



## APPLICATION FOR REGISTRATION ON DATABASE OF PREFERRED SUPPLIERS

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### APPLICATION FOR REGISTRATION ON DATABASE OF PREFERRED SUPPLIERS

**This document is the official registration form for all potential suppliers who wish to apply for registration on Sembcorp's database. The completed form must be returned by fax or email to the Procurement Office of Sembcorp for approval, registration and our records.**

#### DETAILS OF THE PROCUREMENT OFFICE:

Suite 1-4, Reypark House

Reys Place, Avondale

Ballito

Procurement Manager/Officer: Nigel Kaligan

Fax Number: 032 946 2188

Telephone Number: 032 946 7211

Email: nigel.kaligan@sembcorp.com

#### PLEASE TAKE NOTE:

This is an application to be registered on Sembcorp's supplier database, for the delivery of goods and services.

This form must be:

1. Completed by any and all vendors who wish to be registered as an approved supplier;
2. Completed in full and signed;
3. Completed in every aspect with all fields of the form filled in and while it may be submitted along with a company profile, the profile will not substitute for an incomplete application form;

Sembcorp reserves the right to accept or reject any application and will be under no obligation to provide reasons for such decision. Failure to comply with all registration criteria may result in an application being rejected or declined.

#### DOCUMENTATION CHECKLIST FOR DOCUMENTS THAT MUST BE INCLUDED WITH APPLICATIONS:

- Original cancelled cheque or stamped letter from your bank verifying your banking details,
- Company registration documents,
- Company Profile
- Current VAT certificate, where applicable,
- Current tax clearance certificate/s,
- Copy of COID registration and any other registration certificate pertaining to your industry,
- BBBEE certificate and/or accompanying documents showing proof of audit being conducted in the last twelve months



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ALL APPLICANTS TO NOTE THAT SEMBCORP RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO APPOINT A TEAM TO INVESTIGATE ANY PROSPECTIVE OR EXISTING SUPPLIERS IN RESPECT OF, BUT NOT LIMITED TO, BBBEE CERTIFICATION AND RECOGNITION, FINANCIAL STANDING, SUPPLY CAPACITY ETC.

### SUPPLIER DETAILS

Name of Applicant: \_\_\_\_\_

Registration No.: \_\_\_\_\_

VAT registration No.: \_\_\_\_\_

Income Tax Reference No.: \_\_\_\_\_

Website address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Accounts Department: \_\_\_\_\_

Banking details: \_\_\_\_\_

Bank: \_\_\_\_\_

Account type: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Name of Account: \_\_\_\_\_

**What type of entity are you: (please **X** the relevant entry):**

Public Company (Ltd)

  
  

Sole Proprietor

  
  

Private Company (Pty) Ltd

Foreign Company



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Closed Corporation (CC)

Joint Venture

Consortium

Government / Parastatal

Other: please specify \_\_\_\_\_

Partnership

Trust

Non Profit Company

### Core Business Operation:

Primary Contractor

Supplier

Professional services

Subcontractor (less than 25% generated

Turnover as primary contractor)

Manufacturer

Education, development

or training

Labour-only contractor

Construction (CIDB)

### Annual Turnover – Average:

Indicate annual average turnover, ex VAT in the past \_\_\_\_ years: R \_\_\_\_\_

Indicate gross asset value: R \_\_\_\_\_

\*If you are applying for SMME status, please enclose copy of last annual financial statements for preceding financial year.

### Previous Contract and/or Tendering Experience:

Do you have any contract work or tendering experience?  Yes  No

If yes, please list at least two contracts awarded:

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Estimate contract value: \_\_\_\_\_

When awarded: \_\_\_\_\_

Proof of award attached:  Yes  No

### DECLARATION

I, the undersigned (Name ) \_\_\_\_\_



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Certify that the information furnished in above is correct. I accept that SEMBCORP may reject this application should this declaration prove to be false.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name of Applicant