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**LEVEL 2 VENDOR APPLICATION FORM**

**SU SUPPLIER DATABASE**

**Information to be used in the evaluation of prospective suppliers to be placed on the Stellenbosch University approved suppliers list for the supply of goods and services.**

**All information will be treated in the strictest of confidence and will be used for the express purpose of determining whether a supplier will be placed on the University’s suppliers’ database.**

**Please return the form electronically to** [**findienste@sun.ac.za**](mailto:findienste@sun.ac.za) **or in hard copy to Marsha Davids at Room C3309, Administration C, Stellenbosch University, Private Bag X1, Matieland, 7602**

This form should be completed by **non-regular vendors** of Stellenbosch University with annual sales to Stellenbosch University of less than **R335 000**.

**Non-regular vendors** are defined as **5 or less** orders placed annually, with the exception of vendors who provide Stellenbosch University with the affidavit in Annexure A

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VENDOR INFORMATION**  **(Fields marked with (\*) are compulsory)** | | | | | |
| **Entity / Individual Name** | **(\*)** |  | |  | |
| **Trading As Name** |  |  | |  | |
| **Registration no / Identity no.** | **(\*)** |  | **(\*) Submit copy of registration certificate or ID** | | |
| **VAT Registration no.**  **(if registered)** |  |  | **NB: Attach a copy of the VAT103 or tax clearance** |  | |
| **Account no. allocated to Stellenbosch University** |  |  | | | |
| **Physical Address** | **(\*)** |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **Postal Address** | **(\*)** |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **Contact Details (Sales Department for orders)** | Contact Person | **(\*)** | |  | |
| Phone Number | **(\*)** | |  | |
| Email address | **(\*)** | |  | |
| **Contact Details (Accounts Department for remittance advice)** | Contact Person | **(\*)** | |  | |
| Phone Number | **(\*)** | |  | |
| Email address | **(\*)** | |  | |
| **Product/Service Offered** | **(\*)** |  | |  | |
| **Is your total annual turnover less than R1 million?**  **If Yes, refer to Annexure A or provide a letter of confirmation from your accountant.** | | | | **Y** |  |
| **N** |  |
| **Do you have a valid BBBEE Verification Certificate?**  **If Yes, attach the certificate. If No, refer to Annexure B.** | | | | **Y** |  |
| **N** |  |
| **Are you, or any of your staff members, an employee of Stellenbosch University? Or do you have any close family relations with employees of SU (\*)**  **If Yes, please provide SU employee number / name and detail of the relationship: ................................**  **................................................................................................................................................................** | | | | **Y** |  |
| **N** |  |
| **Do you own an interest in any other business entities that provide similar products and/or services as the business you are submitting this application for? (\*)**  **If Yes, please provide full details of the business .....................................................................................**  **................................................................................................................................................................** | | | | **Y** |  |
| **N** |  |
| **Do you earn more than 80% of your income from any one client? (\*)** | | | | **Y** |  |
| **N** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the service provider employ 3 or more full-time employees who are engaged in rendering the service on a full-time basis throughout the year of assessment (excl. shareholders of the company, members of CC, beneficiaries of a trust and the relatives of these three groups)? (\*)**  **If not, please complete independent contractor’s questionnaire.**  **NOTE: not applicable to providers of products/goods.** | | **Y** |  |
| **N** |  |
|  | | | |
| **PAYMENT TERMS (E.G. 30/60 DAYS AFTER INVOICE OR STATEMENT)** | **(\*)** | | |
| **DATE OF STATEMENT** | **(\*)** | | |
| **DISCOUNT** |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Bank** | **(\*)** | | | | |  | |  | | | | |  | |
| **Branch** | **(\*)** | | | | |  | |  | | | | |  | |
| **Name in which account is hold** | **(\*)** | | | | |  | |  | | | | |  | |
| **Account Number (\*)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Type of Account (\*)** | **Current**  **Account** | | | | |  | | **Savings**  **Account** | | | | |  | |
|  | **Transmission Account** | | | | |  | | **Bond**  **Account** | | | | |  | |

**PLEASE ATTACH AN ORIGINAL CANCELLED CHEQUE OR ORIGINAL LETTER FROM THE BANK FOR VERIFICATION OF BANKING DETAILS**

**COLLUSION DECLARATION**

To be completed and signed by the applicant

2.1 In this declaration the word ‘person’ includes any persons and/or any association, corporate or otherwise and the words ‘any agreement’ or ‘arrangement’ includes any such transaction formal or informal, whether legally binding or not.

2.2 I/we certify that this is a bona fide declaration. I/we also certify that I/we have not done and I/we undertake that I/we will not collude with any person to manipulate pricing or the delivering of goods and services to the detriment of Stellenbosch University.

2.3 I/we confirm that any breach of the conditions of this collusive declaration will inevitably lead to removal from Stellenbosch University’s supplier list.

**3. CONDITIONS**

I/we hereby undertake:

3.1 Not to deliver goods or services to any department, division or individual of Stellenbosch University without receipt of an official order form/ order number issued by the Purchasing Department of the University.

3.2 To always add the order number as issued, on the invoice.

3.3 To supply the university with statements on a monthly basis.

I/we hereby confirm that the abovementioned information is correct and that I/we am authorized to undertake this agreement on behalf of the company. I/we further grant permission to Stellenbosch University to do a credit check.

