



# SUPPLIER APPLICATION FORM

## IMPORTANT NOTES

Please read carefully

- To be completed by all vendors seeking registration as an approved supplier;
- The questionnaire must be completed in **full** and be **signed**;
- 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;
- Applicants will be contracted via fax and **must** therefore submit an operating fax number; failure to comply will result in excluding the supplier from the database;
- It should be noted that the Compensation Fund reserve the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- Suppliers may only register for a maximum of 3 (three) commodities.** The Data Administrator of the Compensation Fund reserves the right to limit the commodities of registration for a supplier applying for more than 3 commodities.
- Suppliers **will not be notified** whether application was accepted or not but will be advised of the outcome if telephonically requested;

Enquiries: Database administrators Tel: 012) 313 6323  
012) 313 6304

- Supplier must comply with all the **registration-criteria** for registration to be finalised – failure to do so may result in the application being declined.

**SECTION 1: PARTICULARS OF THE ORGANISATION**

Please note that all information will be treated confidentially.

Provide details regarding the organisation. Where organisation is a joint venture the individual members of the joint venture are to separately provide information on their organisation.

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### TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE SUPPLIER:

\*I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION FOR REGISTRATION ON THE DATABASE OF THE COMPENSATION FUND IS TRUE AND CORRECT. I ALSO UNDERTAKE TO INFORM THE OFFICE OF THE COMPENSATION FUND IF ANY INFORMATION REFLECTED IN THIS APPLICATION FORM (E.G. BEE STATUS, CONTACT DETAILS, SCOPE OF BUSINESS) SHOULD CHANGE.

\_\_\_\_\_  
Name of authorized representative:

\_\_\_\_\_  
Capacity:

\_\_\_\_\_  
\*Signature:

\_\_\_\_\_  
Date:

1.1 **REGISTERED NAME OF THE ORGANISATION:**

**TRADING NAME:**

1.3 **CONTACT PERSON:**

1.4 **POSTAL ADDRESS:**

**PHYSICAL ADDRESS:**

  
  
  
  
  
  

Postal Code:

Postal Code:

1.5 **TELEPHONE NUMBER:**

**FAX NUMBER:**

1.6 **CELL PHONE NUMBER:**

**e-MAIL:**

1.7 **TYPE OF THE ORGANISATION:** (e.g.: cc, (Pty) Ltd, Partnership)

1.8 **COMPANY REGISTRATION NUMBER:**

1.9 **INCOME TAX REGISTRATION NUMBER:**

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1.10 **VAT REGISTRATION NUMBER:**

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**SECTION 2: EVALUATION SECTION**

2.1 **PLEASE INDICATE SIZE OF THE ORGANISATION BASED ON ANNUAL TURNOVER IN THE PAST THREE YEARS:**

<b>TURNOVER</b>	
< R 1 m	
R 1 m – R 5 m	
R 5 m – R10 m	
R 10 m – R 20 m	
R 30 m – R 40 m	
R 50 m – R 60 m	
R 60 m – R 70 m	
R 80 m – R 90 m	
> R100 m	

2.2 **PLEASE INDICATE THE YEAR OF THE ORGANISATION ESTABLISHMENT**

**(Please state the actual year):**

<b>YEAR OF ESTABLISHMENT</b>	
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**2.3 PLEASE PROVIDE DETAILS OF OWNERSHIP OF THE ORGANISATION BY LISTING NAMES OF DIRECTORS, SHAREHOLDERS, OWNERS AND PARTNERS INCLUDING THEIR OWNERSHIP PERCENTAGE:**

If total number exceeds 11 please attach a separate list.

	<b>NAME</b>	<b>ID NO</b>	<b>Citizenship</b>	<b>HDI (Y/N)</b>	<b>Female (Y/N)</b>	<b>Disabled (Y/N)</b>	<b>Owner-ship %</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

2.4 **PLEASE INDICATE BUSINESS TYPE:**

<b>SERVICE CODE</b>	<b>DESCRIPTION</b>	
CON	CONSULTATION SERVICES	
TOR	CONTRACTOR	
SUP	SUPPLIER	

3 **SECTION 3: AREA OF SPECIALISATION**

3.1 **PLEASE INDICATE AREA OF INTEREST**

Please tick only one category.

ACC	ACCOUNTING, AUDITING AND FINANCE SERVICES	<b>SECTION 4.1 ONLY</b>	
CONFAC	FACILITIES MANAGEMENT SERVICES	<b>SECTION 4.2 ONLY</b>	
HR	HUMAN RESOURCES : INCL. TRAINING	<b>SECTION 4.3 ONLY</b>	
LEG	LEGAL	<b>SECTION 4.4 ONLY</b>	
GEN	GENERAL	<b>SECTION 4.5 ONLY</b>	
MED	MEDICAL	<b>SECTION 4.6 ONLY</b>	

***PLEASE REFER TO ATTACHED LISTS OF DISCIPLINES AND SPECIALITIES ON PAGES 9 – 15 FOR THE COMPLETION OF SECTION 3.2: DISCIPLINE OF INTEREST AND SPECIALITY***



# SECTION 4.1

## ACCOUNTING, AUDITING AND FINANCE SERVICES

### DISCIPLINE OF INTEREST:

Please provide a list if discipline is not indicated below.

DISCIPLINE CODE	DISCIPLINE NAME
ACCNT	ACCOUNTING
AUDT	AUDITING
FINSEV	FINANCE SERVICES
OTHER (please specify)	

### SPECIALITY:

Please provide a list if speciality is not indicated below.

