



**ALL APPLICANTS TO NOTE THAT SIZA WATER RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO APPOINT A TEAM TO INVESTIGATE ANY PROSPECTIVE OR EXISTING SUPPLIERS IN RESPECT OF, BUT NOT LIMITED TO, BBBEE CERTIFICATION AND RECOGNITION, FINANCIAL STANDING, SUPPLY CAPACITY ETC.**

**SUPPLIER DETAILS**

Name of Applicant: \_\_\_\_\_

Registration No.: \_\_\_\_\_

VAT registration No.: \_\_\_\_\_

Income Tax Reference No.: \_\_\_\_\_

Website address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Accounts Department: \_\_\_\_\_

Banking details: \_\_\_\_\_

Bank: \_\_\_\_\_

Account type: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Name of Account: \_\_\_\_\_

**What type of entity are you: (please **X** the relevant entry):**

Public Company (Ltd)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Sole Proprietor

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Private Company (Pty) Ltd

Foreign Company

Closed Corporation (CC)

Partnership

Joint Venture

Trust

Consortium

Non Profit Company

Government / Parastatal

Other: please specify \_\_\_\_\_

**Core Business Operation:**

Primary Contractor

Education, development

Supplier

or training

Professional services

Labour-only contractor

Subcontractor (less than 25% generated

Construction (CIDB)

Turnover as primary contractor)

Manufacturer

**Annual Turnover – Average:**

Indicate annual average turnover, ex VAT in the past \_\_\_\_ years:

R \_\_\_\_\_

Indicate gross asset value:

R \_\_\_\_\_

\*If you are applying for SMME status, please enclose copy of last annual financial statements for preceding financial year.

**Previous Contract and/or Tendering Experience:**

Do you have any contract work or tendering experience?

Yes

No

If yes, please list at least two contracts awarded:

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Estimate contract value: \_\_\_\_\_

When awarded: \_\_\_\_\_

Proof of award attached:  Yes

No



**APPLICATION FOR REGISTRATION ON  
DATABASE OF PREFERRED SUPPLIERS**

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<b>DATE</b>	25 Nov 2014

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Estimate contract value: \_\_\_\_\_

When awarded: \_\_\_\_\_

Proof of award attached:  Yes  No

**DECLARATION**

I, the undersigned (Name ) \_\_\_\_\_

Certify that the information furnished in above is correct. I accept that SIZA WATER may reject this application should this declaration prove to be false.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name of Applicant