



CHRIS HANI CO-OPERATIVE DEVELOPMENT CENTRE NPC
EASTERN CAPE PROVINCE
22 Cathcart Road, PO Box 1711, Queenstown 5320
Tel: (045) 838 -8086
Fax (045) 838-8063
Reg No: 2012/039885/08
VAT NO: 4890263322

**TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON THE
DATABASE OF THE ENTITY CHRIS HANI CO-OPERATIVE DEVELOPMENT CENTRE
(CHCDC)**

All suppliers are herewith invited to register as an approved supplier on the database of CHCDC.

The entity (CHCDC) developed a supplier database to be used by the procurement office.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to CHCDC.

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to CHCDC. It is envisaged however, that this database will contribute to efficient administration.

Attached please find an official registration form to assist us in updating our database according to legislation. **It is imperative that suppliers read the application document carefully, complete it in full and sign it.** Please note that a **valid Tax Clearance Certificate** must be attached. You will be informed of the outcome of your application.

When completed please hand deliver/post to:

**Chris Hani Co-op Dev centre,
22 Cathcart Road, PO Box 1711,
Queenstown 5320
For Attention: CHCDC - The Procurement Administrator
Email: procurement@chrishanicdc.org**

**For further clarities please contact:
Procurement on (045) 838 8086
Email: procurement@chrishanicdc.org**

SUPPLIER APPLICATION FORM

IMPORTANT NOTES

Please read carefully

- To be completed by **all** vendors seeking registration as an approved supplier **from A TO H**;
- The questionnaire must be completed in **full** and be **signed**;
- A **company profile** may accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed by applicant;
- Applicants will be contacted via fax and **must** therefore submit an **operating fax number**, failure to comply will result in excluding the supplier from the data base;
- It should be noted that CHCDC reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- Suppliers will **be notified** whether their application was accepted or not;
- **All copies** must be **certified**;
- Supplier must comply with all the **registration-criteria** for registration to be finalised - **failure** to do so may result in the application being declined; and
- The following documents must be attached :

DOCUMENTATION REQUIRED	ATTACHED (YES / NO)
Company/Co-operative/Business Registration - Certificates with ID of members/directors	
Certified ID copies of shareholders - (i.e. a diagram showing holding company, subsidiary companies etc.) (where applicable)	
Original letter from the bank confirming the account	
B-BBEE Certificate (if applicable)	
Organogram of Staff	
VAT Registration Certificate (where applicable)	
Valid Tax Clearance Certificate (for proof that your tax affairs are in order)	
A concise company profile(max.2 pages)(with 3 references)	
Ratings/Certificates/Endorsements Certified	

Supplier detail:

A. Company / Supplier Details:

Name:															
Company / Close Corporation/ Co-operative Ltd															
Registration Number/ ID Sole proprietor															
VAT registration number (if applicable):															
Income tax reference number:															
Web Address:															
E-Mail Address:															
Telephone Number:															
Fax Number:															
Cell Number:															
Number of full-time employees:															

Postal Address

Physical Address: (compulsory)

Postal Address																Physical Address: (compulsory)															
Postal Code:																															

Company/Supplier Classification: (Please ✓ the relevant box or boxes)

ISO Listed	Importer	Services	Manufacturer	Repairer	Black Owned	Distributor	Exporter	Sales
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(Please ✓ the relevant box)

Tax Clearance Certificate Attached	yes	no
Expiry date:		

Supplier Grouping Detail: Type of Firm: (Please ✓ the relevant box)

1	Public Company (Ltd)	
2	Private company (Pty) Ltd	
3	Closed Corporation (cc)	
4	Other (specify)	
5	Joint Venture	
6	Consortium	
7	Sole Proprietor	
8	Foreign Company	
9	Partnership	
10	Trust	
11	Section 21 Company / Non-Profit Company	
12	Co-operative Limited (act,14, 2005)	
13	Government / Parastatals	

B. Main contact person in your company:

Name:															
Company Position:															
Cell phone Number:															
Fax Number:															
E-mail address:															

Sales person:																								
Position in company/Co-op:																								
Cell Phone Number:																								
Fax Number:																								
Email:																								

C. Indicate where the above company and branch/s is/are located

	District	Municipality	Town/Village
1			
2			
3			
4			
5			

D. List all partners, proprietors and shareholders (*compulsory & add more pages for more space*)

Name	Position occupied in the enterprise	Citizenship	ID Number

Note: Where owner are themselves a company or partnership, owners of the holding firm must be identified.

E. Accreditation / Certification: *add more pages for more space*

Document No.																									Issued date:	d	d	m	m	y	y
Issuing Organisation																									Expiry Date:	d	d	m	m	y	y
Name of Certificate:																									Grade:						
Status of Certificate:																															
Type of Certificate:																															
Membership period:																															

F. Points awarded for B-BBEE Status Level of Contribution (If original/certified copy of certificate is not submitted no points will be allocated)

- In terms of Regulation 5 (2) and 6 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)	Please tick
1	20	
2	18	
3	16	
4	12	
5	8	
6	6	
7	4	
8	2	
Non-compliant contributor	0	

G. DECLARATION OF ANY CONFLICT OF INTEREST:

I/we the undersigned acknowledge(s) that:

- The information furnished is true and correct
- The Equity Ownership claimed is in accordance with the General Conditions of Contract
- Any conflict of interest will be declared in the comment space below
- An official CHCDC purchase order will be accepted
- Payment of any goods delivered or services rendered will be effected within 30 days from receipt of invoice.

