

KWAZULU-NATAL PROVINCIAL TREASURY

ZNT 31

Suppliers Database Registration Form

DELIVER TO:

SUPPLY CHAIN MANAGEMENT OFFICE TREASURY HOUSE GROUND FLOOR 145 CHIEF ALBERT LUTHULI ROAD PIETERMARITZBURG 3200

OR POST TO:

SUPPLY CHAIN MANAGEMENT OFFICE PRIVATE BAG X9082 PIETERMARITZBURG 3200

No Faxed or Emailed Copies will be accepted

FOR OFFICIAL USE

Supplier Name																		
Registration																		
Number																		
Captured By								Date	e signe	bd	D	D	Μ	Μ	Υ	Υ	Υ	Υ
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								Date		Ь	D	D	Μ	Μ	Υ	Υ	Υ	Υ
Аррготей Бу								Date	signe	u								
Approved By								Date	e signe	d	D	D	Μ	Μ	Y	Y	Y	Y

ENQUIRIES

TEL. (033) 897 4509 /897 4676 TOLL FREE. 0800 201 049 EMAIL. database@kzntreasury.gov.za

Version Date: June 2012



KWAZULU NATAL PROVINCE SUPPLIERS DATABASE REGISTRATION FORM (ZNT31)

DOCUMENTS ATTACHED	Y	N	N/A	Office Use
Certified Company Registration Document				
Certified Proof of Ownership/Shareholder certificate				
Proof of Banking Document				
UIF Document				
Workman's Compensation Document				
VAT Registration Document				
PAYE Document				
Income Tax Registration Document				
An original Valid Tax Clearance Certificate				
Security Officer's Board Certificate				
Disability Documents				
Utility bill (electricity bill, water bill)				
CIDB, PSIRA Certificates where applicable				
Certified Copy of BEE Certificate				

SECTIONS COMPLETED	Y	Ν	N/A	Office Use
Section B: Company Information - Business Particulars				
Section B: Company Information - Financial Information				
Section B: Company Information - Value based on latest financial statement				
Section C: Ownership Information – Ownership information				
Section C: Ownership Information – Additional Ownership information				
Section C: Ownership Information – Business Management				
Section D: Classification of Business – Type of Business				
Section D: Classification of Business – Business Sector Classification				
Section E: Verification of Information - Verification of Information				
Section E: Verification of Information – Commissioner of Oaths				

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Initials				Su	rnan	ıe														
First name																				
Signature	•	•	•	•	•	•	•	•	Da	te si	gned		D	D	Μ	Μ	Υ	Y	Y	Y

SECTION A: INTRODUCTION, GUIDELINES & KEY POINTS TO REMEMBER

Guidelines

Applicants must complete pages 6 to 20, where applicable. Failure by an applicant to provide ALL the prescribed information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "N/A" in the appropriate space. All mandatory fields marked by two asterisks ** are to be filled in. If the space provided is left blank and or mandatory fields are not filled in, it will be regarded as information that is still outstanding and you WILL NOT BE REGISTERED.

- 2.1. Applicants are advised that only **ORIGINAL** ZNT 31 or PHOTOSTAT copies thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.
- 2.2. It is imperative that only supporting documents with an **ORIGINAL** signature be submitted.
- 2.3. All signatures to the document must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration. Applications with copied signatures will not be considered
- 2.4. Suppliers registered on the Suppliers Database **MUST** notify the Supply Chain Management Office of any changes to information provided in the initial ZNT 31, as captured onto the Suppliers Database. The supplier will be required to fill in a ZNT 32 form that will be sent to them via post. All amendments must be supported by the relevant mandatory documentation. **Failure** to do so will result in such a supplier being **de-activated/flagged** on the Suppliers Database and/or **cancellation of contracts** awarded to the supplier, on the basis of misrepresentation.
- 2.5. Suppliers providing information **incorrectly or fraudulently** in their ZNT 31 and ZNT32 will be disqualified from bidding and **deactivated/flagged** on the database, in addition to any other action the Province may institute against such a supplier. Furthermore, in the event of the Province being prejudiced financially, it reserves the right to take **legal** action against the supplier.
- 2.6. For definitions of terminology used in this document, please refer to the definitions set out **Treasury Regulation 16A and the KwaZulu-Natal Supply Chain Management Policy Framework,** located on the KwaZulu-Natal Treasury's website, <u>www.kzntreasury.gov.za</u>
- 2.7. Any **alterations** made by the suppliers to its own information inserted on this document, must be **initialled** by the supplier. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business/supplier. Only black ink should be used to fill in the form.
- 2.8. Reminder letters and/or electronic notification (i.e. SMS, email) will be issued by the KwaZulu-Natal Provincial Treasury to Suppliers three months prior to the expiry date of their TCCs; to update their information. It **remains the sole responsibility** of the supplier to ensure that their information is updated on the Suppliers Database, therefore if a reminder letter/or electronic notification is not received, the Supplier must follow up with Provincial Treasury. As stipulated previously, the Supplier will be required to complete a ZNT 32 form to update their information and submit the required mandatory documents.
- 2.9. Electronic forms are available on the website: <u>www.kzntreasury.gov.za</u>.

