



SALGA

South African Local Government Association

**Menlyn Corporate Park – Block B
175 Corobay Avenue
Waterkloof Glen Ext 11
Pretoria
Tel: 012 369 8000**

**APPLICATION FORM TO REGISTER ON THE
SUPPLIER DATABASE OF THE SOUTH
AFRICAN LOCAL GOVERNMENT
ASSOCIATION (SALGA)**

Website: www.salga.org.za

**TO ALL SUPPLIERS SEEKING REGISTRATION AS PREFERRED SUPPLIER OF
GOODS AND SERVICES ON THE PROCUREMENT DATABASE**

All suppliers are herewith invited to register as preferred supplier on the database of South African Local Government Association (SALGA).

In order to comply with the procedures set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA) and the National Treasury Regulations, SALGAs Supply Chain Management Unit developed a supplier database to be used by SALGA in managing the procurement of various goods and services as required by the organisation from time to time.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit future quotations to SALGA.

It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

Attached please find an official application form to assist in registration of your company on our supplier database. **It is imperative that suppliers read the application document carefully, complete it in full and sign it. Also take note of the important notes on page 3 of this information pack.**

When completed this questionnaire, please post them to the following address:

**SALGA
Supply Chain Management Unit
PO Box 2904
Pretoria
0001**

Or alternatively hand delivers to: **SALGA**

**Menlyn Corporate Park Block
B
175 Corobay Avenue
Waterkloof Glen Ext 11
Pretoria
0001**

ATTENTION: SUPPLY CHAIN MANAGEMENT UNIT

IMPORTANT NOTES: PLEASE READ CAREFULLY

- To be completed by **potential Vendors/Suppliers/Service Providers** seeking registration as preferred service provider;
- The application must be completed in **full, be signed and commissioned by** commissioner of oath;
- A **company profile** must accompany the registration form but will **not be accepted** as substitute
- for the application form – all fields on application form **MUST** be completed by applicant;
- It should be noted that the **SOUTH AFRICAN LOCAL GOVERNMENT ASSOCIATION (SALGA)** reserves the right to accept or reject any quotation or application **without being obliged to give any reasons** in this respect;
- Vendors/Suppliers/Service providers will only **be notified** whether application was accepted or not upon request;
- Prospective service provider must provide all the information required - **failure** to do so will result in the application being rejected.

Please attach the following documentation and/or information:

Valid original Tax Clearance Certificate

Certified Copy of Registration Certificate (CC or Pty Ltd), Articles of Association and Memorandum of Agreement

Company PROFILE

A copy of the last three audited financial statements where applicable

Copies of SABS or any other rating or accreditation certificates where applicable.

1. SUPPLIER DETAILS

Registered Name of the company:

Trading name of the company:

Company/ Close Corporation
Registration Number:
.....

VAT Registration Number:
.....

Income Tax Reference Number:
.....

Telephone Number:
.....

Fax Number:
.....

Name of Contact Person:
.....

Contact numbers Cell:
.....

Business Physical Address:
.....
.....
.....
.....

Postal Address:
.....
.....
.....
.....

Web Address:

E-mail Address:

TYPE OF FIRM (Please the relevant box or boxes)

Public Company (Ltd)

Private Company (Pty) Ltd

Closed Corporation (CC)

Sole Proprietor

Partnership

Trust

Section 21 Company

Government/ Parastatals

Joint Venture

Consortium

Other, (Specify)

PARTICIPATION CAPACITY (Please the relevant box or boxes)

