



Office use
 DOT Reference Number
 DOT 2009 _____

Private Bag X 9043
PIETERMARITZBURG
3201
Tel: 033-355 8708 /8950

Company Legal Name	
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Company Trade Name	
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Please, mark with a X, as to the form of business entity.

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Co-Operative	<input type="checkbox"/> Company
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Company / Close Corporation Number	
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KZN Provincial Supplier Number (ZNT)	
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Vat Number	
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Income Tax Number	
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Association Affiliation	
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1. CIDB Grading		CRS Number		2. CIDB Grading		CRS Number	
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Primary Place of Business

Physical Address (Attach proof)									
						CODE			

Postal Address (Attach proof)									
						CODE			

Business Contact Numbers or E-mail

Telephone No.				
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Fax Number(s)	0		0	
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Cell Number (s)				
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E-Mail Address				
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E-Mail Address				
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Web Address				
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Ownership Structure

1. Name & Surname										Country of Origin	
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Identity No														
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Please, mark the appropriate box with a **X**

Female		Male		Living with a Disability		Briefly describe disability								
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Position in Organisation										%Ownership	
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Are any of the Company owners currently employed by the Public Service/Public Entity/Local Government?											Yes	No
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Qualifications													
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Other courses attended													
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Relevant Experience													
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2. Name & Surname										Country of Origin	
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Identity No														
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Please, mark the appropriate box with a **X**

Female		Male		Living with a Disability		Briefly describe disability								
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Position in Organisation										%Ownership	
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Are any of the Company owners currently employed by the Public Service/Public Entity/Local Government?											Yes	No
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Qualifications													
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Other courses attended													
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Relevant Experience													
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3. Name & Surname										Country of Origin	
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Identity No														
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Fax or E-mail Copies will not be accepted

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

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CONTRACTOR REGISTRATION CHECKLIST

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

	DOCUMENTS ATTACHED	Yes	No	N/A
1	Proof of Ownership			
(a)	Identity Document(certified not older than three months)			
(b)	Company /close corporation documents(certified)			
(c)	CIDB Grading (if registered)			
(d)	Original Tax Clearance			
(e)	Declaration of ownership, Management ,control (affidavit)			
(f)	Any other proof.(Letter Head, crossed cheque, financial statements, etc.)			
2	Proof of Address (a minimum of three (3) documents)			
(a)	Bank statements			
(b)	Letter from local leadership			
(c)	SARS document stating address			
(d)	Municipal utility account			
(e)	Any other account (six months and older)			
3	Proof of disability (for disabled contractors)			
(a)	Letter from the district Medical Practitioner			
(b)	Additional Information(X-Ray, Accident Reports, etc.)			
4	Proof of work done (Grade 2 and 3) new applicants			
(a)	Letter of award			
(b)	Completion letter or certificate			
(c)	Payment Certificates			
5	OPTIONAL DOCUMENTS			
(a)	Company Profiles			
(b)	Any other documents			
<p>N.B. Grade 4, 5 and 6 contractors, who wish to register for the first time, are not allowed to register on the Vukuzakhe Emerging Contractors Database.</p>				

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DECLARATION BY EMERGING CONTRACTOR UNDER OATH

I/Wedeclare 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 theday ofby 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.....

SAPS NO:..... RANK.....

STAMP

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

_____ Recommended/ Not Recommended Senior Admin Clerk	_____ Date
_____ Supported/Not Supported Admin Officer	_____ Date
_____ Approved/Not Approved Signature of Ass Manager Database	_____ Date
Interview	
_____ Official Signature	_____ Date

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