Key points to remember – Completion of the ZNT31 form

- Required Documentation please refer to the table on the following pages to determine the mandatory supporting documentation required by your business type. Please ensure that all mandatory documents, certified copies, where applicable are attached. If a field is not applicable to your business type, clearly mark it as N/A.
- Completion of Questions please clearly state Yes, No, N/A to questions asked. Do not leave any blank fields.
- Certified Documents please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman's compensation, Identity Documents, Security Officers Board Certificate if applicable.
- 4. An original valid Tax Clearance Certificate is to be submitted The validity period of a tax clearance certificate is 12 months from date of issue. To maintain a verified and updated status on the KZN Provincial Treasury Supplier Database, please ensure that Provincial Treasury is always in possession of a valid Tax Clearance Certificate.
- 5. A certified copy of a valid BEE Certificate is to be submitted The validity period of a BEE Certificate is 12 months from date of issue. As with the Tax Clearance certificate above, please ensure that Provincial Treasury is always in possession of a valid BEE certificate.
- 6. Processing of registration Your completed registration will be processed, and once verified, will be approved and you will be issued a Suppliers Database Registration number to be used in all future communication, including requests for quotes and formal tenders. This letter and/or electronic verification will be dispatched to the correspondence details supplied.
- Please take NOTE that this administration process of COMPLETED and approved registration forms will take a minimum of 21 working days.

Documents Required			Busine	ss Type			Institutions
	Sole Proprietor	Close Corporations	Partnerships	Public/ Private Company	Business Trust	Non-Profit Organization (NPO)	
1. Company Registration (Certified Copies)	N/A	Certificate of incorporation CK1/CK2	Duly Signed Partnership Agreement	Certificate of Incorporation CM2C & Auditors Confirmation Letter	Deed of Trust Agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies
2. Proof of Ownership ¹	Copy of ID (Certified)	Membership / Shareholding CK1/CK2 (Certified Copy)	Duly Signed Partnership agreement (Certified Copy)	Shareholding CM2C & Shareholder Agreement Auditors Confirmation Letter(Certified Copy)	Trust Deed, Power of Attorney & Beneficiaries and Trustees (Certified Copy)	Auditor's Letter (Certified Copy)	Registrar of Close Corporations & Companies
3. Proof of Physical Address ¹ - Latest Rates and Taxes Statement (Municipal Account); Telkom Account; Bank Statement ²	Supply Latest Certified Copies	Supply Latest Certified Copies	Supply Latest Certified Copies	Supply Latest Certified Copies	Supply Latest Certified Copies	Supply Latest Certified Copies	Local Authority; Telephony Service Provider; Bank where account is held
4. Proof of Banking ³	Letter from Bank Confirming banking details	Letter from Bank Confirming banking details	Letter from Bank Confirming banking details	Letter from Bank Confirming banking details	Letter from Bank Confirming banking details	Letter from Bank Confirming banking details	Branch of bank where account is held
5. Original Tax Clearance Certificate	For the owner of the business	For the company	For the partnership	For the company	For the trust	For the NPO / Proof of Exemption	Receiver of Revenue (SARS)
6. Proof of P.A.Y.E. Registration	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Receiver of Revenue (SARS)
7. VAT 103 Registration	If applicable- for security industry	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receiver of Revenue (SARS)
8. U.I.F. Certificate	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Department of Labour
9. Workman's Compensation	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Department of Labour
10. Proof of Registration to a Statutory Body Regulating your Industry	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	Industry Regulator Authority
11. People with Disability (Affidavit Confirming Disability) ⁴	If owner is disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	

¹ All copies must be certified and may not be older than 3 months.
 ² In the event of these documents not being available, the supplier will have to provide an affidavit or an original letter from the landlord as proof of residence.
 ³ Proof of Banking may not be older than 3 months.
 ⁴ Proof of disability must be provided by a recognised relevant institution (as per ownership information on page 13).