Prime Contractor

Sub-Contractor

Supplier

Services including Professional

Manufacturer

Repairer

ISO Listed

Importer

Exporter

Distributor

Sales

BUSINESS SECTOR (Please tick the relevant box or boxes)	
<input type="checkbox"/> Agriculture	
<input type="checkbox"/> Mining and Quarrying	
<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Electricity, Gas and Water	
<input type="checkbox"/> Construction	
<input type="checkbox"/> Retail and Motor trade	
<input type="checkbox"/> Wholesale trade, commercial and other trade	
<input type="checkbox"/> Catering, accommodation and other	
<input type="checkbox"/> Transport, storage and other trade	
<input type="checkbox"/> Communications	
<input type="checkbox"/> Finance and Business Services	
<input type="checkbox"/> Repair/Allied Services	
<input type="checkbox"/> Commercial Agents	
<input type="checkbox"/> Community and Social Services	
<input type="checkbox"/> Personal Services	
<input type="checkbox"/> Other, (Specify).....	
SMALL, MEDIUM, MICRO ENTERPRISE (SMME) STATUS (Please tick the relevant box)	
<input type="checkbox"/> Micro	
<input type="checkbox"/> Very Small	
<input type="checkbox"/> Small	
<input type="checkbox"/> Medium	
<input type="checkbox"/> Large	
TURNOVER:	
TOTAL NUMBER OF EMPLOYEES (Please tick the relevant box and state the number)	
<input type="checkbox"/> Full Time	Number:
<input type="checkbox"/> Part Time	Number:
<p>PLEASE INDICATE THE LEVEL OF OWNERSHIP OF YOUR ORGANISATION BY HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) IN THE FORM OF A PERCENTAGE:</p> <p>I.e. Individuals who, being South African citizens, are socially and economically disadvantaged by the legacy of the South African political dispensation prior to April 28 1994. (Please state the actual percentage)</p>	
HDI % OWNERSHIP	
0 – 9%	
10 % - 19 %	
20 % - 29 %	
30% - 39%	
40% - 49%	
50% - 59%	
60% - 69%	

70% - 79%	
80% - 89%	
90% - 100%	

LIST ALL PARTNERS, PROPRIETORS & SHAREHOLDERS AS INDICATED BELOW (COMPULSORY)

NAME AND SURNAME	IDENTITY NUMBER	CITIZENSHIP	DATE OF OWNERSHIP	% OF OWNERSHIP	SPECIFY STATUS IF HDI, WOMEN, OR DISABLED	% VOTING (In decision Making)

LIST AND IDENTIFY ANY OWNER OR MANAGEMENT OFFICE BEARER WHO HAS OWNERSHIP INTEREST IN ANOTHER FIRM

NAME AND SURNAME	IDENTITY NUMBER	CITIZENSHIP	NAME OF COMPANY	% OF OWNERSHIP	SPECIFY STATUS IF HDI, WOMEN OR DISABLED	% VOTING RIGHTS (In decision Making)

IDENTIFY ANY OWNER OR MANAGEMENT OFFICER WHO IS AN EMPLOYEE OR HAS DUTIES IN ANOTHER BUSINESS ENTERPRISE

NAME AND SURNAME	IDENTITY NUMBER	CITIZENSHIP	DATE OF OCCUPATION	DESIGNATION	SPECIFY STATUS IF HDI, WOMEN OR DISABLED	% TIME SPEND AT OFFICE

LIST ALL THE MAJOR ITEMS OF EQUIPMENT, PLANT AND VEHICLES OWNED/LEASED BY THE FIRM

ITEM DESCRIPTION	QUANTITY	OWNED OR LEASED	ESTIMATED CURRENT VALUE	MONTHLY RENTAL OR LEASE

INDICATE BY NAME AND STATUS, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON-OWNERS) RESPONSIBLE FOR THE DAY TO DAY MANAGEMENT AND BUSINESS DECISIONS

ACTIVITY	NAME AND SURNAME	RACE	GENDER (MALE/FEMALE)	DISABLED (YES/ NO)
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FINANCING DECISIONS

Cheque Signing				
Acquisition of lines of credit				
Sureties				
Major Purchase or Acquisition				
Signing of Contract				

MANAGEMENT DECISION

Estimating				
Marketing and Sales Operation				
Hiring & Firing of Management				
Supervision of Office Personnel				
Supervision of Field/ Production Activities				

BUSINESS REFERENCES FOR PREVIOUS PROJECTS IN THE LAST THREE (3) YEARS

Company/ Institution Name				
Address				
Contact Person		Telephone:		
Value of contract	R	Date:		
Description of Work				
Company/ Institution Name				
Address				
Contact Person		Telephone:		
Value of contract	R	Date:		
Description of Work				

