

Gauteng Tourism Authority
124 Main Street
Johannesburg
P O Box 155, Newtown
2113, South Africa



CSD Number: _____

**APPLICATION
FOR
VENDOR PRE-QUALIFICATION / REGISTRATION**

SECTION	Contents	PAGE
	Background	2
	Terms and Conditions	2
	Definitions	3
Section 1	Administrative Compliance	4
Section 2	Business Particulars	5
Section 3	Banking Details	6
Section 4	Company Classification	7
Section 5	BEE/BBEEE Compliance	8-9
Section 6	Declaration Conflict of Interest	10-11

“All prospective Suppliers must first register on the Central Supplier Database (CSD) which can be accessed from the National Treasury website at www.nationaltreasury.gov.za or www.csd.gov.za accessing the supplier registration page.

A CSD number is compulsory to be submitted with all registration forms if this number is not provided GTA will not include the supplier in the supplier database”

Vendor pre-qualification application forms must be submitted to:

Gauteng Tourism Authority
11th Floor
124 Main Street
Johannesburg; or themba@gauteng.net

Enquiries: Themba Mbele and Vasagie Reddy at 011 085 2500
Pre-qualification application forms may be downloaded from www.gauteng.net.

BACKGROUND

A Centralised Gauteng Tourism Authority (GTA) Supplier Database is being populated to enable the effective implementation of the GTA Supply Chain Management Framework and Policy and Procedure.

Pre-qualification is targeting enterprises located within the Gauteng Province. This includes an enterprise whose head office may be situated in another province, but has established a fully-fledged branch within the province.

TERMS AND CONDITIONS

- Failure to submit mandatory supporting documentation will lead to disqualification.
- **Declaration of interest** – Please ensure that the Declaration is signed and dated before submission.
- **Processing of Pre-qualification** – Suppliers/Vendors must comply with all the Pre-qualification-criteria for inclusion in the GTA Supplier Database – Only fully completed Pre-qualification forms with the mandatory supporting documentation attached will be assessed and failure to do so may result in the application being declined.
- **Copies of Documents** – Please keep copies of the Pre-qualification form and all supporting documentation submitted, for your own records and ensure that all data is maintained and up to date on a continual basis.
- It is the responsibility of the supplier/vendor to notify the GTA of any changes to its vendor profile. If it comes to the attention that information is not valid or relevant at the date the Request for Quotation (RFQ)/Contract is generated, the GTA reserves the right to suspend the supplier/vendor, without NOTICE, from the data base.
- Banking details **MUST** be in the name of the company. No bank changes will be made after effect unless supported by the complete required documents.
- All suppliers/vendors will be notified whether their application was successful or not.
- The GTA reserves the right to **verify ALL information** provided in this application.
- The GTA may conduct announced or unannounced **site inspections / visits**.
- The GTA shall conduct Vendor Performance Assessments on successfully pre-qualified suppliers/vendors if and when necessary.

NB - Your Tax Clearance Certificate is only valid for a twelve (12) month period from the date of issue. You are required to submit an updated original, valid Tax Clearance Certificate on or before expiry of the current Tax Clearance Certificate. Failure to do so will result in your immediate suspension on the database.

DEFINITIONS

BBBEE – Broad-Based Black Economic Empowerment

GPG – Gauteng Provincial Government

GTA – Gauteng Tourism Authority

EME – Exempted micro enterprise

HDI – Historically Disadvantage Individuals

PPPFA – Preferential Procurement Policy Framework Act

QSE – Qualifying small enterprise

RFQ – Request for Quotation

SANAS – South African National Accreditation Standards

TCC – Tax Clearance Certificate

SECTION 1: ADMINISTRATIVE COMPLIANCE

(Mark with **X** in applicable block and attach supporting documentation)

MANDATORY DOCUMENTATION

An Original Valid Tax Clearance Certificate (TCC)	
Disability Documents by a Professional Medical Practitioner (if applicable)	
Broad-based Black Economic Empowerment (BBBEE) Accreditation Level Status Certificate: Large enterprises and QSE <i>South African National Accreditation Systems (SANAS) or Independent Regulatory Body for Auditors (IRBA) compliance.</i> OR EME Confirmation letter from professionally accredited accountant	
Sample of company invoice/letterhead with valid fax and /or e-mail address	
Business Capacity: Please describe your business capacity by providing the following” 1. A company profile 2. Experience including references	
Prequalification Requirement Ensure that your CSD number appears at the top of your application form. Your application will not be evaluated without this number from National Treasury.	