Continued on next Page...

Documents Required			Busines	ss Type			Institutions
	Sole Proprietor	Close Corporations	Partnerships	Public/ Private	Business Trust	Non-Profit	
				Company		Organization (NPO)	
12. Certified Copy of ID	Clear copy of identity	Clear copy of identity	Clear copy of identity	If applicable	If applicable	If applicable	
	document	document	document				
13. Skills Development	Latest Proof of Payment						
Levy							
14. Audited Financial	Latest Statement (If						
Statement	Applicable)	Applicable)	Applicable)	Applicable)	Applicable)	Applicable)	
15. Compensation for	Letter of Good Standing	Department of					
Occupational Injuries							Labour
16. BEE Certificate	Certified Copy	Accredited					
							Verification Agen

SECTION B: COMPANY INFORMATION

1. Business Particul	ars *	*																			
The following informat registration of the app	tion n	nust b	e fille	d in t	by the	e appl	icant.	. Fail	ure t	to su	bmi	t <u>AL</u>	<u>L</u> the	e requ	uired	inform	natior	may	lead t	o non	-
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Registrar of Compan		Steree		the																	
Trading As		1	1	1	1						1							1	1	1	1
				1	1						1	-						1	1		1
Holding Company																					
Registration number	of Co	ompar	ny/CC	/Trus	t/Fun	d nur	nber														
PHYSICAL ADDRE	SS (I	ates	t Rat	es an	d Ta	xes S	tate	men	t (M	unio	ipal	Ace	coun	t); T	elkor	n Acc	ount	: Ban	k Sta	teme	nt⁵)6
Building																					
Street																					
		1																			1
Town																					1
City																					
District Municipality													_								
Province	1	1						[T				T		[
Postal code	•		I		1	1	1			k											•
Postal code																					
POSTAL ADDRESS			r			r	1		-						_				-		T
Building		L			L						_										
Please indicate P O Street	Box c	or Priv	ate B	ag Ni	Imber	' in th	is fiel	ld, if	app	licab	le										
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Town																					
City	1	1		1	1		1	1												1	1
District Municipality																					
Province																					
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Postal code																					
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Facsimile Number					С	0	DE		F	- 7		С	S	II	I N	L	Е				
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E-mail Address			L	L	L			1													
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Website Address	nttp:/	7																			

 ⁵ All copies must be certified and may not be older than 3 months.
 ⁶ In the event of these documents not being available, the supplier will have to provide an affidavit or an original letter from the landlord as proof of residence.

CORRESPONDENCE Contact Person Initials First Name Surname
Initials First Name Image
Surname
Please use the below provided guide to indicate your primary, secondary and tertiary method of correspondence, by indicating the numbers 1, 2, 3 in the respective blocks. 1 - Primary method of correspondence 2 - Secondary method of correspondence 3 - Tertiary method of correspondence Preferred Correspondence Preferred Correspondence IsiZulu English Afrikaans HEAD OFFICE PHYSICAL ADDRESS (if applicable) Address Line 1 City District Municipality Province Postal code Umkhanyakude Municipality Ugu Municipality Ugu Municipality Umkhanyakude Municipality Uthukela Municipality Uthukela Municipality Uthukela Municipality
the numbers 1, 2, 3 in the respective blocks.
Preferred Language IsiZulu English Afrikaans HEAD OFFICE PHYSICAL ADDRESS (if applicable) Address Line 1 City City District Municipality Province Postal code Ugu gungundlovu Municipality eThekwini Municipality Uthukela Municipality Ugu Municipality Umkhanyakude Municipality Uthukela Municipality
HEAD OFFICE PHYSICAL ADDRESS (if applicable) Address Line 1 Address Line 1 City District Municipality Province Postal code Please clearly indicate the district municipality(ies) where your business operates uMgungundlovu Municipality eThekwini Municipality Ugu Municipality Umkhanyakude Municipality Uthukela Municipality
Address Line 1 Image: City multicipality Image: City multi
City District Municipality Province Province Postal code Please clearly indicate the district municipality(ies) where your business operates uMgungundlovu Municipality eThekwini Municipality Ugu Municipality Ugu Municipality
District Municipality Province Province Postal code Please clearly indicate the district municipality(ies) where your business operates UMgungundlovu Municipality eThekwini Municipality Municipality Ugu Municipality Umkhanyakude Municipality Uthukela Municipality
Province Postal code Please clearly indicate the district municipality(ies) where your business operates UMgungundlovu Municipality eThekwini Municipality Ugu Municipality Umkhanyakude Municipality Uthukela Municipality
Postal code
Please clearly indicate the district municipality(ies) where your business operates uMgungundlovu Municipality eThekwini Municipality Ugu Municipality Umkhanyakude Municipality Ugu Municipality Umkhanyakude Municipality
uMgungundlovu Municipality eThekwini Municipality Amajuba Municipality Ugu Municipality Umkhanyakude Municipality Uthukela Municipality
Ugu Municipality Umkhanyakude Municipality Uthukela Municipality
Ugu Municipality Umkhanyakude Municipality Uthukela Municipality
Uthungulu Municipality Ilembe Municipality Sisonke Municipality
Zululand Municipality Umzinyathi Municipality
Please clearly indicate your core business operation/classification
Supplier Labour only Contractor Prime Contractor
Manufacturer Sub-contractor

