



a world class African city



City of Johannesburg
Johannesburg Development Agency

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SUPPLIER REGISTRATION APPLICATION FORM

For enquiries contact:

SUPPLY CHAIN MANAGEMENT UNIT

Tel: 011 688 7889

E-mail: kngesi@jda.org.za

The completed application forms must be submitted to the Supply Chain Management Unit at JDA, Bus Factory Building, 3 President Street, Newtown, Johannesburg

Building a better city

Directors

L. Vutula (Chairperson) A. Roriston L. Makhape D. Lewis N. Lila D. Naidu P. Masilo T. Mendrew (Acting CEO) A. Goldsmith (Company Secretary) Registration Number: 2001/005101/07

Supplier Database Application Form

Instructions to Suppliers:

1. The application forms must be completed in full.
2. All the required and supporting documentation must be submitted jointly with the Form. Company profiles and brochures are also welcome.
3. Failure to submit supporting and requested information will lead to your company not being registered.
4. The Required Information section on page 2 is an indication of what information is required for your business to be accredited registered without delays.
5. The Checklist for Officials section on page 3 is not to be completed by Suppliers.
6. Business Registration and Business Information section on pages 4 to 7 are pre-requisites for registration and therefore must be completed in full. Failure to complete this section will lead to your business not being registered.
7. Banking Details and Authorisation for Electronic Transfer of Funds section on page 8 is critical to ensure that there are no delays JOHANNESBURG DEVELOPMENT AGENCY to effect payment to your company.
8. It is compulsory to complete Products and Services section on page 9. Please be specific in terms of products and/or services that your firm can supply to the JOHANNESBURG DEVELOPMENT AGENCY. Please tick in the appropriate box and provide specific information on the next page. This section will enable the JOHANNESBURG DEVELOPMENT AGENCY to afford your company and opportunity to submit quotations or tenders whenever the opportunities arise. The JOHANNESBURG DEVELOPMENT AGENCY will still invite tenders through public media.
9. It is compulsory for all suppliers to complete Black Economic Empowerment on page 11 to 13 accurately and in full. Failure to complete may lead your company not being registered. Emphasis in this section is on accurate and complete disclosure. Whilst the JOHANNESBURG DEVELOPMENT AGENCY prefers to deal with businesses that embrace and comply with Broad Based Black Economic Empowerment Act, non-complying suppliers will also be registered but not accredited for BEE purposes.
10. Trade Experience section on page 13 must be completed in full to give the JOHANNESBURG DEVELOPMENT AGENCY an understanding of whether your firm has experience of supplying the products and services your firm is applying for. Lack of experience will not necessarily lead to your firm not being accredited or registered.
11. Financial Information section on page 14 must be completed to give the JOHANNESBURG DEVELOPMENT AGENCY an understanding of your company's financial standing. Latest audited financial statements must be submitted with the application. Start up companies without financial history will also be eligible for registration.
12. Quality, Safety and Environmental section on page 14 must be completed and supporting information must be supplied. Whilst companies may still be registered without the required information on this section, the JOHANNESBURG DEVELOPMENT AGENCY prefers to do business with businesses complying with all the applicable legislation relevant to this section.
13. Facilities, Plant and Equipment section on page 15 must be completed in full to give the JOHANNESBURG DEVELOPMENT AGENCY an indication of your technical capacity.
14. Declaration of Interest section on page 17 is compulsory and must be completed in full. Failure to complete this section will lead to your company not being registered.
15. Declaration By Business Under Oath on page 17 is compulsory and must be completed in full by all suppliers. Failure to comply with this requirement will lead to your company not being registered.

16. The JOHANNESBURG DEVELOPMENT AGENCY reserves the right to validate all information supplied and any misrepresentation of facts may lead to disqualification and potentially being restricted to do business with other spheres of government and/or other organs of the state.
17. A duly completed Form together with supporting documentation must be submitted to the address indicated on the front page. The JOHANNESBURG DEVELOPMENT AGENCY will not accept electronically sent forms or faxes.
18. For assistance on how to complete the Form or any other query related to this process the Supply Chain Management Unit on 011 688 7842/7889
19. The JOHANNESBURG DEVELOPMENT AGENCY will inform suppliers of the status of their application in writing

1.5 PROOF OF P.A.Y.E DOCUMENTS

Not applicable to all companies. Please specify if N/A

Have you attached proof of P.A. Y. E documents?

N N NA

1.6 UNEMPLOYMENT INSURANCE FUND

Unemployment Insurance Fund Number

Not applicable to all companies. Please specify if N/A

Have you attached proof of your UIF documents?