Additional Documentation

QUALITY COMPLIANCE

Provide certificates of adherence to your core business. (If applicable)

<u>Core Business</u>	<u>Certificate of Adherence</u>
Catering	Certificate of Acceptability
Security	Company PSIRA certificate
Construction	CIBD
Manufacturing	ISO 9001, 14001 and OSHAS 18001
Food manufacturing	ISO 22000, HACCP 10330
Training	Service SETA Accreditation

SECTION 3: BANKING DETAILS (MUST BE IN THE NAME OF THE BUSINESS)

MANDATORY REQUIREMENTS

Banking institution name																				
Town / City																				
Banking business account number																				
Account Type																				
Company name																				
Branch Name																				
Branch Code																				

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (e.g Cancelled Cheque / Bank Stamped Statement or Letter from the bank)

Is the bank account older than 3 months?

Y		N	
---	--	---	--

Is the bank account

Y		N	
---	--	---	--

 active?

ANNUAL AVERAGE TURNOVER

Indicate annual average turnover excluding Value Added Tax during the past year:

R

NB. DOCUMENTARY PROOF OF AUDITED ANNUAL FINANCIAL STATEMENT OR ORIGINAL AUDITORS LETTER OR SIGNED AFFIDAVIT MUST BE SUPPLIED IN THE EVENT OF A NEW COMPANY

DECLARATION: I WILL NOT HOLD THE GTA LIABLE FOR ANY PAYMENT NOT MADE INTO MY BANK ACCOUNT DUE TO ME NOT NOTIFYING THE GTA SUPPLY CHAIN MANAGEMENT OF ANY CHANGES ON MY BANK PROFILE. I WILL ALLOW THE GTA AT LEAST 5 WORKING DAYS TO SCRUTINISE MY APPLICATION FOR CHANGE OF BANK DETAILS AND ANY OTHER CHANGE REQUEST.

Name: _____
ID No. _____
Signature: _____

SIGNATORIES OF BUSINESS ENTERPRISE and EMPLOYEE/S DULY AUTHORISED TO SIGN ON BEHALF OF THE BUSINESS ENTERPRISE IN ITS FULL CAPACITY:

NAME AND SURNAME:	NAME AND SURNAME:
ID NUMBER:	ID NUMBER:
SIGNATURE:	SIGNATURE:
DESIGNATION:	DESIGNATION:

SECTION 4: COMPANY CLASSIFICATION

NB: Tick 1 box per section ONLY

Participating Capacity		
Prime Contractor	<input type="checkbox"/>	Supplier
Sub-Contractor	<input type="checkbox"/>	Professional Services
Manufacturer	<input type="checkbox"/>	Joint Venture Partner

Type of Enterprise		
Partnership	<input type="checkbox"/>	Pty Ltd
One Person/Sole Trader	<input type="checkbox"/>	Co-Operative
Close Corporation	<input type="checkbox"/>	Joint Venture

Core Business:
Please state your specific core business:

Provisioning of Goods/Services/Works	<input type="checkbox"/>	
Audio-visual	<input type="checkbox"/>	Binding / Laminating
Catering	<input type="checkbox"/>	Conference venues
Copy writers	<input type="checkbox"/>	Couriers
DJs	<input type="checkbox"/>	Editors
Engineering (infrastructure projects)	<input type="checkbox"/>	Environmental Specialists
Exhibitions / Events / Stand organizers, designers, builders	<input type="checkbox"/>	Florists
Human Resource development and training	<input type="checkbox"/>	Human Resource recruitment
Insurance – short term	<input type="checkbox"/>	IT equipment
IT maintenance	<input type="checkbox"/>	Legal
Media / Publishing houses	<input type="checkbox"/>	Occupational Health and Safety Management
Office cleaning and general maintenance	<input type="checkbox"/>	Office equipment
Office furniture	<input type="checkbox"/>	Office plants
Office security	<input type="checkbox"/>	Photographers
Printing and stationery	<input type="checkbox"/>	Publishers
Rental water coolers	<input type="checkbox"/>	Strategic development support
Team building organizers	<input type="checkbox"/>	Tourism signage / promotional material
Tourism training providers	<input type="checkbox"/>	Tour operators
Translators	<input type="checkbox"/>	Travel agents