2. Financial Information	*
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NB: a certified copy of yo be attached. Proof of Bar	** our la nking	test may	bank not	state be ol	eme der 1	nt/o thar	origin n 3 m	nal c nonti	anc hs.	elle	d ch	eque	e/ o	rigi	nal	leti	ter	froi	m y	/ou	r b	ank	mι	ıst
Details of Bank Account	:																							
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Name of Bank									Τ				Τ									Τ		
Type of Account	Curr	rent				Sa	ving	5				Tra	ansn	nissi	on									
Bank Account Number																								
Bank Branch Number																			1	2	2 3	3 4	ŀ.	5 6
UIF number																								
Income Tax Reference nur	nber																							
PAYE number 7																								
Financial year end																								
VAT registration number	4																							
NB: An original tax clea Tax clearance certificate is			tifica	te mi		e si	uppli	ed.			V													
Tax clearance certificate is						M	M	T T		Y	Ĭ	Ĭ												
Total gross asset value (fix						VI.	⊻	Y		Y	ľ	ľ			1			r			1			r
Annual Turnover	keu p		Ly EXC	luuec	1)				 T															
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Number of employees					DEE		.:			- b -														
NB: An certified copy of BEE certificate issue date	the	orgai	D	D	BEE	M	M	Y	nusi	Y	Y	Y	1											
BEE certificate expiry date			D	D	1	M	М	Υ		Y	Y	Y												

Please complete the below table to establish whether your business can be classified as an SMME. Please indicate the sector by ticking on the appropriate block.

Sector or sub sector (tick where applicable)	Total full time equivalent of paid employees (tick whe applicable)		Total annual turnover (tick where applicable)	Total gross asset value (fixed property excluded) (tick where applicable)
Agriculture	More than 100		More than R 5m	More than R 5m
	Less than 100		Less than R 5m	Less than R 5m
Mining and quarrying	More than 200		More than R 39m	More than R 23m
	Less than 200		Less than R 39m	Less than R 23m
Manufacturing	More than 200		More than R 51m	More than R 19m
	Less than 200		Less than R 51m	Less than R19m
Electricity, gas and water	More than 200		More than R 51m	More than R 19m
	Less than 200		Less than R 51m	Less than R19m
Construction	More than 200		More than R 26m	More than R 5m
	Less than 200		Less than R 26m	Less than R 5m
Retail, motor trade	More than 100		More than R 39m	More than R 6m
	Less than 100		Less than R 39m	Less than R 6m
Wholesale trade, commercial	More than 100		More than R 64m	More than R 10m
	Less than 100		Less than R 64m	Less than R 10m
Catering, accommodation	More than 100		More than R 13m	More than R 3m
	Less than 100		Less than R 13m	Less than R 3m
Transport, storage	More than 100		More than R 26m	More than R 6m
Transport, storage	Less than 100		Less than R 26m	Less than R 6m
Finance and Business	More than 100		More than R 26m	More than R 5m
	Less than 100		Less than R 26m	Less than R 5m
Community, Social and	More than 100		More than R 13m	More than R 6m
Personal Services	Less than 100		Less than R 13m	Less than R 6m
Tersonal Services	Less than 100			
. Value Based on latest Fina	ancial Statement **			
Total fixed assets at book valu	Je R			
	R			
Vehicles at book value	R			
Number of vehicles				
<u> </u>				<u> </u>
Average stock on hand				
Income Tax Reference number	r			
Cost of goods produced annua				<u> </u>
cost of goods produced annua	ally R			
Quantity produced annually	R			
Units of measure (e.g. tons, k	ilolitres)			
offits of measure (e.g. tons, k	noncres)			
Total current assets (e.g. stoc	k, cash)			
Total current liabilities (e.g. cr	reditors)			
. Previous Business Inform				
Previously did your business e	xist under a different name		Yes No	
If yes, what was the previous	husinoss namo			
ii yes, what was the previous	business name			
What was the previous busine	ss registration number	1		
What was the previous databa	se registration			
What was the previous databa number (ZNT)	ase registration			

