



**SUPPLIER REGISTRATION &
ACCREDITATION FORM**

BLACK ECONOMIC EMPOWERMENT ACCREDITATION FORM

Please attach the following information:

For Proprietary Limited (Pty) Ltd or For Close Corporation (CC)

Company Registration or CK documents	
Tax Clearance Certificate	
Certificate of Incorporation (CM1)	
Memorandum of Association (CM2)	
Register of Directors (CM27 or CM 29)	
Certificate of Commencement of Trade (CM 46)	
Share Certificates	
Shareholders' Agreement	
Auditor's Report/ Financial Statement	
Relevant Statutory Body Registration	
Workman's Compensation	
Credit Rating / ITC check	
Employment Equity Plan & Dept of Labour acknowledgement	
Electricity, Water and Rates Statement (latest)	
ID Copies of All Directors or Members	
Company Profile	
Letter from your Auditors verifying BEE status	
Letter from a recognise BEE rating agency	

SERVICES AND CATEGORIES

GEN1	Accountants/Auditors / Financial advisory	GEN27	Hydraulic fitting and hoses
GEN2	Advertising	GEN28	IT Consulting
GEN3	Air- Conditioning (Supply/ Installation)	GEN29	Labour, recruitment and selections
GEN4	Attorneys/ Legal Services	GEN30	Lifts
GEN5	Auto Electrical Repairs	GEN31	Locksmith Services
GEN6	Building Materials / Hardware	GEN32	Medical Supplies/ Equipment
GEN7	Business Consulting	GEN33	Occupational Health and safety
GEN8	Cabling (Data and Telephone)	GEN34	Office Automation
GEN9	Catering / Food Supply / Beverages	GEN35	Payroll Services
GEN10	Civil Engineer Consultants	GEN36	Printer Repairs
GEN11	Cleaning Services	GEN37	Printing
GEN12	Cleaning Supplies/ Chemicals / Detergents, etc	GEN38	Procurement Management Services
GEN13	Computer consumables(Ribbons, Cartridges, etc)	GEN39	Protective Clothing
GEN14	Computer Supplies (Hardware & Software	GEN40	Public Relation
GEN15	Corporate Gifts and Promotional items	GEN41	Recycling Paper, Glass and Plastic)
GEN16	Debt Collection	GEN42	Roof and Waterproofing
GEN17	Electrical repairs and maintenance	GEN43	Scrap Metal industry
GEN18	Electrical Supplies and Equipment	GEN44	Security & Loss Control
GEN19	Environmental Consultants	GEN45	Security and Access Control
GEN20	Environmental scientist	GEN46	Signage
GEN21	Event Management and Team building	GEN47	Stationery
GEN22	Fire Extinguishing/ Protection/ Detection/Services	GEN48	Training and Development
GEN23	Furniture	GEN49	Travel Agencies
GEN24	Garden Services and sprinkler systems	GEN50	Tyres, repairs and maintenance
GEN25	Garnishee Management Services	GEN55	Compactors, Tipper Trucks etc.
GEN26	General Construction/ Building	GEN51	Other (specify)
GEN52	Photography		
GEN53	Video Production		
GEN54	Photo development		

CODE	SERVICE DESCRIPTION
<i>“Note: Maximum of 2 categories per company”</i>	

DETAILS OF PROSPECTIVE VENDORS

Name of firm	
Company income tax no.	
VAT registration no.	
Company registration no.	

1. Type of Firm

	Partnership OR Joint Venture		Sole proprietor		Close Corporation		Company
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(Tick one box)

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

3. Street addresses of all facilities used by the firm (e.g. warehouses, storage spaces offices, etc.)

5.1 _____

5.2 _____

5.3 _____

4. Number of Skilled staff

5. Total Number of Staff

6. Do you share any facilities? YES NO

6.1 If yes, which facilities are shared? _____

6.2 With whom do you share facilities (name of firm(s)/individual(s))?

6.3 What are the other firm's principal business activities?

7. Income for last Financial Year: R

8. Registered with the Construction Industry Development Board? Yes No
 (Suppliers will be required to apply to the CIDB if successful)

TAX CLEARANCE CERTIFICATE

The following conditions will apply to this bid:

