



**SOUTH AFRICAN NATIONAL
BIODIVERSITY INSTITUTE**
Private Bag x101, PRETORIA, 0001
Fax: 086 555 9307

Ms. Nomsa Mathebula
E-mail: SCMSuppliers@sanbi.org.za
Tel: (012) 843-5033

Mr. Ludwe Madayi
E-mail: SCMSuppliers@sanbi.org.za
Tel: (012) 843-5130

**TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON
THE DATABASE OF THE INSTITUTE**

All suppliers are herewith invited to register as an approved supplier on the database of the Institute.

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), PPPFA of Act 5 of 2000 the Institute developed a supplier database to be used by the procurement office.

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

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to the Institute. It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

Attached please find an official registration form to assist us in updating our database according to legislation.

The following important notes should be read carefully before the completion of this form

1. Registration form to be completed by all businesses seeking to conduct business with the Department. A **B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE must be submitted.**
2. This form must be completed in full and signed by the owner(s) or manager or administration head.
3. Full signature is required when alterations are made in this document.
4. If the information required is not applicable to your business, clearly insert N/A in the appropriate space.
5. Mark the appropriate square with an 'X' where it is applicable to you.
6. All fields on application form **MUST** be completed by applicant;
If the space provided is left blank, it will be regarded as information that is still outstanding and you will not be registered.

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7. Please note that no unsigned forms will be accepted.
8. A business registered on the database must notify the Institution within 14 (Fourteen) days of any changes to information provided in the application form. Failure to comply may result in such a business being removed and/or blacklisted from the database.
9. Businesses providing information intentionally incorrectly or fraudulently will be disqualified.
10. Applicants who have been declared insolvent and wish to do business with the Department must have been rehabilitated and provide the necessary proof thereof,
11. Businesses/ Members / directors / partners / owners blacklisted by any organs of state* must first be removed or cleared from blacklist before registration.
12. Members / directors / partners / owners in service with any organ of state* management; must declare any conflict of interest. Failure to do so may lead to disqualification or de-registration.
13. This is only a registration form for database and does not guarantee any award of bid / contract.
14. SANBI reserves the right to reject any application, which in its opinion failed to comply with the registration requirements or criteria.
15. Unsuccessful applicants will be notified as such. On receipt of any outstanding documents / information, the declined supplier may be re-evaluated for registration.
16. Applicants will be contacted via email and **must** therefore submit an **operating email address** failure to comply will result in excluding the supplier from the data base.

NB: Certified copies of the following documents must be attached to application form:

- a) **B-BBEE Certificate;**
- b) **Company Certificate or Shareholder(s) register;**
- c) **Tax Clearance Certificate (Original);**
- d) **VAT registration certificate (for VAT vendors only);**
- e) **ID for all members/partners/directors.**
- f) ***Banking Details (Original cancelled cheque or Letter from the bank must be provided).***

NB: Please note that failure to fully sign or attach the required documents as required will lead to your application being declined.

Completed database forms can be hand delivered at: **2 Cussonia Avenue, Brummeria, Pta, 0001**

or post it to: SANBI **Attention: The Supplier Database Administrator (SCM)**
Private Bag X101
Pretoria
0001

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SUPPLIER APPLICATION FORM

Supplier detail:

Company / Supplier Name: _____

Trading Name if different from the above: _____

Company / Close Corporation Registration Number #	
VAT registration number (if applicable):	
Web Address:	
E-Mail Address: (compulsory)	
Telephone Number:	
Fax Number:	
Toll Free Number:	
Number of full time employees:	

Postal Address: (compulsory)

Physical Address:

Postal Code:	

• **Main contact person in your company:**

Name:	
Company Position:	
Cell phone Number:	
Fax Number:	
E-mail address:	

• **Contact person (sales) in your company:**

Name:	
Position in company:	
Cell Phone Number:	
Fax Number:	
E-mail address:	