Total number of years actively in business	<input type="text"/>
---	----------------------

SECTION 5: BBEE COMPLIANCE

Ownership

List all persons who are shareholders/owners/trustees or beneficiaries in the business

NB: Proof of disability provided by a recognised medical institution in the case of physically disabled persons must be supplied.

People with Disability (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)

Note: SA Black includes Indian and Coloured

(Multiple copies of this page may be submitted if required.)

Ownership 1

First Name																				
Surname																				
Identification Number																				

SA White SA Black

Male:		
Female:		
Male Youth:		
Female Youth		
Male Disabled		
Female Disabled		
Male Youth Disabled		
Female Youth Disabled		

Are you actively involved in the management and daily operations of the business? Yes No

Ownership 2

First Name																				
Surname																				
Identification Number																				

SA White SA Black

Male:		
Female:		
Male Youth:		
Female Youth		
Male Disabled		
Female Disabled		
Male Youth Disabled		
Female Youth Disabled		

Are you actively involved in the management and daily operations of the business? Yes No

SECTION 6: DECLARATION OF INTEREST

6.1. Any legal person, including persons employed by the state, or persons having a kinship with persons employed by the state, including a blood relationship, may participate in the vendor pre-qualification process. In view of possible allegations of favoritism, it is required that the vendor or his/her authorised representative declare his/her position in relation to the assessment and/or take an oath declaring his / her interest, where -

- the vendor is employed by state; and/or
- the legal person on whose behalf the pre-qualification application document is signed, has a relationship with persons/a person who are/is involved with the assessment process of the pre-qualification application forms, or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarer acts and persons who are involved with the assessment of the pre-qualification application forms.

6.2 In order to give effect to the above, the following questionnaire shall be completed.

6.2.1 Company Name	
6.2.2 Full Name of vendor or his/ her representative:	
6.2.3 Identity Number:	
6.2.4 Position occupied in the company : (director, shareholder etc)	
6.2.5 Company Registration Number:	
6.2.6 Tax Reference Number:	
6.2.7 Vat Registration Number:	

*"State" means-

- a) any National and Provincial Department, National or Provincial Public Entity or Constitutional Institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999),
- b) any Municipality or municipal entity
- c) Provincial Legislature
- d) National Assembly or the National Council of Provinces, or
- e) Parliament

6.2.8 Are you or any of the company directors/shareholders/members, presently employed by the state?		Y		N	
If so, furnish the following particulars	Name of person/Director/shareholder/member:				
	Name of Institution to which the person is connected:				
	Position occupied in the institution:				
	Any other particulars:				

6.2.9 Did you or your spouse, or any of the company directors/shareholders/members or their spouse conduct business with the state in the previous twelve months?		Y		N	
If so, furnish particulars					

6.2.10 Do you, or any of the company directors/shareholders/members, have any relationship (family, friend, other) with a person employed in the state and who may be involved with the evaluation and or adjudication of this bid?		Y		N	
If so, furnish particulars					

6.2.11 Are you, or any of the company directors/shareholders/members, aware of any relationship (family, friend, other) between yourselves and any person employed by the state who may be involved with the assessment of the vendor pre-qualification application forms?		Y		N	
If so, furnish particulars					

6.2.12 Do you or any of the directors/shareholders/ members of the company have any interest in any other related company whether or not they are applying for vendor pre-qualification?		Y		N	
If so, furnish particulars					

DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN THIS APPLICATION FORM IS CORRECT.

I ACCEPT THAT THE GAUTENG TOURISM AUTHORITY MAY ACT AGAINST SHOULD THIS DECLARATION PROVE TO BE FALSE.

NAME AND SIGNATURE		DATE		Position	
---------------------------	--	-------------	--	-----------------	--