SPECIALITY CODE	DESCRIPTION
CNTRSK	CONTROL RISK ASSESSMENT CONSULTING
FINSERV	FINANCIAL SYSTEM MANAGEMENT
INTADT	INTERNAL AUDIT TRAINING
RSKMAN	RISK MANAGEMENT CONSULTING
SEMINR	SERMINARS RELATED TO INTERNAL AUDIT
OTHER (please specify)	

# SECTION 4.2

## CONSTRUCTION, ENGINEERING SERVICES AND FACILITIES MANAGEMENT SYSTEMS

### DISCIPLINE OF INTEREST:

Please provide a list if discipline is not indicated below.

DISCIPLINE CODE	DISCIPLINE NAME
AIRCON	AIR CONDITIONING CONTRACTORS
ARCH	ARCHITECTS
PLUMB	PLUMBERS
ELCCON	ELECTRICAL CONTRACTORS
PRJMAN	PROJECT MANAGER
SPCENG	SPECIALIST CONSULTING ENGINEERS
OTHER (please specify)	

### SPECIALITY:

Please provide a list if speciality is not indicated below.

SPECIALITY CODE	SPECIALITY NAME
AIRSYS	AIR CONDITIONING BUILDING MANAGEMENT SYSTEMS
AIRHND	AIR HANDLING UNITS
AUDIO	AUDIO SYSTEMS
CCVTV	CCTV
CELPRT	CEILINGS AND PARTITIONS
CLNSER	CLEANING SERVICES
FIREDT	FIRE DETECTORS
FIREPR	FIRE PROTECTION
FURNIT	FURNITURE CONTRACTORS
INSTAL	INSTALLATION OF FURNITURE
MECEQP	MECHANICAL EQUIPMENT
PAINT	PAINTING
SWRSYS	SEWER SYSTEMS
SHLV	SHELVING AND RACKING
VENT	VENTILATING CONTRACTORS
OTHER (please specify)	

## SECTION 4.3

### HUMAN RESOURCES

#### DISCIPLINE OF INTEREST:

Please provide a list if discipline is not indicated below.

DISCIPLINE CODE	DISCIPLINE NAME
RECRT	RECRUITMENT
TRNING	TRAINING
OTHER (please specify)	

#### SPECIALITY:

Please provide a list if speciality is not indicated below.

SPECIALITY CODE	DESCRIPTION
RCTAGN	RECRUITMENT AGENCIES
PSCASS	PSYCHOLOGICAL ASSESSMENT AND COUNCELLING
COUNCE	COUNCELLING
WELMGT	WELLNESS MANAGEMENT
SKLTRN	SKILL TRAINING
SPCTRN	SPECIALISED TRAINING
MGTDEV	MANAGEMENT DEVELOPMENT TRAINING
FACTRN	TRAINING FACILITATORS
PERREL	PERSONAL RELATIONS
SKLADT	SKILLS AUDIT
PRFMAN	PERFORMANCE MANAGEMENT
HRSYS	HUMAN RESOURCES SYSTEMS
OTHER (please specify)	

- IF TECHNICAL DEVELOPMENT TRAINING PLEASE SPECIFY UNDER OTHER

## SECTION 4.4

### LEGAL

#### DISCIPLINE OF INTEREST:

Please provide a list if discipline is not indicated below.

DISCIPLINE CODE	DISCIPLINE NAME
INSREIN	INSURERS AND RE-INSURERS (LOCAL AND OFFSHORE)
LOSS	LOSS ADJUSTERS AND ASSESSORS
RSKMAN	RISK MANAGEMENT CONSULTANTS
VALACT	VALUATORS AND ACTUARIES
OTHER (please specify)	

#### SPECIALITY:

Please provide a list if speciality is not indicated below.

SPECIALITY CODE	DESCRIPTION
ASSET	ASSETS ALL RISKS/PROPERTY LOSS INSURANCE
LIAINS	GENERAL LIABILITY INSURANCE
COPTR	CORPORATE TRAVEL
CONWRK	CONTRACT WORKS
MTRINS	MOTOR VEHICLE INSURANCE
OTHER (please specify)	

## SECTION 4.5

### GENERAL

#### DISCIPLINE OF INTEREST:

Please provide a list if discipline is not indicated below.

DISCIPLINE CODE	DISCIPLINE NAME
CAFKTC	CAFETERIA AND KITCHEN
CATACC	CATERING AND ACCOMMODATION
CLEANSV	CLEANING SERVICES
CLOTHES	CLOTHING
OFFEQP	OFFICE EQUIPMENT
SERV	OTHER SERVICES
STNRY	STATIONERY
ENV	ENVELOPES
PPR	PAPER
PRNG	PRINTING
TRANST	TRANSPORT AND STORAGE
OTHER (please specify)	

#### SPECIALITY:

Please provide a list if speciality is not indicated below.

SPECIALITY CODE	DESCRIPTION
AIRBOOK	TRAVEL AIR TICKETS BOOKINGS
CAFCON	CAFETERIA CONSUMABLE
CARHIR	CAR HIRE
COMPCON	COMPUTER CONSUMABLES
COURSV	COURIER SERVICES
EVENT	EVENT MANAGERS OR CO-ORDINATORS
GRDMNT	GARDEN MAINTENANCE
GENCLN	CLEANING SERVICES AND GENERAL MAINTENANCE
KITCHN	KITCHEN EQUIPMENT
LINGUI	LINGUISTS (Specify)
OFFCON	OFFICE COSUMABLES
PNLBTG	PANEL BEATING
PRTCTH	PROTECTIVE CLOTHING
SPCRES	SPECIALISED RESTUARANT
TVLAGN	TRAVEL AGENCIES
VEHMNT	VEHICLE MAINTENANCE
OTHER (please specify)	