(use additional pages if the space provided is insufficient)

SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE: _____

NAME AND SURNAME: _____

POSITION: _____

ON BEHALF OF: _____
(NAME OF THE ORGANISATION)

ADDRESS: _____

TELEPHONE: _____

DATE: _____

COMMISSIONER OF OATH:

SIGNATURE: _____

DATE: _____

STAMP:

(Failure of not having a stamp and signed by a Commissioner of Oath will invalidate your application)



H. BANKING DETAILS

**To: Chris Hani Co-operative Development Centre
22 Cathcart Road
Queenstown
5320**

I/we hereby request and authorize you to pay any amounts which accrue to me/us to the credit of my/our bank account with the mentioned bank. I/we understand that the credit transfer hereby authorized will be processed by computer through a system known as **Electronic Funds Transfer** and I/we also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to issue bank statements.) I/we understand that a payment will be applied by **CHCDC** in the normal way, and that it will indicate the date on which funds will be available in my/our account.

Entity Name: _____

Entity Address: _____

Bank Account Name: _____

Name of Bank: _____

Branch Code & Name: _____

Account Number: _____

- Type of Account:** Cheque
 Savings
 Transmission

(Certified as correct by: Bank Details or Attached a bank confirmation letter)

DATE STAMP OF BANK

Name and Surname: _____

Signature: _____

Designation: _____

Tel number: (_____) _____

Fax number: (_____) _____



LIST OF COMMODITIES	X	LIST OF COMMODITIES	X
ACCESS CARDS		DST V REPAIRS	
ACCOMMODATION		ELECTRICAL MAINTENANCE	
ADVERT PLACEMENTS		ENGRAVING	
AIRCON INST ALLATION,SALES & REPAIRS		ENTERTAINMENT SERVICES (PERFORMERS)	
ANNUAL REPORTS:CONCEPT, DESIGN & LAYOUTS		EVENT COORDINATORS	
ANSWERING MACHINES		EVENT MANAGEMENT	
AUDIO VISUAL SYSTEM		EXHIBITION	
AGRICULTURE		FACILITATION SERVICES	
BINDING MACHINES & SERVICES		FAX MACHINE REPAIRS / SERVICE	
CANTEEN EQUIPMENT		FAX MACHINES	
CAR RENTAL		FURNITURE REMOVAL	
CARTRIDGES		FURNITURE REPAIRS	
CATERING		INTERNET SERVICE PROVIDER	
CELLULAR TELEPHONES & REPAIRS		KITCHEN APPLIANCE	
CLEANING SERVICES & PRODUCTS		LAMINATING MACHINE	
CLOTHING & UNIFORM		LAUNCHES	
COFFEE MACHINE		LEGAL ADVISORS	
COMPUTER EQUIPMENT		LOCKSMITH SERVICES	
COMPUTER REPAIRS, SERVICES & MAINTENANCE		MICROWAVE REPAIRS	
COMPUTER SOFT WARE: INST ALL.,LICENSES & TRAINING		MOTOR VEHICLES	
CONFERENCE FACILITIES & VENUES		NEWSPAPER SUPPLIERS	
CONSULTING:AUDITORS		OFFICE EQUIPMENT	
CONSULTING:CHANGE MANAGEMENT		OFFICE FURNITURE & EQUIPMENT	
CONSULTING:COLLECTIVE BARGAINING (LABOUR)		PHOTOCOPIER MACHINE:SALES,REPAIRS&SERVICE	
CONSULTING:ECONOMIC / FINANCIAL		PHOTOGRAPHERS	
CONSULTING:FACILITATORS		PHOTOGRAPHIC EQUIPMENT	
CONSULTING:HR SOLUTIONS(ELECTRONIC SYSTEMS)		PICTURE FRAMING & HANGING	
CONSULTING:HR SOLUTIONS(TRADITIONAL SYSTEMS)		PRINTER REPAIRS AND SERVICES	
CONSULTING:LABOUR RELATIONS		PROFESSIONAL SERVICES	
CONSULTING:LEGAL		PROJECT MANAGEMENT SERVICES	
CONSULTING:MONITORRING		PROMOTIONAL & PUBLICATION	
CONSULTING:ORGANISATIONAL DEVELOPMENT		RENOVATIONS	
CONSULTING:PERFORMANCE MANAGEMENT		SANDBLASTING	
CONSULTING:REMUNERATION SYSTEMS		SECURITY SERVICES / SYSTEMS	
CONSULTING:TRAINING & DEVELOPMENT		SOUND AND RECORDING SERVICES	
CONTRACTORS		STATIONERY	
DATA PROJECTORS		SUBSCRIPTION	
DECODER MACHINE		TELEPHONE EQUIPMENT,INSTALL. & REPAIRS	
DICTAPHONE MACHINE		TRANSPORT SERVICES (SHUTTLES)	
DIGITAL CAMERAS		VENDING MACHINE	
DJ SERVICES		WORKSHOP EQUIPMENT	
DST V INST ALLATION			

IF UNLISTED PLEASE INCLUDE BELOW:
