A COPY OR ORIGINAL BANK STATEMENT NOT OLDER THAN 60 DAYS MUST BE SUPPLIED.

3. TYPE OF BUSINESS

3.1 Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

PUBLIC COMPANY LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CLOSE CORPORATION CC	<input type="checkbox"/>	CERTIFIED COPY OF CK 1 DOCUMENT AND CK 2 IF APPLICABLE
SOLE PROPRIETOR	<input type="checkbox"/>	CERTIFIED COPY OF I.D. DOCUMENT
PARTNERSHIP	<input type="checkbox"/>	CERTIFIED COPY OF PARTNERSHIP AGREEMENT
TRUST	<input type="checkbox"/>	CERTIFIED COPY OF TRUST DOCUMENT
CO-OPERATIVE	<input type="checkbox"/>	CERTIFIED COPY OF PROOF OF REGISTRATION WITH THE DIRECTORATE CO-OPERATIVES
VOLUNTARY ASSOCIATIONS	<input type="checkbox"/>	CERTIFIED COPY OF CONSTITUTION

4. PREVIOUS BUSINESS INFORMATION

4.1 Did your business exist under a previous name? (Answer to be encircled) **Yes** or **No**

4.2 If "yes" what was the previous business name?

4.3 Why was the name changed?

4.4 Previous Suppliers Database registration number: _____

4.5 Who were the owners, partners, members or shareholders?

NAME	TITLE

5. CLASSIFICATION OF BUSINESS

5.1 CLASSIFICATION FOR KWAZULU NATAL SUPPLIER DATABASE (M A N D A T O R Y)

In order to assist with the classification process, a short summary of your core business and key products and services must be provided.

Our core business is:

Products/Services: _____

5.2 INDICATE VALUE FOR THE FOLLOWING BASED ON THE LATEST FINANCIAL STATEMENT

5.2.1 Total Fixed Assets @ Book Value (e.g land, buildings, plant, equipment, vehicles) R _____

5.2.2 Vehicles @ Book value R _____

Number of vehicles _____

5.2.3 Average stock on hand R _____

5.2.4 Cost of goods produced annually R _____

Quantity produced annually _____

Units of measure (e.g. tons, kilolitres) _____

5.2.5 Total Current assets (e.g. stock, debtors, cash) R _____

Total Current liabilities (e.g. creditors, bank overdraft) R _____

6. BUSINESS INFORMATION

THE FOLLOWING TABLE MUST BE COMPLETED IN ORDER TO ESTABLISH WHETHER A BUSINESS CAN BE CLASSIFIED AS AN SMME IN TERMS OF THE NATIONAL SMALL BUSINESS ACT 102 OF 1996. SELECT THE SECTOR AND TICK THE APPROPRIATE BLOCKS IN COLUMN 2, 3 AND 4.

COLUMN 1	COLUMN 2		COLUMN 3		COLUMN 4	
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE		Total annual turnover TICK WHERE APPLICABLE		Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE	
Agriculture	MORE THAN 100		MORE THAN R 5m		MORE THAN R 5m	
	LESS THAN 100		LESS THAN R 5m		LESS THAN R 5m	
Mining and Quarrying	MORE THAN 200		MORE THAN R 39m		MORE THAN R 23m	
	LESS THAN 200		LESS THAN R 39m		LESS THAN R 23m	
Manufacturing	MORE THAN 200		MORE THAN R 51m		MORE THAN R 19m	
	LESS THAN 200		LESS THAN R 51m		LESS THAN R 19m	
Electricity, Gas and Water	MORE THAN 200		MORE THAN R 51m		MORE THAN R 19m	
	LESS THAN 200		LESS THAN R 51m		LESS THAN R 19m	
Construction	MORE THAN 200		MORE THAN R 26m		MORE THAN R 5m	
	LESS THAN 200		LESS THAN R 26m		LESS THAN R 5m	
Retail, Motor Trade and Repair Services	MORE THAN 100		MORE THAN R 39m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 39m		LESS THAN R 6m	
Wholesale Trade, Commercial Agents & Allied Services	MORE THAN 100		MORE THAN R 64m		MORE THAN R 10m	
	LESS THAN 100		LESS THAN R 64m		LESS THAN R 10m	
Catering, accommodation & other Trade	MORE THAN 100		MORE THAN R 13m		MORE THAN R 3m	
	LESS THAN 100		LESS THAN R 13m		LESS THAN R 3m	
Transport, Storage and Communications	MORE THAN 100		MORE THAN R 26m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 26m		LESS THAN R 6m	
Finance and Business Services	MORE THAN 100		MORE THAN R 26m		MORE THAN R 5m	
	LESS THAN 100		LESS THAN R 26m		LESS THAN R 5m	
Community, Social & Personal Services	MORE THAN 100		MORE THAN R 13m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 13m		LESS THAN R 6m	