L

5. Previous Business Experience (if applicable) Please indicate the last three contracts that were awarded to you (the supplier) or other previous experience related to your core business.

CONTRACT 1		
Employer/department		
Contact person	Initials First name	
Surname		
Telephone Number	C O D E T E L E P H O N E	
Facsimile Number		
Cellular Phone Number	C O D E C E L L U L A R	
E-mail Address		
Project Start date	D M M Y Y Y Project End date D D M M Y Y Y Y	/
Was the project completed succe	essfully Yes No	
What was the contract value		
CONTRACT 2		
Employer/department		
Contact person	Initials First name	
Surname		
Telephone Number		
Facsimile Number	C O D E F A C S I M I L E	
Cellular Phone Number		
E-mail Address		
Project Start date	D M M Y Y Y Project End date D D M M Y Y Y Y	/
Was the project completed succe	cessfully Yes No	
What was the contract value		

CONTRACT 3																							
Employer/department																							
Contact person		Ini	tials					Firs	st nar	ne													
Surname																							
Telephone Number				С	0	D	Е		Т	E	L	E	Ρ	Н	0	Ν	Е						
Facsimile Number				С	0	D	E		F	А	С	S	Ι	Μ	Ι	L	Е						
Cellular Phone Number				С	0	D	Е		С	Е	L	L	U	L	А	R							
E-mail Address																							
Project Start date	D	D	Μ	М	Y	Y	Y	Y	Pro	oject	End	date		[DI	DI	M	М	Y	Y	Y	Y	
Was the project completed su	lcce	ssful	ly	Ye	es			N	C														
What was the contract value		R				1	1																1

SECTION C: OWNERSHIP INFORMATION

1. Ownership Information ** (All copies must be certified and may not be older than 3 months)

Please list all persons/entities that are Owners in the business/trust and indicate their involvement in the management/ operations of the business/trust.

Proof of disability provided by a recognised relevant institution, in the case of handicapped persons, must be supplied. If there is insufficient space, kindly attach copy/copies of this page to this ZNT31, signed by the same person who signs on behalf of the business/trust.

Individual/ Organisation	Full name/ Name of business	SA ID Number (All copies of ID documents must be certified)/ Registration Number	citizen before 27 April 1994		tizen Member/Partner % efore / Proprietor/ Partnership/ April Shareholder/ Trust/ 994 Trustee/ Interest {/N Beneficiary			isabil ty es/No	devo	of tir ted to firm	Race (Black; White; Indian; Coloured; Other)				
			Y	Ν			9	ó F	M	Y	N			%	
			Y	Ν			9	ó F	M	Y	N			%	
			Y	Ν			9	ó F	M	Y	N			%	
			Y	Ν			9	ó F	M	Y	N			%	
			Y	Ν			9	ó F	M	Y	N			%	
			Y	Ν			9	ό F	M	Y	N			%	
			Y	Ν			9	ό F	M	Y	N			%	
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			Y	Ν			9	ό F	M	Y	N			%	
			Y	Ν			9	ó F	M	Y	N			%	
			Y	Ν			9	ó F	M	Y	N			%	
			Y	Ν			9	ό F	M	Y	N			%	
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			Y	Ν			9	όF	M	Y	N			%	
			Y	Ν			9	ό F	M	Y	N	+		%	

Version Date: June 2012

2. Additional Ownership Information Please indicate any owner who has a controlling ownership interest in another business.