Y N NA

1.7 WORKMAN'S COMPENSATION FUND

Workman's compensation Fund Number

Not applicable to all companies. Please specify if N/A

Have you attached proof of recent payment of Workman's Compensation?

Y N N/A

1.8 PROOF OF REGISTRATION TO STATUTORY BODY REGULATING YOUR INDUSTRY

Not applicable to all companies. Please specify if N/A

Have you attached proof of recent payment of Workman's Compensation?

Y N N/A

1.9 AFFIDAVIT CONFIRMING DISABILITY DOCUMENTS

Not applicable to all companies. Please specify if N/A

Have you attached Affidavit Confirming Disability?

Y N

1.10 INCOME TAX REGISTRATION

Income Tax Registration Number

If you qualify for income Tax exemption, please attach an Income Tax exemption approval letter

Not applicable to all companies. Please specify if N/A

Have you attached proof of your Income Tax documents?

Y N NA

1.11 TAX CLEARANCE CERTIFICATE

Original of a valid Tax Clearance Certificates must be supplied (Less than 6 months)

1.12 MUNICIPAL RATES AND TAXES ACCOUNT

Municipal Account Number

Attach latest statement

Have you attached latest Municipal statement?

Y N NA

Note: Failure to fill in the above requested information may disqualify you from being registered on the Supplier Database.

4. PRODUCTS AND SERVICES

4.1. Core business

Please indicate by ticking appropriate box below, in which sector of the economy your business is predominantly carried out. If other, please specify.

Construction	<input type="checkbox"/>	Automotive	<input type="checkbox"/>
Finance and Business Services	<input type="checkbox"/>	Other	<input type="checkbox"/>
Consulting and Services	<input type="checkbox"/>		<input type="checkbox"/>
Catering, Accommodation and other trade	<input type="checkbox"/>		<input type="checkbox"/>
Transport, Storage and Communications	<input type="checkbox"/>		<input type="checkbox"/>
Wholesale Trade and Allied Services	<input type="checkbox"/>		<input type="checkbox"/>
Tick	<input type="checkbox"/>		<input type="checkbox"/>

Product/Service Name	Tick
AIR CONDITIONING & VENTILATION & FANS	<input type="checkbox"/>
ALARMS	<input type="checkbox"/>
AUDIO & AUDIO VISUAL EQUIPMENT	<input type="checkbox"/>
BROKERS	<input type="checkbox"/>
CANTEEN & COOKING EQUIPMENT	<input type="checkbox"/>
CARPETS, CURTAINING, & SOFT FURNISHINGS & BLINDS	<input type="checkbox"/>
CATERING SERVICES	<input type="checkbox"/>
CLEANING SERVICES	<input type="checkbox"/>
CLOCKS/WATCHES, TIME RECORDERS	<input type="checkbox"/>
CLOTH, CANVAS, FABRIC	<input type="checkbox"/>
COMMUNICATION EQUIPMENT	<input type="checkbox"/>
COMPUTERS, HARDWARE, SOFTWARE & SYSTEMS	<input type="checkbox"/>
CONCULTANCY: HEALTH AND SAFETY, ENVIRONMENTAL, COMMUNITY PARTICIPATION, HERITAGE	<input type="checkbox"/>
CONTRACTORS: GENERAL BUILDING, CIVIL ENGINEERING, ELECTRICAL, DEMOLISHING, MECHANICAL	<input type="checkbox"/>
DETERGENTS, DISINFECTANTS, & DEODORANTS	<input type="checkbox"/>
EDUCATIONAL EQUIPMENT & AIDS	<input type="checkbox"/>
ELECTRICAL EQUIPMENT AND MATERIAL	<input type="checkbox"/>
ELECTRONICS	<input type="checkbox"/>
EMPLOYMENT (RECRUITMENT) AGENCIES	<input type="checkbox"/>
ENGINEERS & ENGINEERING SERVICES	<input type="checkbox"/>
EVENT MANAGEMENT	<input type="checkbox"/>
FACILITY MAINTENANCE	<input type="checkbox"/>
FIREFIGHTING EQUIPMENT	<input type="checkbox"/>
FOODSTUFFS & BEVERAGES	<input type="checkbox"/>
FREIGHT TRANSPORT AND STORAGE	<input type="checkbox"/>
GAS & EQUIPMENT	<input type="checkbox"/>
HAND TOOLS, SCREWING & CUTTING TOOLS	<input type="checkbox"/>
HEALTHCARE SERVICES & EQUIPMENT	<input type="checkbox"/>
HIRE & LEASING SERVICES	<input type="checkbox"/>
HORTICULTURAL EQUIPMENT & PRODUCTS	<input type="checkbox"/>
INSECTICIDES	<input type="checkbox"/>
INSURANCE SERVICES	<input type="checkbox"/>
LAMPS,LIGHT FITTING,LIGHTING POLES & MATERIALS	<input type="checkbox"/>
LOCKS,LATCHES,HINGES	<input type="checkbox"/>
MEDICAL SUPPLIES	<input type="checkbox"/>

