



Stellenbosch

UNIVERSITY
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VENDOR APPLICATION FORM

SU SUPPLIER DATABASE

Name of Applicant: _____

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 suppliers@sun.ac.za and lucillej@sun.ac.za.

| VENDOR INFORMATION | | | |
|--|----------------|---|---|
| Entity / Individual Name | | | |
| Trading As Name | | | |
| Registration no / Identity no. | | Submit copy of registration certificate or ID | |
| VAT Registration no if applicable. | | Submit current tax PIN | |
| 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 | | |
| Did you previously supply goods or services to the SU? If yes please provide details: | | | Y |
| | | | N |
| Do you have a valid BBBEE Verification Certificate? If Yes, attach the certificate. If No, refer to Annexure A. | | | 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 and declaration by employee: | | | 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? | | | Y |
| If Yes, please provide full details of the business..... | | | 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. , Click here to open link to Questionnaire | | | Y |
| | | | N |
| NOTE: not applicable to providers of products/goods. | | | |

| | |
|---|--|
| 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 LETTER FROM THE BANK FOR VERIFICATION OF BANKING DETAILS

PRODUCTS AND SERVICES

| | |
|---|--|
| List the Product/Service Offered | |
| Are you a Manufacturer /Distributor / Wholesaler / Retailer or Service organization? | |
| List Sole Agencies held by you. | |
| Provide a brief history about your company's background and knowledge regarding the goods and services that you provide. | |
| Provide full detail regarding of the after-sales service, if any. | |

GUARANTEES AND SUB-CONTRACTORS

| | |
|---|--|
| Do you provide a guarantee? If yes please provide details. | |
| What is the life expectancy of the goods? | |
| Does the supplier employ qualified technicians for maintenance purposes or is maintenance contracted out. Provide detail. | |
| For how long does the supplier guarantee to provide maintenance services / spare parts, irrespective of whether the agency is retained or lost (where applicable). | |
| Will sub-contractors be used? If yes, please indicate to what extent and for which services. | |

COLLUSION DECLARATION

To be completed and signed by the applicant

- 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.
- 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. I/We shall comply with the Competition Act of South Africa.
- I/we confirm that any breach of the conditions of this collusive declaration will inevitably lead to removal from Stellenbosch University's supplier list.

CONDITIONS

I/we hereby undertake:

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

REQUIRED DOCUMENTATION (Please ensure that the documentation listed below are attached to you application)

1. Copy of registration or ID document
2. Proof of banking details
3. Tax Compliance Referece number & Pin
4. Current BBBEE Certificate or Sworn Attached Affidavit

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

SWORN AFFIDAVIT – B-BBEE 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 | |
| Nature of Business: | |
| Definition of "Black People" | <p>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 –</p> <ul style="list-style-type: none"> (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 naturalisation- <ul style="list-style-type: none"> 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;" |
| Definition of "Black Designated Groups" | <p>"Black Designated Groups means:</p> <ul style="list-style-type: none"> (a) unemployed black people not attending and not required by law to attend an educational institution and not awaiting admission to an educational institution; (b) Black people who are youth as defined in the National Youth Commission Act of 1996; (c) Black people who are persons with disabilities as defined in the Code of Good Practice on employment of people with disabilities issued under the Employment Equity Act; (d) Black people living in rural and under developed areas; (e) Black military veterans who qualifies to be called a military veteran in terms of the Military Veterans Act 18 of 2011;" |

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 Female 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,
- Black Designated Group Owned % Breakdown as per the definition stated above:
 - Black Youth % = _____%
 - Black Disabled % = _____%
 - Black Unemployed % = _____%
 - Black People living in Rural areas % = _____%
 - Black Military Veterans % = _____%
- 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 Rands) and R50,000,000.00 (Fifty Million Rands),
- Please confirm on the table below the B-BBEE level contributor, **by ticking the applicable box.**

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

4. I know and understand the contents of this affidavit and I have no objection 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.
5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: _____