1. It is an absolute requirement that the taxes of the bidder **MUST** be in order, or that a suitable arrangement has been made with the Receiver of Revenue to satisfy them. Proof of this arrangement must be submitted with the bid.
2. Bidders are therefore required to obtain a valid Tax Clearance Certificate from the local Receiver of Revenue where such bidder is registered for Income Tax purposes. Failure to submit a valid Tax Clearance Certificate **WILL** invalidate your bid.
3. The Tax Clearance certificate(s) relating to this bid should be valid at the closing date of this particular bid.
4. Each party to a Consortium / Joint Venture / Sub-contractors must complete a separate declaration. Failure to submit the Tax Clearance Certificates of each member to this bid will invalidate your bid.
5. Enclosed for your cognisance, please find a sample of a Tax Clearance Certificate.

APPLICATION FOR TAX CLEARANCE CERTIFICATE (IN RESPECT OF BIDS)

1. NAME OF TAXPAYER/ BIDDER :
2. TRADE NAME :
3. IDENTIFICATION NUMBER :
4. COMPANY/ CLOSE CORPORATION REGISTRATION NUMBER :
5. INCOME TAX REFERENCE NUMBER :
6. VAT REGISTRATION NUMBER. (If applicable) :
7. PAYE EMPLOYER'S REGISTRATION NO. (If applicable):

Contact person requiring Tax Clearance Certificate : SIGNATURE: _____

NAME : _____

TELEPHONE NUMBER: CODE: _____ NUMBER: _____

ADDRESS : _____

DATE : ____/____/____

DECLARATION OF INTEREST

1. Any legal or natural person, excluding any permanent employee of PIKITUP, may make an offer or offers in terms of this bid invitation. In view of possible allegations of favoritism, should the resulting bid, or part thereof be awarded to-
- (a) any person employed by PIKITUP in the capacity of contractor, consultant or service provider, or
 - (b) any person who acts on behalf of PIKITUP; or
 - (c) any person having a kinship, including a blood relationship, with a person employed by, or who acts on behalf of PIKITUP; or
 - (d) any legal person who is in any way connected to any person contemplated in paragraph (a), (b) or (c),
- it is required that:

The Bidder or his/her authorized representative shall declare his/her position *vis-à-vis* PIKITUP and/or take an oath declaring his/her interest, where it is known that any such a relationship exists between the Bidder and a person employed by PIKITUP in any capacity.

2. Does such a relationship exist?

Y	N
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If YES, state particulars of all such relationships (If necessary, please add additional pages containing the required information):

NAME: _____

POSITION: _____

OFFICE WHERE EMPLOYED: _____

TEL: _____

RELATIONSHIP: _____

NAME: _____

POSITION: _____

OFFICE WHERE EMPLOYED: _____

TEL: _____

RELATIONSHIP: _____

3. Failure on the part of a Bidder to fill in and/or sign this certificate may be interpreted to mean that an association as stipulated in paragraph 1, *supra*, exists.
4. In the event of a contract being awarded to a Bidder with an association as stipulated in paragraph 1, *supra*, and it subsequently becomes known that false information was provided in response to the above question, PIKITUP may, in addition to any other remedy it may have:
- recover from the contractor all costs, losses or damages incurred or sustained by PIKITUP as a result of the award of the contract; and/or
 - cancel the contract and claim any damages, which PIKITUP may suffer by having to make less favourable arrangements after such cancellation.

SIGNATURE OF DECLARANT

BID NUMBER

DATE

POSITION OF DECLARANT

NAME OF COMPANY OR BIDDER

- Delete whichever is not applicable

ST 12 (1 June 2002)

IMPORTANT CONDITIONS

Preference will be given to Black Economic Empowerment (BEE) companies and joint ventures between established business and BEE companies.

Criteria to be used in the adjudication process will be inline with the PIKITUP BEE Procurement Policy.

PIKITUP is not bound to accept the lowest or any bid, or gives reasons for selecting one bid in favour of another, and reserves the right to allocate portions of the bid to different enterers.

Each party to a consortium / joint venture / sub-contractors must complete a separate BEE questionnaire. Failure to submit a BEE questionnaire of each member to this bid will result in a zero (0) rating for BEE in the evaluation process.