• **Preferred method of correspondence**

☐ **E-Mail**

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For Companies and Close Corporations, as with the Registrar of Companies / CC

Insert Personal Income Tax Number for sole proprietor of Personal Income Tax numbers for all parties in terms of partnerships

Company/Supplier Classification: (Please ✓ the relevant box or boxes)

ISO Listed	Importer	Services	Manufacturer	Repairer	Black Owned	Distributor	Exporter	Sales
------------	----------	----------	--------------	----------	-------------	-------------	----------	-------

Supplier Grouping Detail: Type of Firm: (Please ✓ the relevant box)

1	Public Company (Ltd)	
2	Private company (Pty) Ltd	
3	Closed Corporation (cc)	
4	Other (specify)	
5	Joint Venture (see terminology page 7)	
6	Consortium (see terminology page 7)	
7	Sole Proprietor	
8	Foreign Company	
9	Partnership	
10	Trust	
11	Section 21 Company	
12	Government / Organ of state / Parastatels (see terminology page 7)	

(Please ✓ the relevant box)

Tax Clearance Certificate Attached	yes	no
Expiry date:		

BB-BEE Certificate:	
Contribution Level	
Expiry date	

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DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1 Are you or any person connected with the bidder YES / NO
Presently employed by the state?

2.1.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

.....

**Name of state institution at which you or the person
connected to the bidder is employed :**

.....

Position occupied in the state institution:

.....

Any other particulars:

.....

.....

.....

2.2 If you are presently employed by the state, did you obtain YES / NO
the appropriate authority to undertake remunerative
work outside employment in the public sector?

2.2.1 If yes, did you attach proof of such authority to this application YES / NO
document?

(Note: Failure to submit proof of such authority, will result in the disqualification of your
database application.

2.2.2 If no, furnish reasons for non-submission of such proof:

.....

.....

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2.3 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.3.1 If so, furnish particulars:

.....

2.4 Do you, or any person connected with the company, have any relationship (family, friend, other) with a person employed by the this institution and who may be involved with the evaluation and or adjudication of quotations? **YES / NO**

2.4.1 If so, furnish particulars.

.....

2.5 Are you, or any person connected with the company, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.5.1 If so, furnish particulars.

.....

2.6 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? **YES/NO**

2.6.1 If so, furnish particulars:

.....

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Name	Position Occupied In the enterprise	Date RSA Citizenship Obtained ***	ID Number	% Owned by HDI	% Owned by Women	% Owned by Disabled Individuals **	Gender F/M	Population Group *	Physical address

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Terminology:

- **Organ of state:**
 - a) A national or provincial department as defined in the Public Finance Management Act No. 1 of 1999;
 - b) A Municipality as contemplated in the Constitution;
 - c) Parliament;
 - d) A Provincial legislature;
 - e) A constitutional institution listed in schedule 1 of the Public Finance Management Act.
- **Joint Venture / Consortium:** An association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge for execution of contract
- **Relative** in means of this document means: Your first degree relative that is, wife, husband, son, daughter, father, mother, brother, sister.

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 will be declared in the comment space below

**SIGNATURE OF OWNER OR
 AUTHORISED REPRESENTATIVE**

DATE

Please indicate a maximum of three (3) commodities (**see attached list of commodities**) and indicate the Company's **preferred SANBI location - Closest National Botanical Gardens (NBG)** where services/goods may be rendered to.

Free State (Bloem)	Mpumalanga	Harold Porter (Betty's Bay)	Cape Town (Kirstenbosch)	Durban Herbarium	Kwelera (East London)	Walter Sisulu (JHB)	KZN	Pretoria	Hantam (Nieuwoudtville)
BLF	MP	BBY	CPT	DBN	ELD	JHB	PMB	PTA	WRC

NO	DESCRIPTION OF COMMODITY	BLF	BBY	CPT	DBN	ELD	JHB	MP	PMB	PTA	WRC
1											
2											
3											

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