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**AANSOEKVORM VIR VLAK 1-VERSKAFFERS**

**DATABASIS VAN US-VERSKAFFERS**

**Naam van aansoeker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Die inligting op hierdie vorm sal gebruik word vir die evaluering van voornemende verskaffers met die oog op moontlike insluiting by die Universiteit Stellenbosch se lys van goedgekeurde verskaffers vir die voorsiening van goedere en dienste. Alle inligting sal streng vertroulik hanteer word, en vir die uitsluitlike doel om te bepaal of ’n verskaffer op die Universiteit se databasis van verskaffers geplaas kan word.**

**Stuur asseblief die voltooide vorm aan Lucille Ras by e-posadres** **lucillej@sun.ac.za** **of lewer dit in gedrukte vorm af by die gebou van Aankope en Voorsieningsdienste, uit Merrimanlaan, Universiteit Stellenbosch.**

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| --- |
| **INLIGTING VAN VERSKAFFER** |
| **Naam van entiteit/individu** |  |  |  |
| **Naam waaronder handel gedryf word** |  |  |  |
| **Registrasie-/identiteitsnr** |  |  | **Dien afskrif van registrasiesertifikaat of identiteitsdokument in** |
| **BTW-registrasienr, indien van toepassing** |  |  | **Dien huidige belastingklaringsertifikaat in** |
| **Rekeningnr toegewys aan die Universiteit Stellenbosch** |  |  |
| **Straatadres** |  |  |  |
|  |  |  |
|  |  |  |
| **Posadres** |  |  |  |
|  |  |  |
|  |  |  |
| **Kontakbesonderhede (verkoopsafdeling vir bestellings)** | **Kontakpersoon** |  |  |
| **Telefoonnommer** |  |  |
| **E-posadres** |  |  |
| **Kontakbesonderhede (rekeninge-afdeling vir betaalbewys)** | **Kontakpersoon** |  |  |
| **Telefoonnommer** |  |  |
| **E-posadres** |  |  |
| **Het u al voorheen goedere of dienste aan die US voorsien? Indien wel, verstrek asseblief besonderhede:** **……………………………………………………………………………………………………………………………….** | **J** |  |
| **N** |  |
| **Het u ’n geldige BBSEB-verifikasiesertifikaat?** **Indien wel, heg die sertifikaat aan. Indien nie, raadpleeg bylae A.** | **J** |  |
| **N** |  |
| **Is u of enige van u personeellede ’n werknemer van die Universiteit Stellenbosch? Werk enige van u naaste familielede by die US? Indien wel, verstrek asseblief die persoon se US-personeelnommer/naam en besonderhede van die familieverwantskap:** **................................................................................................................................................................** | **J** |  |
| **N** |  |
| **Besit u ’n belang in enige ander sake-entiteit wat soortgelyke produkte en/of dienste voorsien as die onderneming waarvoor u hierdie aansoek indien?** **Indien wel, verstrek asseblief volledige besonderhede van sodanige ander entiteit: .****................................................................................................................................................................** | **J** |  |
| **N** |  |
| **Verdien u meer as 80% van u inkomste uit enige enkele kliënt?** | **J** |  |
| **N** |  |
| **Het die diensverskaffer drie of meer voltydse werknemers in diens wat die diens op ’n voltydse grondslag deur die hele assesseringsjaar lewer (wat maatskappyaandeelhouers, lede van ’n beslote korporasie, trustbegunstigdes sowel as die familielede van hierdie drie groepe uitsluit)?****Indien nie, voltooi asseblief die vraelys vir onafhanklike kontrakteurs.** **LET WEL: Nie van toepassing op verskaffers van produkte/goedere nie.**  | **J** |  |
| **N** |  |
| **BETAALVOORWAARDES (BV. 30/60 DAE NADAT FAKTUUR OF STAAT GELEWER IS)** |  |
| **REKENING-/STAATDATUM** |  |
| **KORTING** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam van bank** |  |  |  |  |
| **Tak** |  |  |  |  |
| **Naam van rekeninghouer** |  |  |  |  |
| **Rekeningnommer**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Rekeningtipe**  | **Lopende rekening** |  | **Spaar-rekening** |  |
|  | **Oordrag-rekening** |  | **Verband-rekening** |  |

**HEG ASSEBLIEF ’N OORSPRONKLIKE GEKANSELLEERDE TJEK OF OORSPRONKLIKE BRIEF VAN DIE BANK AAN OM BANKBESONDERHEDE TE BEVESTIG.**