LIST 3 OF YOUR MAIN CLIENTS BELOW

Client 1			
Rand Value per annum	R	% Turnover	
Contact Person		Telephone	

Client 2			
Rand Value p/a(per.annum)	R	% Turnover	
Contact Person		Telephone	
Client 3			
Rand Value p/a		% Turnover	
Contact Person		Telephone	
GENERAL			
1. Did the firm exist under a previous name?		YES/ NO	
If YES, what was its previous name?			
2. Does your company or any of its employees have a vested interest in SALGA, If so, state the details of such vested interest.			
3. Indicate as to whether any of the Partners, Proprietors & Shareholders is in the service of SALGA or has been in the service of SALGA in the previous twelve months;			
4. At what % of full capacity are you operating?			
5. What percentage of work, directly/indirectly, is currently for SALGA			
6. What was your average turnover (excluding VAT) during the previous three financial years?			
7. Have you previously been on an approved supplier list with SALGA ? (If yes, give details, i.e. when and for what)			
8. Who are your present material / equipment suppliers?			
9. Does your company have an after hour service policy? If yes, give details)			
10. Are warranties offered on new items / repairs etc? (If yes, state particulars)			
11. Does your company have overdraft facility and when was it last adjusted?			
R			
Last Adjusted date:		Used: R	

BEE CERTIFICATION

LEVELS	Tick
1	
2	
3	
4	
5	
6	
7	
8	
9	

BANKING DETAILS

I/we hereby request and authorize you to pay any amounts which accrue to me/us to the credit of my/our bank account with the mentioned bank. I/we understand that the credit transfer hereby authorized will be processed by computer through a system known as **Electronic Funds Transfer** and I/we also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to issue bank statements.) I/we understand that a payment will be applied by **SALGA** in the normal way, and that it will indicate the date on which funds will be available in my/our account.

Bank Account Name: _____

Name of Bank: _____

Branch Code & Name: _____

Account Number: _____

Type of Account: Cheque Savings Transmission

(Certified as correct by: Bank Details)

Name and Surname: _____

Signature: _____

Designation: _____

Tel number: () _____

Fax number: () _____

DATE STAMP OF BANK

I/We the undersigned acknowledge(s) that:

- The information furnished is true and correct
- The Equity Ownership claimed is in accordance with the General Conditions
- Any conflict of interest should be declared in writing
- An official SALGA purchase order will be accepted
- Payment of any goods delivered or services rendered will be effected within 30 days from receipt of invoice.

NAME AND SURNAME

SIGNATURE
(DULY AUTHORISED TO SIGN)

ON BEHALF OF
(Name of Organization)

ADDRESS

.....
.....
.....
.....

TELEPHONE NUMBER

.....

DATE

.....

COMMISSIONER OF OATH:

SIGNATURE:

.....

DATE:

.....

STAMP:

(Failure of not having a stamp and signed by a Commissioner of Oath will invalidate your application)



Annexure 1

2. LIST OF PRODUCTS/SERVICES OFFERED: PLEASE SPECIFY AS BELOW:

2.1.1 ACCOUNTING, AUDITING AND FINANCE SERVICES

(Please indicate the services offered as indicated below), **services not indicated must be specified under other.**

DISCIPLINE NAME	Tick
FINANCIAL ACCOUNTING	
FORENSIC AUDIT	
AUDITING	
MANAGEMENT ACCOUNTING	
ASSETS MANAGEMENT	
FINANCIAL RISK MANAGEMENT	
DEBT COLLECTORS	
ACTURIAL VALUATIONS	
LAND AND BUILDING VALUATIONS	
OTHER (please specify)	

Please provide specifics for each discipline chosen

2.1.2 SUPPLY CHAIN MANAGEMENT SERVICES

DISCIPLINE NAME	Tick
SUPPLY CHAIN CONSULTANTS/SPECIALISTS	
SUPPLY CHAIN SYSTEM DEVELOPMENT	
SUPPLY CHAIN BENCHMARKING	
SUPPLY CHAIN BUSINESS PROCESSES DEVELOPMENT & INTEGRATION	
OTHER (please specify)	

Please provide specifics for each discipline chosen

2.1.3. FACILITIES MANAGEMENT SERVICES

DISCIPLINE NAME	Tick
AIR CONDITIONING SERVICES & REPAIRS	
ARCHITECTS	
AUCTIONEERS	
BUILDING CONTRACTORS	
CIVIL ENGINEERS AND STRUCTURAL ENGINEERS	
CONSTRUCTION EQUIPMENTS	
ELECTRICAL CONTRACTORS	
FACILITIES MANAGEMENT AND BUILDING SYSTEMS	
INDUSTRIAL ENGINEERS	
PLUMBING SERVICES	
ELECTRICAL SERVICES	
INTERIOR DESIGNERS	
QUANTITY SURVEYORS	
REFRIGERATION CONTRACTORS	
SPECIALIST CONSULTING ENGINEERS	
STRUCTURAL CABLING	
GENERAL BUILDING & OFFICE MAINTENANCE	
OFFICE REMOVAL	
ASSETS MANAGEMENT	
TELECOMMUNICATION SYSTEMS ENGINEERS	
LEASING SERVICES	
ACCESS CONTROL SERVICES	
STORAGE SERVICES	
SAFES AND SAFE REMOVALS	
OTHER (please specify)	