Name of owner	Name of other business	Registration number of business	Position Held	Ownership %	
					%
					%
					%
					%
					%
					%
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					%
					%
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Cheque Signing Contact person	initia	als						First r	name										Т
Surname																			T
elephone Number		C	0	D	F	-	TF		F	Ρ	Н	0	N	F	1				
acsimile Number			0						0	T	M	ī			L 				
ellular Phone Number			0						5		1.1	1							
		C	0	D	E					U		A	K						
-mail Address																			
lumber of years in service		Y	Y																
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ther (Please specify)																			
igning and co-signing for le	oans initia	als						First ı	name								_		
urname																			
									 T						 T				
elephone Number		С	0	D	E		TE	L	E	Ρ	Η	0	Ν	E					
acsimile Number		С	0	D	Е		FA	С	S	Ι	M	Ι	L	Е]				
ellular Phone Number		С	0	D	Ε		CE	L	L	U	L	А	R						
-mail Address																			
lumber of years in service		Y	Y																
ace (mark applicable block wi	th an "	x")	Bla	ack			Wh	ite			Inc	lian				Colc	oure	d	
Other (Please specify)																			
Business financing (overdra			eeme	ent)															
Contact person	initia	als						First r	name										
urname																			
elephone Number		С	0	D	E	-	ΤE	L	E	Р	Н	0	Ν	E					
acsimile Number		С	0	D	Е		FA	С	S	Ι	M	Ι	L	E					
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Contact person	initials							Fi	irst n	name										
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Facsimile Number		0		D	_		_	٥	0	0	-	5.4		_		_				
racsimile Number		C	0	D	E		-	А	C	S	1	V	1		-	Е				
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SECTION D: CLASSIFICATION OF BUSINESS

1. Type of Business **

Please mark the block with (x) that is applicable to your business or firm AND ATTACH the relevant certified copy.

A. Public Company LTD	Certified copy of certificate of incorporation (CM 1)
B. Private Company (PTY) LTD	Certified copy of certificate of incorporation (CM 1)
C. Close Corporation CC	Certified copy of CK 1 document and CK 2 if applicable
D. Incorporated	Certified copy of certificate of incorporation (CM 1 and CM 29)
E. Sole Proprietor	Certified copy of Identity Document
F. Partnership	Certified copy of Partnership Agreement
G. Trust	Certified copy of trust document
H. Co – operative	Certified copy of proof of registration with the directorate Co - Operatives
I. Welfare organization	Certified copy of constitution

2. Business Sector Classification, Products and Services **

STEP 1: In order to assist with the business industry sector classification of suppliers, please indicate your core business in the following below table.

Please mark your core business with (x).

NB: PLEASE NOTE THAT YOU CAN ONLY SELECT ONE CORE BUSINESS.

Community, Social and Personal Services

Mining and Quarrying

Transport, Storage and Communication

Agricultural, Hunting, Forestry and Fishing Financial Intermediation, Insurance, Real estate and Business Services

Electricity, Gas and Water Supply	
Construction	
Wholesale and Retail Trade: Repair of motor vehicles,	
motor cycles and personal and household goods, hotel	
and restaurants	
Manufacturing	

STEP 2: Please indicate the industrial sector **related to the goods/services** that you supply. **NB: Please note that only a maximum of <u>FOUR</u> related goods/services that you supply may be selected. If the supplier selects more than four Industrial sectors, only the FIRST FOUR will be considered.**

COMMUNITY, SOCIAL AND P	ERSONAL SERVICES		
□Public administration and	Central government	Regional services	Local authority activities
defense activities	activities	council activities	
Education	Educational services	Health and social work	Human health activities
□Veterinary activities	Social work activities	□Other community,	Sewage and refuse
		social and personal	disposal, sanitation and
		service activities	similar activities
□ Activities of membership	□Activities of business,	□Activities of trade	Activities of other
organisations	employers' and	unions	membership organisations
	professional		
	organisations		
Recreational, cultural and	☐ Motion picture, radio,	News agency activities	Library, archives,
sporting activities	television and other		museums and other cultural
	entertainment activities		activities
□Sporting and other	Cleaning Services	Gardening Services	Other service activities
recreational activities			

MINING AND QUARRYING			
☐Mining of coal and lignite	Extraction of crude petroleum and natural gas; service activities incidental to oil and gas extraction, excluding surveying	☐Mining of gold and uranium ore	☐Mining of metal ores, except gold and uranium
Mining of iron ore	☐Mining of non-ferrous metal ores, except gold and uranium	☐Other mining and quarrying	Stone quarrying, clay and sand-pits
☐Mining of diamonds (including alluvial diamonds)	Mining and quarrying	Services activities incidental to mining of minerals	

