



Supplier Registration Form



**TO ALL SUPPLIERS SEEKING REGISTRATION AS A PREFERRED SUPPLIER OF GOODS AND SERVICES TO
GLADAFRICA MANAGEMENT SERVICES (PTY) LTD**

All suppliers are herewith invited to register as a preferred supplier on the database of **GladAfrica Management Services (Pty) Ltd**, herein-after referred to as "**GladAfrica Management Services**".

In order to comply with the Procurement Procedures, set out by GladAfrica Management Services, the Procurement Division developed a supplier database to be used by GladAfrica Management Services in managing the procurement of various goods and services as required by the company from time to time.

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

It is envisaged however, that this database will contribute to efficient administration and compliance with the regulations set out by the governing committees within the company.

Attached please find an official application form to assist in the registration of your company on our supplier database. **It is imperative that suppliers read the application document carefully, complete it in full and sign it.**

Once completed, please post the form to the following address:

**GladAfrica Management Services
Attention: Procurement Division
PO Box 6723
Halfway House
Midrand, 1685**

Or alternatively hand deliver to the address below.

**GladAfrica Management Services
Attention: Procurement Division
GladAfrica House
Hertford Office Complex
90 Bekker Road
Midrand, 1685**

Alternatively, forms can be emailed to:

procurement@glad africa.com

The above address can also be used for other supplier enquiries

SUPPLIER DETAILS

GladAfrica Management Services shall evaluate the Contractors/suppliers and goods/services on the basis of their ability to meet requirements.

Full registered Name of the Company

Company Trading Name

Type of Company
(Mark with a X):

- Public Co
- Private Co
- Partnership
- Sole Trader
- Other

Name of Parent/ Holding Company

Main Switchboard Tel

Main Switchboard Fax

Website Address

Company Main E-mail Address

Company fax number

Postal Address

Physical Address

Business Addresses

Company Registration No

Parent/Holding Company Reg. No

VAT Registration No

Letter of Good Standing Reg. No

Income Tax Ref No

Tax clearance Expiry Date

Description of Goods/ Services Provided

Provinces Operating in

CONTACTS**ACCOUNT CONTACT & DETAILS**

Accounts Contact Person (Full Name)

Contact Mobile number

Contact Fax

Email Address

HEAD OF FINANCE CONTACT DETAILS

Manager Contact Person (Full Name)

Contact Mobile number

Contact Tel

COPIES OF DOCUMENTS REQUIRED WITH THIS FORM						TO BE INCLUDED
Documents Required	Business Type					Institution
	Sole Proprietor	Close Corporation	Partnership	Company Public/Private	Non-profit Organization	
1. Company Registration (Certified Copies)	N/A	Certificate of CK1 / CK2 incorporation	Duly Signed Partnership agreement	CM39	Certificate of Incorporation Section 21	CIPC
2. Latest Proof of Business Address	Supply Latest Copy	Supply Latest Copy	Supply Latest Copy	Supply Latest Copy	Supply Latest Copy	1 st preference Municipal account.
3. Proof of Banking details	Bank Confirmation	Bank Confirmation	Bank Confirmation	Bank Confirmation	Bank Confirmation	Banks
4. Tax Clearance Certificate	For the individual	For the business	For each partner	For the business	Proof of Exemption	South African Revenue Services (SARS)
5. Broad-Based Black Economic Empowerment Compliance	Valid BEE Certificate	Valid BEE Certificate	Valid BEE Certificate	Valid BEE Certificate	Valid BEE Certificate	SANAS Accredited Agencies
6. Signed supplier or sub-consultant terms and condition whichever is applicable	Signed agreement	Signed agreement	Signed agreement	Signed agreement	Signed agreement	GA Environment
PROFESSIONAL & BUSINESS STANDING						
1. Did the company exist under a previous name before?					<input type="radio"/> Yes	<input type="radio"/> No
If Yes, what was the previous trading name?						
2. Are you in a state of bankruptcy, insolvency, composition with creditors or subject to relevant proceedings?					<input type="radio"/> Yes	<input type="radio"/> No
3. Is not in possession of relevant licences or membership of an appropriate organization where required by law?					<input type="radio"/> Yes	<input type="radio"/> No
4. Does your company or any of its employees have a vested interest in any of the GladAfrica companies or any of the GladAfrica employees?					<input type="radio"/> Yes	<input type="radio"/> No
If Yes, please state the details of the invested interest.						
5. Indicate whether any of the Directors, Proprietors & Shareholders are/were in the service of any GladAfrica companies within the previous twelve months.					<input type="radio"/> Yes	<input type="radio"/> No
If Yes, please state the individual(s).						
6. Have you previously supplied any goods/ services to any of the GladAfrica companies before?					<input type="radio"/> Yes	<input type="radio"/> No
If Yes, please state the details of the goods.						
When complete please ensure this document, together with all required attachments, is returned to the individual who corresponded with you.						
Note: Incomplete applications will automatically be rejected.						
It will be viewed in a very serious light should any documents be omitted or any of the applicable fields be left empty. Prospective vendors should be aware that the manner in which this application is completed will be taken into account when management review their suitability as Vendors for GladAfrica Management Services.						