Please provide specifics for each discipline chosen

2.1.4. HUMAN RESOURCES

Please indicate the services offered as indicated below)

DISCIPLINE NAME	Tick
WELLNESS SERVICES	
RECRUITMENT, SELECTION & PLACEMENTS	
HR RESEARCH & SURVEYS	
TRAINING & DEVELOPMENT	
LABOUR RELATIONS ; FACILITATOR, MEDIATORS & ABITRATORS	
POLICY DEVELOPMENT	
FIRST AID KIT	
TRANSCRIPTION SERVICES	
OCCUPATIONS HEALTH AND SAFETY SERVICES	
PAYROLL ADMINISTRATION	
OTHER (please specify)	

Please provide specifics for each discipline chosen

2.1.5. COMMUNICATION, MARKETING & CORPORATE SERVICES

DISCIPLINE NAME	Tick
ADVERTISING SERVICES	
CORPORATE PRINTING SERVICES	
MEDIA CAMPAIGNS	
REPUTATION & STAKEHOLDER MANAGEMENT	
GRAPHIC DESIGNS	
EVENT MANAGEMENT	
PROMOTIONAL AND BRANDING SERVICES	
PHOTOGRAPHY AND VIDEOGRAPHY	
PUBLISHING SERVICES	
EXHIBITION SERVICES	
TRANSLATION SERVICES	
OTHER (please specify)	

Please provide specifics for each discipline chosen

2.1.6. IT SERVICES

(Please indicate the services offered as indicated below)

DISCIPLINE NAME	Tick
COMPUTER SOFTWARES	
LICENSING	
PROGRAMMING	
IT SYSTEMS & DEVELOPMENT	
IT CONSUMABLES	
IT EQUIPMENT	
IT REPAIRS	
OFFICE AUTOMATION SERVICES	
OTHER (please specify)	

2.1.7. ADVISORY SERVICES

(Please indicate the services offered as indicated below)

DISCIPLINE NAME	Tick
TRANSACTION/COMMERCIAL ADVISORS	
STRATEGIC ADVISORS	
CORPORATE LEGAL SERVICES	
OTHER (please specify)	

Please provide specifics for each discipline chosen

2.1.8. OPERATIONS SERVICES

DISCIPLINE NAME	Tick
SECURITY SERVICES	
OFFICE CLEANING SERVICES	
PEST CONTROL SERVICES	
OFFICE REMOVAL SERVICES	

DISCIPLINE NAME	Tick
DOCUMENT FILING SERVICES	
OFFICE PLANT SERVICES AND MAINTENANCE	
CORPORATE CLOTHING	
OTHER (please specify)	

Please provide specifics for each discipline chosen

2.1.9. GENERAL SERVICES

SERVICES	Tick
STATIONERY	
CORPORATE PRINTING –business cards, annual reports, folders and letterheads	
CORPORATE GIFTING	
CATERING	
LOCKSMITH	
CORPORATE GIFTS	
CATERING	
FURNITURE AND OFFICE EQUIPMENT i.e. desks, workstation, chairs,	
VENUE HIRE	
SHUTTLE SERVICES	
FLORISTS , OFFICE FLOWERS & GIFT HAMPERS	
COURIER SERVICES	
DISC JOCKEYS (DJ S)	
LOCKSMITHS SERVICES	
DOCUMENT FILING SERVICES	
OFFICE PLANTS SERVICES & MAINTENANCE	
OTHER (please specify)	

Please provide specifics for each discipline chosen

FOR OFFICE USE ONLY	EMP NO	SIGN
RECEIVED BY:		
APPLICATION COMPLETE: YES / NO		
IF NO, WAS SUPPLIER INFORMED?		
CAPTURED BY:		
VENDOR NO:		