BLACK ECONOMIC EMPOWERMENT QUESTIONNAIRE

Name of the business	
Trading name (if any)	
Co. Registration No.	
Vat number	
Income Tax number	
Physical address	
Postal address	
Contact person	
Contact number(s):	
Email address:	

A. GENERAL INFORMATION

- i. The information provided in this questionnaire will be treated as confidential and will not be disclosed to any third party
- ii. The information will be used only for the purpose of assessing your company in terms of our Black Economic Empowerment Policy.
- iii. PIKITUP reserves the right to request additional information or documents, or to perform audit procedures to substantiate or verify any of the answers provided in the question.
- iv. A copy of the completed questionnaire must be signed on behalf of your business by a duly authorised signatory.
- v. Certified copies of requested documents are to be submitted as part of this information pack

B. DIRECT EMPOWERMENT

1. EQUITY OWNERSHIP

	% owned
1.1 What percentage equity is owned by:	
a) Black people ¹	
b) Black women	
c) People living with disabilities	

2. MANAGEMENT

2.1 What is the actual number of executive management positions in your company?

¹ Black people shall mean South African citizens from previously disadvantaged communities and shall comprise African, Coloureds and Indians.

	Percentage (%)
2.2 What percentage of your company's executive management positions are occupied by: ²	
a) Black persons	
b) Black women	
c) People living with disabilities	

C. HUMAN RESOURCE DEVELOPMENT AND EMPLOYMENT EQUITY

1. EMPLOYMENT EQUITY (in terms of the Employment Equity Act)

1.1 What is the actual number of people employed by your business?

1.2 Have you submitted your Employment Equity Plan to the Department of Labour?

Occupational categories	MALE				FEMALE				TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior managers									
Professionals									
Technicians & other associated professionals									
Clerks									
Service and sales									
Plant and machine operators									
Elementary occupations (General workers)									
TOTAL PERMANENT									
Non-permanent									
TOTAL									

2. SKILLS DEVELOPMENT (in terms of the National Skills Development Act)

2.1 What is the actual number of people employed by your business?

2.2 Is your business registered with your Sector Education and Training Authority (SETA)?

2.3 If the answer to 2.2 above is "No", how then does your company ensure training takes place?
Please give brief description of your training programmes

² For the purpose of this evaluation, members of a Close Corporation will be defined as "executive management".

2.4 What percentage of your payroll is contributed towards skills development?

%

D. INDIRECT EMPOWERMENT

1. PREFERENTIAL PROCUREMENT

1.1 Does your company have a preferential procurement policy?

Yes	No

1.2. What was your total procurement spent in the past 12 months?

R

1.3. How much (both Rand and percentage) of this was spent with black enterprises, black empowered enterprises and black women owned enterprises.

R

%

1.4. What percentage of your procurement, as a proportion of the total spent, from black enterprises is on long term contracts (2 years and more)?

%

2. ENTERPRISE DEVELOPMENT

2.1 Does your company have any strategic relationships/alliances with SMME's that are black enterprises?

Yes	No

2.2 If yes, is the relationship/alliance permanent or only established to participate in specific tenders?

Please provide details of your alliances

Company Name	Nature of relationship	Contact person and number

2.3 If the relationship/alliance is tender/project specific, what role will the black partner(s) play in the execution of the tender/project. **(Principal role or sub-contractor)**

<p>Role of the black partner</p>

2.4 What will be the rand value of this portion of the business/tender/project?

R

E. RESIDUAL

1. CORPORATE SOCIAL RESPONSIBILITY

1.1 Does your company have a Corporate Social Responsibility Policy?

Yes	No

1.2 If yes, what percentage of your pre-tax profits is contributed towards social responsibility?

%

1.3 Provide a **list of five of your major** contributions to social responsibility.
 (If the space provided is insufficient you can provide a separate attachment)

Project	Where located and purpose of the project	Rand value(amount contributed/spent)	Contact person and numbers (at the project)

DECLARATION

I, hereby declare, in my capacity as
 and duly authorised thereto, that the information provided in the above
 questionnaire is to my knowledge factually correct.

Signed atthisday of2005.

.....
 Signature

END

JOINT VENTURE DISCLOSURE FORM

PIKITUP: BEE 103

1. PARTICULARS OF THE JOINT VENTURE PARTNERS

Names of the partners	% Black ownership	% ownership by black women	% by disabled persons	Contact person	Contact numbers
1.					
2.					
3.					