NAILS,SCREWS,PINS & CLIPS	
OFFICE FURNITURE	
OFFICE MACHINES & INSTRUMENT & INSTRUMENT	
PAINTS & ASSESSORIES	
PAPER & PAPER PRODUCTS	
PHOTOGRAPHIC EQUIPMENT & SERVICES	
POSTAL & COURIER SERVICES	
POWER GENERATION & ASSOCIATED EQUIPMENT	
PRINTING & ACCESSORIES	
PROFESSIONAL SERVICES: QUANTITY SURVEYING, CIVIL ENGINEERING, STRUCTURAL ENGINEERING, PROJECT MANAGEMENT, ARCHITECTURAL, URBAN DESIGNING, GEOTECHNICAL, LAND SURVEYING, TOWN PLANNING	
PROPERTY LEASING & SERVICES	
PROTECTIVE CLOTHING	
RADIO COMM & EQUIPMENT	
RESEARCH & DEVELOPMENT	
SAFETY & FIRE FIGHTING	
SECURITY SERVICES & EQUIPMENT	
SIGNS,NAMEPLATES,& NUMBER PLATES	
SOAPS, POLISHES, CLEANERS, CLEANING MATERIAL	
SPORTS EQUIPMENT	
STATIONERY	
STORAGE SERVICES & FACILITIES	
TELEPHONE & TELECOMMUNICATION EQUIPEMENT	
TIMBER & TIMBER PRODUCTS	
TOILETRIES	
TRAINING SERVICES	
TRANSPORT SERVICES	
TRAVEL AGENTS	
OTHER:	

Please be more specific in terms of what you can supply, e.g. Consultants: Architectural, Project Management, IT etc

1	8
2	9
3	10
4	11
5	12
6	13
7	14

5. BLACK ECONOMIC EMPOWERMENT (BEE) COMPLIANCE

- 1. Direct Empowerment
- 1.1 Direct Ownership

Enter the total number of Blacks and their percentage shareholding who are in Ownership, per category.

Category	Number	% Shareholding
Black Youth		
Black Women		
Black Workers		
Black people with Disabilities		
Black people living in rural areas		
Black Males		

List all the persons who are directly empowered by your business (Attach a separate sheet if space provided is insufficient).

Name	ID	Race	Citizenship	Gender	% Shareholding	Effective date of Shareholding

NB: Attach separate sheet if space provided is insufficient.

1.2 Management

List all Board of Directors, Partners, Members, Executive committee or Shareholders who are black in management positions.

Name	ID	Citizenship	Gender	Capacity

NB: Attach separate sheet if space provided is insufficient.

Total number of people in management positions and black people in management

1.3 Financial Decisions

	Name	Race	Length of Service(Years)	Capacity
Cheque Signing				
Signing & co-signing for loans				
Sureties				
Major Acquisitions/ Purchases				
Contract Signing				

2. Human Resources Development

2.1 Employment Equity

List the total number of people employed by your business. If other, please specify.

Level	Black	White	women	Disabled
Senior Management				
Middle Management				
Supervisor Level				
Other				
Total				
Percentage				

2.2 Skills Training and Development

List all the core skills required by the business. If other, please specify.

Level	Human Resource	Finance	Sales and Accounts	Engineering	Operations
Senior Management					
Middle Management					
Supervisor Level					
Other					

NB. A separate sheet can be attached if space provided is insufficient.

2.3 Composition of Staff Development

List all persons that are trained to take up management positions in the near future.

Level	Black	White	Women	Disabled
Senior Management				
Middle Management				
Supervisor Level				
Other				
Total				

3. Indirect Empowerment

3.1. Affirmative Procurement

Total annual amount spent on goods and services excluding electricity, rates, and water R

Total amount spent with Black Suppliers R

Total percentage spend with Black Suppliers %

3.2. Total amount spent on Community Development Initiatives R

3.3. Training / Learnerships

Total amount spent on Learnership R

3.4. Enterprise Development

Total money spent on developing Black Suppliers R

Note: Please provide proof for the above

6. TRADE EXPERIENCE

Do you have any previous contract work or tendering experience? Y N

If yes, please complete the fields below. List the last contracts awarded to you (the tendering business) or previous experience with other business related to this type of work or supply.