7. **PROPRIETORS / SHAREHOLDERS/PARTNERS/SOLE PROPRIETORS/TRUSTEES/BENEFICIARIES (OWNER)**

7.1 List all persons who are OWNERS (as listed above), in the business/trust, and indicate their involvement in the management/operations of the business/trust.

7.2 PROOF OF DISABILITY PROVIDED BY A RECOGNISED RELATED INSTITUTION, IN THE CASE OF HANDICAPPED PERSONS, MUST BE SUPPLIED.

7.3 If insufficient space, kindly attach a copy/copies of this page to this ZNT 31, signed by the same person who signs on behalf of the business/trust on page 6 hereof.

FULL NAME	ID NUMBER	SA CITIZEN YES/NO	SA CITIZEN BEFORE 27 APRIL 1994 YES/NO	CAPACITY: MEMBER/PARTNER/ PROPRIETOR/SHARE- HOLDER/TRUSTEE/ BENEFICIARY	% OWNERSHIP/ PARTNERSHIP/ TRUST/ INTEREST	MALE/ FEMALE	HANDI- CAPPED YES/NO	HDI YES/NO	Race W/ B/ I/ C/ Other	% OF TIME DEVOTED TO THE FIRM

8. PREVIOUS EXPERIENCE (IF APPLICABLE)

List the last 4 contracts awarded to you (the supplier) or other previous experience related to your core business.

EMPLOYER/DEPARTMENT	CONTACT PERSON and TELEPHONE NO.	CONTRACT VALUE IN RAND	COMPLETED SUCCESSFULLY YES/NO	YEAR

9. PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS

NAME OF OWNER	NAME AND ADDRESS OF OTHER BUSINESS	POSITION HELD	% OF OWNERSHIP	TYPE OF BUSINESS

10. IDENTIFY BY NAME, HDI STATUS AND LENGTH OF SERVICE, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON OWNERS) RESPONSIBLE FOR DAY TO DAY MANAGEMENT AND BUSINESS DECISIONS.

	NAME	HDI STATUS (YES/NO)	LENGTH OF SERVICE (YEARS)
CHEQUE SIGNING			
SIGNING AND CO- SIGNING FOR LOANS			
BUSINESS FINANCING (overdraft, lease agreements)			
SURETIES			
APPROVAL MAJOR PURCHASES OR ACQUISITIONS			
SIGNING CONTRACTS			

11. VERIFICATION OF INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT (ZNT 31) INCLUDING THE ANNEXURE/S WITH ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT :

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.

3. If the information supplied is found to be incorrect then the Province may, in addition to any remedies it may have:
 - i. Disqualify the supplier/contractor for a particular tender/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
 - ii. Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the Province as a result of breach of the 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 supplier registered on the Supplier Database

SIGNED ON THIS _____ DAY OF _____ 20____ AT _____

BEFORE THE COMMISSIONER OF OATHS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME IN BLOCK LETTERS

SUPPLIER'S NAME: _____

Signed and affirmed to, before me at, _____ on this _____ day of _____ year _____, by the deponent who has acknowledged that he/she knows and understands, the contents of this document, and he/she has acknowledged that he/she has no objection to affirming, that he/she regards the affirmation to be binding on his/her conscience.

COMMISSIONER OF OATHS

FULL NAME:

BUSINESS ADDRESS :

CAPACITY : _____

AREA : _____