2. OWNERSHIP OF THE JOINT VENTURE

Name of partner	Percentage ownership
1.	
2.	
3.	

3. CONTROL AND PARTICIPATION IN THE JV

Note: Identify by name and company (represented in the JV) those individuals who are or will be responsible for, and have authority to engage with PIKITUP in the execution and management of the tender/project.

Name of person	Partner represented	Role in the JV
1.		
2.		
3.		

DECLARATION

I, hereby declare, in my capacity as

..... and duly authorised thereto, that the information provided in the above questionnaire is to my knowledge factually correct.

Signed atthisday of2005.

.....
Signature
For and on behalf of the Joint Venture

DECLARATION BY THE BLACK PARTNER(S) OF THE JOINT VENTURE

I, hereby declare, in my capacity as

.....**of**.....(name of black partner) and duly authorised thereto, that we undertake to provide services/supply goods in connection with the above tender/contract as joint partners with.....

Signed at.....this.....day of2005.

.....
Signature

I, hereby declare, in my capacity as

.....**of**.....(name of black partner) and duly authorised thereto, that we undertake to provide services/supply goods in connection with the above tender/contract as joint partners with.....

Signed at.....this.....day of2005.

.....
Signature

I, hereby declare, in my capacity as

.....**of**.....(name of black partner) and duly authorised thereto, that we undertake to provide services/supply goods in connection with the above tender/contract as joint partners with.....

Signed at.....this.....day of2005.

.....
Signature

BANKING DETAILS

NAME OF ACCOUNT HOLDER : _____

BANK NAME : _____

BRANCH NAME : _____

BRANCH CODE : _____

ACCOUNT NUMBER: _____

Account Type

cheque	Savings	transmission
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Authorisation for electronic transfer of funds (EFT) to supplier's bank account

I, the undersigned hereby authorise Pikitup Johannesburg (Pty) Ltd to credit my company account via Electronic Fund Transfer as afore mentioned with the amount payable/due to specified beneficiary for goods and services rendered.

.....
Full Name

.....
Capacity

.....
Date

.....
Signature

FOR USE OF THE BANK



I certify that I am duly authorized by _____ to give such
Bank Name

information and that the information given is correct.

Name of authorized official

Date

Signature

**PLEASE NOTE THAT: Documentary proof of banking institution and details must be supplied.*

BLACK ECONOMIC EMPOWERMENT CHECKLIST

DOCUMENTS TO BE SUBMITTED	TICK
1. Equity Ownership	
1.1 Private companies: (Pty's)	
a) Share certificates	
b) Shareholders agreement	
c) CM 29 – Certificate of incorporation of directors	
1.2 Close Corporations	
a) CK 1 and/or CK 2	
b) Members agreement	
1.3 Joint Ventures	
a) Ownership documents of each JV partner	
b) Joint Venture Agreement	
c) Joint Venture Declaration Form	
2. Management	
a) Company organogram	
3. Employment Equity	
a) Summary of the company's employment equity plan	
b) Proof that plan is registered with the Department of Labour	
4. Skills Development	
a) Summary of the company's skills development plan	
b) Proof that plan is registered with the SETA	
5. Preferential Procurement	
a) List your top 10 BEE suppliers with their contact details	

SIGNATURE

DATE

DECLARATION OF INTEREST

It is required that the applicant or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/ or take an oath declaring his / her interest with any person in the service of the state*.

Are you presently in the service of the state* YES/NO

If so, furnish particulars.

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

If so, furnish particulars.

Do you, have any relationship (family, friend, other) person in the service of the state* YES/NO

If so, furnish particulars

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

If so, furnish particulars

CERTIFICATION

**I, THE UNDERSIGNED (NAME).....
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.
I ACCEPT THAT PIKITUP JOHANNESBURG (PTY) LTD MAY ACT AGAINST ME SHOULD THIS
DECLARATION PROVE TO BE FALSE.**

.....
Signature

.....
Date

.....
Position

.....
Name

* MSCM Regulations: "in the service of the state" means to be –

(a) a member of –

- (i) 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 institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) an employee of Parliament or a provincial legislature.

