



SUPPLIER DATABASE APPLICATION FORM

NORTHERN CAPE GAMBLING BOARD

QUESTIONNAIRE FOR REGISTRATION ON DATABASE OF POTENTIAL SUPPLIERS

This questionnaire must be completed by all vendors seeking registration as an approved supplier on the Northern Cape Gambling Board database and it must be signed by an authorised person in the vendor organisation. A Company Profile must accompany the registration form, but will not be accepted as a substitute for the application form.

ALL APPLICTIONS FOR REGISTRATION AS SERVICE PROVIDERS MUST PROVIDE THE FOLLOWINGH DOCUMENTS WHERE APPLICABLE:

- Original and Valid Tax Clearance Certificate
- Original B-BBEE Certificate
- Company profile
- Vat Registration Certificate
- Company Registration documents/ certificates
- Certified copies of identity documents
- Shareholding agreements
- Patent certificates
- Occupational Health and Safety Certificates
- SANS/SABS certificates
- Any Other certificates pertaining to your relevant industry

TERMS AND CONDITIONS

1. Application Procedures
Service providers wishing to register may do so by completing the registration form application
2. Duration of Registration
Suppliers acceptable to the Board shall remain on the database 12 months or for while their Tax Clearance certificate is valid. It is the responsibility of the supplier to furnish this office with a valid and Original Tax Clearance Certificate.
3. Submission of forms
Only signed original application forms will be accepted. No Faxed Forms or emailed forms will be accepted. No alterations will be permitted. All pages must be initialled.
4. Privacy
Information supplied will be treated as confidential and will only be for Northern Cape Gambling Board, unless otherwise required by law.

COMPANY DETAILS

NAME OF FIRM

POSTAL ADDRESS

PHYSICAL ADDRESS

TELEPHONE

FAX

E-MAIL

CONTACT PERSON

COMPANY REGISTRATION
NUMBER

COMPANY/ENTERPRISE
INCOME TAX REF. NO.

VAT REGISTRATION NO.

NAME THE OFFICE THAT ISSUED
TAX CLEARANCE CERTIFICATE

1. LEGAL STATUS

(tick one box)

- PARTNERSHIP
- ONE PERSON BUSINESS / SOLE TRADER
- CLOSE CORPORATION
- PUBLIC COMPANY
- PRIVATE COMPANY
- SECTION 21 COMPANY
- TRUST
- PARASTATAL
- NGO
- OTHER (PLEASE SPECIFY)

2. PRINCIPAL BUSINESS ACTIVITIES

(Tick per box applicable)

- ADVERTISING
- CATERING
- CONSULTING FEES
- COURIER SERVICES
- EVENTS MANAGEMENT
- FINANCIAL ACCOUNTING SYSTEMS
- FINANCIAL SERVICES
- GARDENING/CLEANING
- GENERAL RETAILER
- HUMAN RESOURCE MANAGEMENT
- INFORMATION TECHNOLOGY
- LEGAL SERVICES
- OFFICE FURNITURE
- OTHER TRADES
- PRINTING AND BRANDING
- PROJECT MANAGEMENT
- SECURITY SERVICES
- STATIONARY/OFFICE EQUIPMENT SUPPLIERS
- STRATEGIC DEVELOPMENT
- TRAINING AND DEVELOPMENT
- TRAVEL AGENCIES
- WEB DESIGN, DEVELOPMENT AND MAINTENANCE
- WHOLESALER

ATTACHED A SHORT COMPANY PROFILE (2 PAGES)

LIST IN YOUR PROFILE AT LEAST TWO COMPANIES / CLIENTS PER BUSINESS ACTIVITY THAT WOULD BE ABLE TO SERVE AS REFERENCE AS FOLLOWS :

COMPANY NAME	BUSINESS ACTIVITY	CONTACT PERSON	TELEPHONE NUMBER	POSITION IN COMPANY

3. STREET ADDRESS OF ALL FACILITIES USED BY THE FIRM (e.g. warehouses, storage space, offices, etc)

ADDRESS	FACILITY
.....
.....
.....
.....

4. DO YOU SHARE ANY FACILITIES? YES NO

IF YES, WHICH FACILITIES ARE SHARED?

5. DETAIL ALL TRADE ASSOCIATIONS / PROFESSIONAL BODIES / BUSINESS ASSOCIATIONS IN WHICH YOU HAVE MEMBERSHIP

.....

.....

6. Complete the following information for each partner, proprietor, shareholder, director and officer of the firm (viz, chairman, secretary, director, etc.)