TRANSPORT, STORAGE AND COMMUNICATION												
Land transport; transport via pipelines	□Railway transport	Other land transport	□Transport via pipelines									
□Water transport	□Sea and coastal water transport	□Inland water transport	☐Air transport									
Supporting and auxiliary transport activities; activities of travel agencies	Post and telecommunications	Postal and related courier activities	Telecommunications									

AGRICULTURAL, HUNTING	, FORESTRY AND FISHING		
☐Agriculture, hunting and related services	Growing of crops; market gardening; horticulture	Farming of animals	Growing of crops combined with farming of animals (mixed farming)
☐Agricultural and animal husbandry services, except veterinary activities	Hunting; trapping and game propagation, including related services	Production of organic fertilizer	Forestry, logging and related services
☐Forestry and related services	Logging and related services	Fishing, operation of fish hatcheries and fish farms	Ocean and coastal fishing
☐Fish hatcheries and fish farms			

FINANCIAL INTERMEDIAT	ION, INSURANCE, REAL EST	ATE AND BUSINESS SERVIC	ES
Financial intermediation, except insurance and pension funding	Monetary intermediation	Other financial intermediation	☐Insurance and pension funding, except compulsory social security
☐Activities auxiliary to financial intermediation	Activities auxiliary to financial intermediation, except insurance and pension funding	Activities auxiliary to insurance and pension funding	Real estate activities
Real estate activities with own or leased property	Real estate activities on a fee or contract basis	Renting of machinery and equipment, without operator, and of personal and household goods	Renting of transport equipment
Renting of other machinery and equipment	Renting of personal and household goods	Computer and related activities	Hardware consultancy
Software consultancy and supply	Data processing	Data base activities	Maintenance and repair of office, accounting and computing machinery
Other computer related activities	Research and development	Research and experimental development of natural sciences and engineering	Research and experimental development of social sciences and humanities
Other business activities	Legal, accounting, bookkeeping and auditing activities; tax consultancy; market research and public opinion research; business and management consultancy	Architectural, engineering and other technical activities	Advertising
☐Investigation and security activities			

ELECTRICITY, GAS AND WATER SUPPLY													
Electricity, gas, steam and hot water supply	Production, collection and distribution of electricity	Manufacture of gas; distribution of gaseous fuels through mains		and	hot	water							
Collection, purification and distribution of water													

CONSTRUCTION			
Construction	Site preparation	Building of complete	Building installation
		constructions or parts	
		thereof; civil engineering	
Building completion	Renting of construction or demolition equipment with operators	Road Maintenance	