**……………………………………………… …………………………………………**

Initials and Surname Signature

**……………………………………………………**

Capacity

**……………………………………………………**

Date

|  |  |
| --- | --- |
| **ANNUAL TURNOVER LESS THAN**  **R1 MILLION**  **(Please complete Annexure A)** | **VENDOR BBBEE CLASSIFICATION**  **(Please complete Annexure B option 1 or option 2)** |

**Required documentation**

1. Copy of registration or ID document
2. Proof of banking details
3. Copy of VAT registration or tax clearance if applicable
4. Annexure A if applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | | |
| **Requested by:** |  |  | |  |  |
| **Vendor number:** |  |  | |  |  |
| **Approved:** |  | | **Date:** | | |
| **Captured by:** |  | | | |  |
| **Date captured on system:** |  | | | | |

**ANNEXURE A**

***AFFIDAVIT: TURNOVER LESS THAN R1 MILLION***

I, the undersigned deponent,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(insert full names)*

declare, under oath, as follows:

1. I am an adult person (Identity number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert physical address)*

and director **or** member **or** trustee (select appropriate capacity)

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Insert name of business)*

1. I declare that I am duly authorised to depose to this affidavit and that the facts

herein deposed are within my own personal knowledge.

1. I declare that the total annual turnover for the entity did not (and is not expected to) exceed R1 million
2. I undertake to inform SU of any change in my status within 30 days of such change.

SIGNED AND SWORN TO AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ by the deponent who has stated that:

He/she knows and understands the contents hereof and that it is true and correct;

and

He/she has no objection to taking the prescribed oath; and

That he/she regards the prescribed oath as binding on his/her conscience.

Signed before me, COMMISSIONER OF OATHS

FULL NAMES:

CAPACITY:

AREA:

BUSINESS ADDRESS:

**ANNEXURE B. OPTION 1**

**COMPLETE OPTION 1 OR 2 IF YOU ARE NOT IN POSESSION OF A B-BBEE CERTIFICATE**

1. **SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE - GENERAL**

I, the undersigned,

|  |  |
| --- | --- |
| **Full name & Surname** |  |
| **Identity Number** |  |

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a member/director/owner of the following enterprise and am duly authorised to act on its behalf:

|  |  |
| --- | --- |
| **Enterprise Name** |  |
| **Trading Name (If Applicable)** |  |
| **Registration Number** |  |
| **Enterprise Physical Address:** |  |
| |  | | --- | | **Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):** | |  |
| |  | | --- | | **Nature of Business:** | |  |
| |  | | --- | | **Definition of “Black People”** | | |  | | --- | | As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 “Black People” is a generic term which means Africans, Coloureds and Indians –  (a) Who are citizens of the Republic of South Africa by birth or descent; or  (b) Who became citizens of the Republic of South Africa by naturalization-  i. Before 27 April 1994; or  ii. On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date | |

3. I hereby declare under Oath that:

* The Enterprise is \_\_\_\_\_\_\_\_\_\_\_\_\_\_% Black Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
* The Enterprise is \_\_\_\_\_\_\_\_\_\_\_\_\_\_% Black Woman Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
* The Enterprise is \_\_\_\_\_\_\_\_\_\_\_\_\_\_% Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
* Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of \_\_\_\_\_\_\_\_\_\_\_\_\_, the annual Total Revenue was R10,000,000.00 (Ten Million Rands) or less
* Please confirm on the below table the B-BBEE Level Contributor, **by ticking the applicable box.**

|  |  |  |
| --- | --- | --- |
| 100% black owned | Level One (135% B-BBEE procurement recognition level) |  |
| At least 51% black owned | Level Two (125% B-BBEE procurement recognition level) |  |
| Less than 51% black owned | Level Four (100% B-BBEE procurement recognition level) |  |

1. I know and understand the contents of this affidavit and I have no objections to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise, which I represent in this matter.
2. The sworn affidavit will be valid for a period of 12 months form the date signed by commissioner.

Deponent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner of Oaths

Signature and stamp

**ANNEXURE B. OPTION 2**

**2. SWORN AFFIDAVIT – B-BBEE EXEMPTED QUALIFYING SMALL ENTERPRISE - GENERAL**

I, the undersigned,

|  |  |
| --- | --- |
| **Full name & Surname** |  |
| **Identity Number** |  |

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a member/director/owner of the following enterprise and am duly authorised to act on its behalf:

|  |  |
| --- | --- |
| **Enterprise Name** |  |
| **Trading Name (If Applicable)** |  |
| **Registration Number** |  |
| **Enterprise Physical Address** |  |
| |  | | --- | | **Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):** | |  |
| |  | | --- | | **Nature of Business:** | |  | |  |
| |  | | --- | | **Definition of “Black People”** | | |  | | --- | | As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 “Black People” is a generic term which means Africans, Coloureds and Indians –  (a) Who are citizens of the Republic of South Africa by birth or descent; or  (b) Who became citizens of the Republic of South Africa by naturalization-  i. Before 27 April 1994; or  ii. On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date | |

3. I hereby declare under Oath that:

* The Enterprise is \_\_\_\_\_\_\_\_\_\_\_\_\_\_% Black Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
* The Enterprise is \_\_\_\_\_\_\_\_\_\_\_\_\_\_% Black Woman Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
* The Enterprise is \_\_\_\_\_\_\_\_\_\_\_\_\_\_% Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
* Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of \_\_\_\_\_\_\_\_\_\_\_\_\_, the annual Total Revenue was between R10,000,000.00 (Ten Million Rand) and R50,000,000.00 (Fifty Million Rand),
* Please Confirm on the below table the B-BBEE Level Contributor, **by ticking the applicable box.**

|  |  |  |
| --- | --- | --- |
| 100% black owned | Level One (135% B-BBEE procurement recognition level) |  |
| At Least 51% black owned | Level Two (125% B-BBEE procurement recognition) |  |

I know and understand the contents of this affidavit and I have no objections to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise, which I represent in this matter.

1. The sworn affidavit will be valid for a period of 12 months form the date signed by commissioner.

Deponent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner of Oaths

Signature and stamp