A. COMMERCIAL

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone numbers

Business Name	Contact Number	Number of years	E-mail Address	Value of Business (Rands)

3. Total number of years the firm has been in business?

7. FINANCIAL INFORMATION

1. Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt? YES NO .If yes, please elaborate

2. Indicate annual average turnover excluding Value Added Tax during the past three (3) years:

Annual Turnover R	<input type="text"/>	Year	<input type="text"/>
Annual Turnover R	<input type="text"/>	Year	<input type="text"/>
Annual Turnover R	<input type="text"/>	Year	<input type="text"/>

NB: Attach latest audited copies of Financial Statements.

8. QUALITY, SAFETY AND ENVIRONMENT

A. TECHNICAL

1. Is your business a permit holder under the SABS marks scheme or ISO? YES NO
If yes, indicate products for which permits are held, including permits numbers

1.1 Products Name	<input type="text"/>
Permit number	<input type="text"/>
1.2 Product Name	<input type="text"/>
Permit Number	<input type="text"/>
1.3 Product Name	<input type="text"/>
Permit Number	<input type="text"/>
1.4 Product Name	<input type="text"/>
Permit Number	<input type="text"/>

B. QUALITY

1. Does your business operate a quality Management System? YES NO

NB: Attach your policy manual

C. SAFETY

1. Does your business have an Occupational Health and Safety Policy complying to the Occupational Health and Safety Act (OHASA)?

YES	NO
-----	----

1. Are you registration with Compensation for Occupational Injuries and Diseases Act (COID)

YES	NO
-----	----

COID registration number

D. ENVIRONMENTAL

1. Do you have an Environmental Policy in place?

YES	NO	N/A
-----	----	-----

2. Does your facility routinely work with any hazardous substances?

YES	NO
-----	----

E. FACILITIES, PLANTS, AND EQUIPMENT

1. Please give summary of your plant and/or facilities

2. Describe all property agreements relating to facilities used by the firm and the nature of the agreements indicating whether facilities are owned or leased by the firm:

Facility	Owned/ Rented	Rental Amount/ Month	Month	Agreement Type

3. Number of Employees

Full Time	
Part Time	

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state.
2. Any persons having a kinship with persons in the service of the state, including blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest

3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1 Full Name.....

3.2 Identity Number.....

3.3 Company Registration Number.....

3.4 Tax Reference Number.....

3.5 VAT Registration Number.....

3.6 Are presently in the service of the state. YES/NO

3.6.1 If so, furnish particulars.

.....

3.7 Have you been in the service of the state for the past twelve months? YES/NO

3.7.1 If so, furnish particulars

.....
.....

3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid? YES/NO

.....

3.8.1 If so, furnish particulars.

.....

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and for adjudication of this bid? YES/NO

3.9.1 If so, furnish particulars.

.....
.....

MSCM Regulations: "in the service of the state" means to be (a) a member (i) of any municipal council; (ii) any provincial legislature; or (iii) the national Assembly or the national council of provinces; (b) a member of the board of directors of any municipal entity; (c) an official of any municipality or municipal entity; (d) an employee of any national or provincial department, national or provincial public entity or constitutional within the meaning of the Public Finance Management Act, 1999 (Act No.1 1999); (e) a member of the accounting authority of any national or provincial public entity; or an employee of Parliament or a provincial legislature.

3.10 Are any of the company's directors, managers, principle shareholders or stakeholders in service of the state? YES/NO

3.10.1 If so, furnish particulars.

.....
.....

3.11 Are you any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders in service of the state? YES/NO

3.11.1 If so, furnish particulars.

CERTIFICATION

I, THE UNDERSIGNED (NAME).....CERTIFY PROVE TO BE FALSE.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

10. DECLARATION BY BUSINESS UNDER OATH

I/WEdeclare that the above particulars and information furnished to the JOHANNESBURG DEVELOPMENT AGENCY for the purpose of registering our organization on the supplier database are true in substance and in fact that I/WE fully understand the meaning thereof.

Name:.....

Signature:.....

Date:.....

Designation:.....

Name:.....

Signature:.....

Date:.....

Designation:.....

Signed and sworn to before me at.....on this the.....day
of.....

by the Deponent, who has acknowledged that he/she knows and understands the
contents of this affidavit, that it is true and correct to the best of his/her knowledge
and that he/she has no objection to taking the prescribed oath, and that the
prescribed oath will be binding of his/her conscience.

.....

COMMISSIONER OF OATH

NOTE: SUPPLIERS PROVIDING FALSE OR FRAUDULANT INFORMATION OR
DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE
DISQUALIFICATION.

NOTE: INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. THIS
INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED ON THE
ABOVE PAGES.