Date: _____

Commissioner of Oaths
Signature & stamp

**SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE – SPECIALISED ENTITY -
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 Director 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 (NPO, PBO etc.): | |
| Nature of Business: | |
| Definition of "Black People" | <p>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 –</p> <p>(a) who are citizens of the Republic of South Africa by birth or descent; or</p> <p>(b) who became citizens of the Republic of South Africa by naturalisation-</p> <p>i. before 27 April 1994; or</p> <p>ii. on or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date;"</p> |
| Definition of "Black Designated Groups" | <p>"Black Designated Groups means:</p> <p>(a) unemployed black people not attending and not required by law to attend an educational institution and not awaiting admission to an educational institution;</p> <p>(b) Black people who are youth as defined in the National Youth Commission Act of 1996;</p> <p>(c) Black people who are persons with disabilities as defined in the Code of Good Practice on employment of people with disabilities issued under the Employment Equity Act;</p> <p>(d) Black people living in rural and under developed areas;</p> <p>(e) Black military veterans who qualifies to be called a military veteran in terms of the Military Veterans Act 18 of 2011;"</p> |

3. I hereby declare under Oath that:

- The Enterprise has _____% Black Beneficiaries 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 has _____% Black Female Beneficiaries 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 has _____% Black Designated Group Beneficiaries 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,
- Black Designated Group Beneficiary % Breakdown as per the definition stated above:
 - Black Youth % = _____%
 - Black Disabled % = _____%
 - Black Unemployed % = _____%
 - Black People living in Rural areas % = _____%
 - Black Military Veterans % = _____%
- Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of ____, the annual Total Revenue/Allocated Budget/Gross Receipts 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.**

| | | |
|-----------------------------------|---|--|
| At Least 75% Black Beneficiaries | Level One (135% B-BBEE procurement recognition level) | |
| At Least 51% Black | Level Two (125% B-BBEE procurement recognition level) | |
| Less than 51% Black Beneficiaries | Level Four (100% B-BBEE procurement recognition level) | |

- 4. I know and understand the contents of this affidavit and I have no objection 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.
- 5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: _____

Date: _____

Commissioner of Oaths
Signature & stamp

CONSENT FORM

I _____(Name) with ID number _____, the duly authorised representative of _____("Company") with registration number _____ agree that Stellenbosch University may make inquiries to confirm any information provided by the Company and that Stellenbosch University may verify the information and obtain additional information from Experian, a registered credit bureau, when assessing the information provided herein. I authorise Stellenbosch University to conduct a credit report on the company, and warrant that all the directors and/or members have consented to the Company instructing Stellenbosch University to conduct the credit enquiry on the Company and that the Director and/or Members acknowledges that the enquiry will include an inquiry into the Director and/or Member's credit profile. I further warrant that the Directors and/or members authorise Stellenbosch University to obtain the credit information on the Directors and/or Members and that the Company has the consents as stated herein, in writing. In the event of Stellenbosch University being required to do an account verification check to verify that banking details provided, are correct, or to enquire with the Company's banker to obtain its opinion with regards to lending amounts and lending terms applicable to the Company, I hereby authorise such an enquiry. We furthermore consent to Stellenbosch University submitting our information, including payment profile and default information and any other relevant information, to Experian and to allow Experian to release the information for lawful purposes to third parties.

I furthermore warrant that all information supplied to Stellenbosch University is to the best of my knowledge true and correct, that I am not aware of any other information that would affect the credit application of the Company in any way and that I am authorised to sign this document.

The Company:

| | |
|--|--|
| Name of the Company: | |
| Name of the Authorised Representative: | |
| Title: | |
| Signature: | |
| Date: | |

Directors / Members Details:

| | |
|------------|--|
| Name: | |
| ID Number: | |

| | |
|------------|--|
| Name: | |
| ID Number: | |

| | |
|------------|--|
| Name: | |
| ID Number: | |

[add more tables if required]