**PRODUKTE EN DIENSTE**

|  |  |
| --- | --- |
| **Lys die produkte/dienste wat u bied** |  |
| **Is u ’n vervaardiger/verspreider/ groothandelaar/kleinhandelaar of diensorganisasie?** |  |
| **Lys enige alleenagentskappe waaroor u beskik.** |  |
| **Verstrek asseblief ’n bondige uiteensetting van u maatskappygeskiedenis en kennis van die goedere en dienste wat u voorsien.** |  |
| **Verstrek volledige besonderhede insake naverkoopdienste, indien enige.** |  |

**WAARBORGE EN SUBKONTRAKTEURS**

|  |  |
| --- | --- |
| **Bied u ’n waarborg? Indien wel, verstrek asseblief besonderhede.** |  |
| **Wat is die verwagte gebruiksduur van die goedere?** |  |
| **Het die verskaffer gekwalifiseerde tegnici in diens vir instandhoudingswerk, of word instandhouding uitgekontrakteer? Verstrek besonderhede.**  |  |
| **Vir hoe lank word die voorsiening van instandhoudingsdienste/onderdele gewaarborg, ongeag of die agentskap behou word of nie (waar van toepassing)?** |  |
| **Sal subkontrakteurs gebruik word? Indien wel, dui asseblief aan in watter mate en vir watter dienste.** |  |

**VERKLARING OOR SAMESPANNING**

Moet deur die aansoeker voltooi en onderteken word.

* In hierdie verklaring sluit die woord ‘persoon’ enige persone en/of enige verbintenis, hetsy korporatief of andersins, in, en sluit die woorde ‘enige ooreenkoms’ of ‘reëling’ enige sodanige transaksie in, sowel formeel as informeel, ongeag of dit regsbindend is of nie.
* Ek/ons bevestig dat dít ’n bona fide-verklaring is. Ek/ons bevestig voorts dat ek/ons nie met enige persoon saamgespan het óf sal saamspan om prysbepaling of die lewering van goedere en dienste tot nadeel van die Universiteit Stellenbosch te manipuleer nie. Ek/ons sal aan die Suid-Afrikaanse Wet op Mededinging voldoen.
* Ek/ons bevestig dat enige skending van die voorwaardes van hierdie verklaring oor samespanning noodwendig tot my/ons skrapping van die Universiteit Stellenbosch se verskafferslys sal lei.

**VOORWAARDES**

Hiermee onderneem ek/ons:

* om nie goedere of dienste aan enige departement, afdeling of individu van die Universiteit Stellenbosch te lewer sonder dat ek/ons oor ’n amptelike bestelvorm/bestelnommer beskik wat deur die Universiteit se Afdeling Aankope en Voorsieningsdienste uitgereik is nie;
* om altyd die bestelnommer wat uitgereik is op die faktuur aan te bring; en
* om die Universiteit maandeliks van state te voorsien.

Hiermee bevestig ek/ons dat bogenoemde inligting korrek is en dat ek/ons gemagtig is om hierdie ooreenkoms namens die maatskappy aan te gaan. Ek/ons verleen voorts toestemming aan die Universiteit Stellenbosch om ’n kredietwaardigheidskontrole uit te voer.

**………………………………………………**

**Voorletters en van**

**…………………………………………………….**

**Handtekening**

**……………………………………………………**

**Hoedanigheid**

**……………………………………………………**

**Datum**

**VEREISTE DOKUMENTE (Maak asseblief seker dat die dokumente in die lys hieronder by u aansoek aangeheg word.)**

1. Afskrif van registrasiesertifikaat of identiteitsdokument
2. Bewys van bankbesonderhede
3. Afskrif van geldige belastingklaringsertifikaat
4. Afskrif van u jongste finansiële state of brief van u rekenmeester/ouditeur ter bevestiging van finansiële volhoubaarheid
5. Huidige BBSEB-sertifikaat of bylae A, indien van toepassing

|  |
| --- |
| **SLEGS VIR KANTOORGEBRUIK** |
| **Aangevra deur:** |  |  |  |  |
| **Verskaffernommer:** |  |  |  |  |
| **Goedgekeur:**  |  | **Datum:** |
| **Vasgelê deur:** |  |  |
| **Datum van vaslegging op stelsel:** |  |

 **BYLAE A: OPSIE 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:

The contents of this statement are to the best of my knowledge a true reflection of the facts.

1. 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”**  |

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|  |
| --- |
|  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner of Oaths Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and stamp

 **BYLAE A: OPSIE 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner of Oaths Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature and stamp