MANUEACTURING			
MANUFACTURING Manufacture of food	Droduction processing	Manufacture of dairy	Manufacture of dainy
products, beverages and	Production, processing and preserving of meat, fish, fruit vegetables, eils and fats	products	Manufacture of dairy products
tobacco products Manufacture of other food products	fruit, vegetables, oils and fats Manufacture of beverages	Manufacture of tobacco products	Manufacture of textiles, clothing and leather goods
Manufacture of other textiles	Spinning, weaving and finishing of textiles	Manufacture of knitted and crocheted fabrics and articles	Manufacture of wearing apparel, except fur apparel
Dressing and dying of fur; manufacture of articles of fur	☐ Tanning and dressing of leather; manufacture of luggage, handbags, saddlery and harness	Manufacture of footwear	Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials; manufacture of paper and paper products; publishing, printing and reproduction of recorded media
Sawmilling and planning of wood	Manufacture of products of wood, cork, straw and plaiting materials	Manufacture of paper and paper products	Publishing
Printing and service activities related to printing	Reproduction of recorded media	Manufacture of coke, refined petroleum products and nuclear fuel; manufacture of chemicals and chemical products; manufacture of rubber and plastic products	Manufacture of coke oven products
Petroleum refineries/synthesisers	Processing of nuclear fuel	Manufacture of basic chemicals	Manufacture of other chemical products
Manufacture of man-made fibres	Manufacture of rubber products	Manufacture of plastic products	Manufacture of other non- metallic mineral products
Manufacture of glass and glass products	Manufacture of non- metallic mineral products n.e.c	Manufacture of basic metals, fabricated metal products, machinery and equipment and of office, accounting and computing machinery	Manufacture of basic iron and steel
Manufacture of basic precious and non-ferrous metals	Casting of metals	Manufacture of structural metal products, tanks, reservoirs and steam generators	Manufacture of other fabricated metal products; metalwork service activities
Manufacture of general purpose machinery	Manufacture of special purpose machinery	Manufacture of household appliances	Manufacture of office, accounting and computing machinery
Manufacture of electrical machinery and apparatus	Manufacture of electric motors, generators and transformers	Manufacture of electricity distribution and control apparatus	Manufacture of insulated wire and cable
Manufacture of accumulators, primary cells and primary batteries	Manufacture of electric lamps and lighting equipment	Manufacture of other electrical equipment	☐ Manufacture of radio, television and communication equipment and apparatus and of medical, precision and optical instruments, watches and clocks
Manufacture of electronic valves and tubes and other electric components	Manufacture of television and radio transmitters and apparatus for line telephony and line telegraphy	Manufacture of television and radio receivers, sound or video recording or reproducing apparatus and associated goods	Manufacture of medical appliances and instruments and appliances for measuring, checking, testing, navigating and other purposes, except optical instruments
Manufacture of optical instruments and photographic equipment	Manufacture of watches and clocks	Manufacture of transport equipment	Manufacture of motor vehicles
Manufacture of bodies (coachwork) for motor vehicles; manufacture of trailers and semi-trailers	Manufacture of parts and accessories for motor vehicles and their engines	Building and repairing of ships and boats	Manufacture of railway and tramway locomotives and rolling stock
Manufacture of aircraft and space craft	Manufacture of transport equipment	Manufacture of furniture; manufacturing n.e.c.; recycling	Manufacture of furniture
Manufacture	Recycling		

WHOLESALE AND RETAIL TRADE: REPAIR OF MOTOR VEHICLES, MOTOR CYCLES AND PERSONAL AND HOUSEHOLD GOODS; HOTELS AND RESTAURANTS

HOUSEHOLD GOODS; HOT	ELS AND RESTAURANTS		
Wholesale and commission trade, except of motor vehicles and motor cycles	☐ Wholesale trade on a fee or contract basis	Wholesale trade in agricultural raw materials, livestock, food, beverages and tobacco	Wholesale trade in household goods
Wholesale trade in non- agricultural intermediate products, waste and scrap	Wholesale trade in machinery, equipment and supplies	Other wholesale trade	Retail trade, except of motor vehicles and motor cycles; repair of personal household goods
□Non- specialised retail trade in stores	Retail trade in food, beverages and tobacco in specialised stores	Other retail trade in new goods in specialised stores	Retail trade in second- hand goods in stores
Retail trade not in stores	Repair of personal and household goods	☐ Sale, maintenance and repair of motor vehicles and motor cycles; retail trade in automotive fuel	Sale of motor vehicles
Maintenance and repair of motor vehicles	Sale of motor vehicle parts and accessories	Sale, maintenance and repair of motor cycles and related parts and accessories	Retail sale of automotive fuel
Hotels and restaurants	Hotels, camping sites and other provision of short-stay accommodation	Restaurants, bars and canteens	Catering
Accommodation	Wholesale trade in books and stationery	Retail trade in reading matter and stationery	Wholesale trade in pharmaceuticals, toiletries and medical equipment
Retail trade in pharmaceutical and medical goods, cosmetic and toilet articles			

SECTION E: VERIFICATION OF INFORMATION

1. Verification of Information **

I/We, the undersigned, who warrants that he/she is duly authorised to do so on behalf of the supplier, certifies that the information supplied in terms of this document (ZNT 31) including the annexure(s) with the additional information, is correct and accurate and acknowledges that:

- A. The supplier will be required to furnish proof of the information relating to preferences, if requested to do so.
- B. If the information supplied is found to be incorrect then the Province may, in addition to any remedies it may have:
 - 1. Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
 - Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the Province as a result of breach of the contract;
 - 3. Cancel the contract and claim any damages which the Province may suffer by having to make less favourable arrangements after such cancellation: and or;
 - 4. De activate the supplier registered on the KwaZulu-Natal Supplier Database.

C. The deponent acknowledges that he/she:

- 1. Knows and understands the contents thereof
- 2. Has no objection to taking the prescribed oath;
- 3. Considers the oath to be binding on his/her conscience.

2. Signed before the Co	mmis	ssion	er of	i Oat	hs *	*																				
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