



<b>Enterprise Database Capture Form</b>		<b>Return to</b>	<b>KZN Dept. of Transport</b>
Office use		Private Bag X 9043	
DOT Reference Number		PIETERMARITZBURG	
DOT 2009 _____		3201	
		Tel: 033-355 8708 /8950	

<b>Company Legal Name</b>			
<b>Company Trade Name</b>			
<b>Please, mark with an X, as to the form of business entity.</b>			
Sole Proprietor	Partnership	Close Corporation	Co-Operative
			Company
Company / Close Corporation Number			
Central Supplier Database No. (CSD)			
Vat Number			
Income Tax Number			
Association Affiliation			
1. CIDB Grading	CRS Number	2. CIDB Grading	CRS Number
		<b>List all Company Assets(please attach the list of all assets)</b>	
1.			
2.			
3.			
4.			
Postal/Physical Address			
( Any 2 (two) proof of Address )			
		CODE	
Previous Company Skills training/ courses attended?	1.		
	2.		
	3.		
<b>Business Contact Numbers or E-mail</b>			
Telephone No.			
Fax Number(s)			
Cell Number (s)			
E-Mail Address			
Web Address			

**Fax or E-mail Copies will not be accepted**



**NB: The Department reserves a right to reject any bid, even if the bidder holds the correct CIDB grading, if it is found, whatever reason, that a bidder should no longer be under the Vukuzakhe Programme, and be deregistered from the Vukuzakhe database.**

<b>Ownership Structure</b>													
<b>1. Name &amp; Surname</b>										Country of Origin			
Identity No													
Please, mark the appropriate box with a <b>X</b>													
Female		Male		Living with a Disability		Briefly describe disability							
Position in Organisation										%Ownership			
<b>Are any of the Company owners currently employed or ex-employee of the Public Service/Public Entity/Local Government?</b>										Yes		No	
Qualifications													
Other courses attended													
Relevant Experience													
<b>2. Name &amp; Surname</b>										Country of Origin			
Identity No													
Please, mark the appropriate box with an <b>X</b>													
Female		Male		Living with a Disability		Briefly describe disability							
Position in Organization										%Ownership			
<b>Are any of the Company owners currently employed or ex-employee of the Public Service/Public Entity/Local Government?</b>										Yes		No	
Qualifications													
Other courses attended													
Relevant Experience													

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<b>3. Name &amp; Surname</b>										Country of Origin			
Identity No													
Please, mark the appropriate box with a <b>X</b>													
Female		Male		Living with a Disability			Briefly describe disability						
Position in Organisation										%Ownership			
<b>Are any of the Company owners currently employed or ex-employee of the Public Service/Public Entity/Local Government?</b>											Yes		No
Qualifications													
Other courses attended													
Relevant Experience													
<b>4. Name &amp; Surname</b>										Country of Origin			
Identity No													
Please, mark the appropriate box with a <b>X</b>													
Female		Male		Living with a Disability			Briefly describe disability						
<b>Are any of the Company owners currently employed or ex-employee of the Public Service/Public Entity/Local Government?</b>											Yes		No
Qualifications													
Other courses attended													
Relevant Experience													
<b>Total number of Employed staff</b>													
Number of Permanent Staff						Number of Temporary staff							
<b>Previous Contract or Tendering Experience</b>													
Employer/Dept				Tender No				Year Awarded				Value (Rand)	

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**NB. In cases of ex-employees due to resignation /retrenched / retirement or medically boarding**

COMPARE TWO FINANCIAL YEARS		
<b>Asset Threshold</b>	Year:.....	Year:.....
Single Person		
Married Person		
<b>Sub-total</b>	R	R
<b>Household Income Threshold</b>		
Single Person		
Married Person		
<b>Sub-total</b>	R	R
<b>Other Income</b>		
<b>Single Person(specify)</b> ----- ----- -----		
<b>Married Person(specify)</b> ----- -----		
<b>SUB-TOTAL</b>	R	R
<b>Less expenses</b>	R	R
<b>TOTAL</b>	R	R

**Comments: any additional information**

**The following may result in suspension of registration into the Vukuzakhe Database:**

- **Changes in circumstances (Income or Medical)**
- **Result of the review within two year cycle**
- **Fraudulent or misrepresentation of information**

<b>Signature:</b>	<b>Initials:</b>
<b>Designation:</b>	<b>Date:</b>



## CONTRACTOR REGISTRATION CHECKLIST

Prior to submitting your Vukuzakhe Database Application Form, please ensure that the following documents are attached.

	DOCUMENTS ATTACHED	Yes	No	N/A
<b>1</b>	<b>Proof of Ownership</b>			
(a)	Identity Document(certified not older than three months)			
(b)	Company /close corporation documents(certified)			
(c)	Declaration of ownership, Management ,control (affidavit)			
(d)	Proof of CIDB registration			
(e)	Original Tax Clearance			
<b>2</b>	<b>Proof of Address, Any 2 (two) from the list below:</b>			
(a)	Bank Statement			
(b)	Letter from Local Leadership			
(c)	Any letter from SARS reflecting an address			
(d)	Municipality Utility Account			
(e)	Any other Account (Personal statements)			
<b>3</b>	<b>Proof of disability (for disabled contractors)</b>			
(a)	Any Proof			
<b>4</b>	<b>Proof of Financial details( for Company Sustainability Purposes)</b>			
(a)	Bank Statements			
(b)	Audited Financial Statements			
(c)	And any other Company Financial Details)			
<b>5</b>	<b>Valid BEE Certificate.</b>			
<b>6</b>	<b>Ex-Employees Form Completed?</b>			

**N.B. All Contractors must be registered with CIDB before registering with Vukuzakhe Database.**

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## DECLARATION BY EMERGING CONTRACTOR UNDER OATH

I/We .....declare that I / we are fulltime active members of this business entity with regard to the management, ownership and control, and that the above particulars and information furnished to the Department of Transport for the purposes of registering our organization on the Vukuzakhe Emerging Contractor database are true in substance and in fact and that I/We fully understand the meaning thereof. I / We further agree to abide with the rules and principles of the Vukuzakhe Emerging Contractor Programme of the Department of Transport KZN.

Name: ..... Signature: .....  
Date: ..... Designation: .....  
ID Number.....

Name: ..... Signature: .....  
Date: ..... Designation: .....  
ID Number.....

Name: ..... Signature: .....  
Date: ..... Designation: .....  
ID Number.....

Name: ..... Signature: .....  
Date: ..... Designation: .....  
ID Number.....

Name: ..... Signature: .....  
Date: ..... Designation: .....  
ID Number.....

Signed and sworn before me at ..... on this the .....day of .....by the Deponent, who has acknowledged that he/she knows and understands the contents of this affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

.....

### COMMISSIONER OF OATHS

Name & Surname:.....Signature.....

OFFICIAL NO:.....  
RANK.....

STAMP

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**NOTE: EMERGING CONTRACTORS PROVIDING FALSE OR FRAUDULANT INFORMATION OR NOT DISCLOSING RELEVANT INFORMATION PERTAINING TO THIS APPLICATION OR SUPPORTING DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.**

**FURTHERMORE THE DEPARTMENT RESERVES A RIGHT TO INTERVIEW ALL THE OWNERS OF THIS BUSINESS ENTITY TO VERIFY INFORMATION PROVIDED IN THIS DOCUMENT.**

**NOTE: INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. THIS INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED ON THE ABOVE PAGES.**

**For Office Use Only**

_____ Verified Senior Admin Clerk	_____ Date
_____ Approved/Not Approved Admin Officer	_____ Date
Interview	
_____ Official Signature	_____ Date

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