TITLE	NAME	BEE STATUS	FULL TIME/PART TIME

I/We the undersigned acknowledge(s) that:
The information furnished is true and correct

.....
Signature of Owner or
Authorised Representative

.....
Date:

8. FINANCIAL DECISIONS

FINANCING DECISIONS	NAME	PDI STATUS (yes/no)	LENGTH OF SERVICE
Cheque signing			
Signing & co-signing for loans			
Acquisitioning of lines of credit			
Sureties			
Major purchases or acquisitions			
Signing contracts			

9. MANAGEMENT DECISIONS

MANAGEMENT DECISIONS	NAME	PDI STATUS (yes/no)	LENGTH OF SERVICE
Estimating			
Marketing and sales operations			
Hiring and firing of management personnel			
Hiring and firing of non-management personnel			
Supervision of office personnel			
Supervision of field/production activities			

10. LIST THE FOLLOWING PERSONNEL OR FIRMS WHO PROVIDE THE FOLLOWING SERVICES:

SERVICE	NAME	CONTACT PERSON	TELEPHONE
ACCOUNTING			
LEGAL			
AUDITING			
BANKING			
INSURANCE			

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, 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/adjudicating authority 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.**

2.1 Full Name of bidder or his or her representative:

2.2 Identity Number:

2.3 Position occupied in the Company (director, trustee, shareholder²):

2.4 Company Registration Number:

2.5 Tax Reference Number:

2.6 VAT Registration Number:

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹"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"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

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

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed :

Position occupied in the state institution:

Any other particulars:
.....
.....
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES / NO

2.7.2.1 If yes, did you attached proof of such authority to the bid document? YES / NO

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:
.....
.....
.....

2.8 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? YES / NO

2.8.1 If so, furnish particulars:
.....
.....
.....

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

4 **DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT. I ACCEPT THAT THE STATE MAY REJECT THE BID OR 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

**ELECTRONIC FUNDS TRANSFER
NORTHERN CAPE GAMBLING BOARD
(PLEASE ATTACH VALID TAX CLEARANCE CERTIFICATE)**

SUPPLIER'S DETAILS	CREDIT ORDER INSTRUCTION
<p>COMPANY'S FULL TRADING NAME <i>PLEASE PRINT CLEARLY</i></p> <p>BUSINESS REGISTRATION NUMBER OR SMMME NUMBER</p> <p><small>please attach a copy of the registration certificate</small></p> <p>VAT NUMBER</p> <p>IDENTITY NUMBER</p> <p>BUSINESS ADDRESS</p> <p>Street: _____ Suburb: _____ City: _____ Telephone and area code: _____ Fax number and area code: _____</p> <p>POSTAL ADDRESS</p> <p>Street: _____ Suburb: _____ City: _____ Code: _____</p> <p>PAYMENT ADDRESS</p> <p>Street: _____ Suburb: _____ City: _____ Code: _____</p> <p>Please complete this form and forward it to: NORTHERN CAPE GAMBLING BOARD 2 HARRISON STREET, DE BEERS KIMBERLEY 8300 Attention: CHIEF FINANCIAL OFFICER TEL: (053) 839 4053 FAX: (053) 832 3930</p>	<p>1 I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank</p> <p>2 I/We understand that the credit transfer authorised will be processed by computer through a system which is known as ABC Electronic Fund Service, and I/we also understand that no additional advice of payment will be provided by a bank, but the details of each payment will be printed on my/our bank statement or any accompanying voucher (This does apply where it is not customary for banks to furnish bank statements).</p> <p>3 I/We also understand that a payment advice will be supplied by the relevant Provincial Administration or Department in the normal way and that it will indicate the date on which funds will be available in my account</p> <p>4 This authority may be cancelled by me/us by giving thirty days notice by pre-paid/registered post</p> <p>5 I/We will not hold the relevant Department or Provincial Administration liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior payment</p> <p>INITIALS & SURNAME _____ SIGNATURE _____ DATE _____</p> <p>DETAILS OF MY/OUR BANK ACCOUNT</p> <p>NAME OF BANK _____ NAME OF BRANCH _____ BRANCH CODE _____ ACCOUNT NAME _____ ACCOUNT NUMBER _____ ACCOUNT TYPE _____</p> <p><small>If Cheque account, attach a blank, cancelled cheque</small></p> <p>Please enter numeric value</p> <p>1 Cheque Account 4 Bond Account 2 Savings Account 5 (Not in use) 3 Transmission Account 6 Subscription Account</p>
<p>FOR INTERNAL USE ONLY</p> <p>EFT REQUEST NUMBER _____</p> <p>SUPPLIER NUMBER _____</p> <p>FILING NUMBER _____</p>	<p>FOR COMPLETION BY BANK OFFICIAL</p> <p>Bank Account details are hereby certified as being correct</p> <p>NAME _____</p> <p>ID NUMBER _____</p> <p>SIGNATURE _____</p>
<p>OFFICIAL BANK STAMP</p>	