PARTICIPATION CAPACITY

<i>Mark the appropriate participation capacity with a</i>		✓ <input type="checkbox"/>
Principal Contractor		<input type="checkbox"/>
If a Sub-contractor, are you a Subcontractor?	Nominated	Domestic
Goods Supplier		<input type="checkbox"/>
Services Supplier (including Professional fees)		<input type="checkbox"/>
Manufacturer of goods		<input type="checkbox"/>
Repairer of faulty goods		<input type="checkbox"/>
Importer		<input type="checkbox"/>
Exporter		<input type="checkbox"/>
Distributor		<input type="checkbox"/>
Other (Specify):		<input type="checkbox"/>

BUSINESS SECTOR

<i>Mark the appropriate participation capacity with a</i>		✓ <input type="checkbox"/>
Wholesale trade and Commercial		
Manufacturing		<input type="checkbox"/>
Electricity, Gas and Water		<input type="checkbox"/>
Construction		<input type="checkbox"/>
Retail and Motor trade		<input type="checkbox"/>
Hospitality Catering and Accommodation		<input type="checkbox"/>
Travel agent		<input type="checkbox"/>
Recruitment agent		<input type="checkbox"/>
Transport, storage and other related trade		<input type="checkbox"/>
Communication		<input type="checkbox"/>
Financial services		<input type="checkbox"/>
Consulting services		<input type="checkbox"/>
Repair/ Allied Services		<input type="checkbox"/>
Commercial agent		<input type="checkbox"/>
Community and Social Services		<input type="checkbox"/>
Other (Specify):		<input type="checkbox"/>

PRINCIPLE CONTRACT DETAILS/ DIRECTORS' DETAILS

Name of Principle officer/ Director	
Name of Principle officer/ Director	
Name of Principle officer/ Director	
Name of Principle officer/ Director	

BANKING DETAILS

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 effected by **GladAfrica Management Services (Pty) Ltd** in the normal way, and that it will indicate the date on which funds will be available in my/our account.

Bank Account Name		
Branch Code & Name		
Account Number		
Name of Accountholder		
Type of Account Transmission	Cheque	Savings

Certified as Correct by: Bank Details**BANK STAMP**

Name and Surname:

Telephone number:

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Fax number:

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I/Wethe undersigned acknowledge(s) that:

The information furnished is true and correct

The Equity Ownership claimed is in accordance with the General Conditions

Any conflict of interest should be declared in writing

An official GA Environment purchase order will be accepted

Payment of any goods delivered or services rendered will be affected within 30 days from statement date.

FULL NAME:

SIGNATURE:

DULY AUTHORIZED TO SIGN:

(Name of the Organization)

DECLARATION BY COMPANY DIRECTOR UNDER OATH

I/We declare that the above particulars and information furnished to GladAfrica Management Services for the purposes of registering our organization on the supplier database are true in substance and in fact and that I/We fully understand the meaning thereof. By signing below, you thus authorize GladAfrica Group to conduct an ITC Check and any other relevant verification of the details provided within this form and to contact any person to verify such details. GladAfrica Management Services will use information provided in this form as true and accurate reflection of the affairs of the company.

FULL NAME:

SIGNATURE:

DULY AUTHORIZED TO SIGN:

DESIGNATION:

Signed and sworn to me at on thisday of (month)(year) 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 she/he has no objection to taking the prescribed oath, and that the prescribed oath will be binding on her/his conscience.

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COMMISSIONER OF OATH

NOTE: SUPPLIERS PROVIDING FALSE OR FRAUDULENT INFORMATION OR DOCUMENTS SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.

ANNEXURE 1**LIST OF PRODUCTS/SERVICES OFFERED (PLEASE SPECIFY)**

Discipline Name	Tick where appropriate
Accounting, Auditing and Financial Services	
Professional services (Specify)	
Facility Management (Specify)	
Human Resources	
Communication, Marketing & Corporate Services	
IT (Specify)	
Advisory services	
Operations services (Specify)	
General services (Specify)	
Other (Specific)	

FOR OFFICE USE ONLY	EMPLOYEE NUMBER	SIGN
Received by	GLADO	
Is the application complete	Yes	No
If No, was the supplier informed	Yes	No
Form captured by		
Vendor Number		

