



EASTERN CAPE
LIQUOR BOARD

SUPPLIER DATABASE APPLICATION FORM

7. BUSINESS CONTACT DETAILS

CONTACT PERSON																				
TITLE																				
DESIGNATION																				
TEL.																				
FAX.																				
CELL																				
EMAIL																				

8. TYPE OF BUSINESS (TICK X)

SOLE TRADER		PARTNERSHIP		CLOSE CORPORATION		PRIVATE COMPANY	
OTHER		PLEASE SPECIFY					

9. TOTAL NUMBER OF EMPLOYEES (provide proof)

RACE:	BLACK	WHITE	COLOURED	INDIAN		
MALE / FEMALE:						

10. MAIN INDUSTRY OF BUSINESS

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11. ANNUAL TURNOVER per annum

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12. ADDITIONAL INFORMATION

ACCOUNTANT/AUDITOR:																				
CONTACT DETAILS:																				
BUSINESS / COMPANY PROFILE ATTACHED:	YES		NO																	

13. PERSONAL DATA (MAJORITY SHAREHOLDERS)

NAME:												
ID NO.:						GENDER: M			F			
RACE: A		W		C		I		SHAREHOLDING:			%	
TEL/CELL:												
PHYSICAL ADDRESS:												
NAME:												
ID NO.:						GENDER: M			F			
RACE: A		W		C		I		SHAREHOLDING:			%	
TEUCELL:												
PHYSICAL ADDRESS:												
NAME:												
ID NO.:						GENDER: M			F			
RACE: A		W		C		I		SHAREHOLDING:			%	
TEL/CELL:												
PHYSICAL ADDRESS:												
NAME:												
ID NO.:						GENDER: M			F			
RACE: A		W		C		I		SHAREHOLDING:			%	
TEL/CELL:												
PHYSICAL ADDRESS:												

14. GOODS, SERVICES, COMMODITIES (Tick where appropriate)

Accountants And Auditors		Guesthouse & Lodges	
Advertising		Hotels	
Air Conditioning Systems		Labels & Labelling Services	
Artwork & Paintings		Locksmiths	
Audio Visual Aids & Equipment		Legal services	
Badges, Embroidery, Metal work		Office Consumables	
Building construction		Office furniture and equipment	
Building maintenance: electrical, plumbing, painting, etc.		Office automation (printing, copying, etc.	
Blinds		Pest Control Services	
Carpets		Photography Equipment	
Catering services		Photography Services	
Cellular Telephones		Plumbing Contractors	
Cleaning services; cleaning material & chemicals		Printing & Design Services	
Clothing - General/ Protective & Uniforms		Recording & Transcribing Services	
Computer Consumables		Recruitment services	
Computer Hardware & Printers		Renovation Services	
Computer Software		Re pairs and Maintenance	
Corporate Gifts & Products		Safes & Safe Removal Services	
Courier & Delivery Services; Postage		Security services & Access Control Systems	
Conferencing, Accommodation & Travelling bookings, Promotions & marketing		ICT Services	
Curtaining, Rails & Accessories		Telecommunication Equipment/ Systems	
Document Binding Services		Telecommunications Services	
Document Duplicating Services		Training services	
Document Storage Services		Translation Services	
Drain Cleaning Services		Travel management services	
Electrical Appliances		Vehicles Hiring services	
Engraving Services		Gardening Services	
Entertainment Facilities; Events Management		Workshop Facilitations	
Flags & Maps		Other (Please specify below)	

**15. THE FOLLOWING DOCUMENTS SHOULD
BE ATTACHED TO THIS FORM:**

- ✓ BUSINESS REGISTRATION DOCUMENT(S)
- ✓ VALID ORIGINAL TAX CLEARANCE
CERTIFICATE
- ✓ VALID B-BBEE CERTIFICATE
- ✓ CERTIFIED ID COPY(IES) OF
SHAREHOLDER(S)/ DIRECTOR(S)
- ✓ BUSINESS PROFILE

16. BANKING DETAILS

NAME OF A/C HOLDER																			
BANK																			
BRANCH NAME																			
BRANCH CODE																			
BUSINESS A/C NUMBER																			
ACCOUNT TYPE																			
<p>THE BANK ACCOUNT DETAILS ARE HEREBY CERTIFIED AS CORRECT BY A BANK OFFICIAL</p> <p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: center;">Official Bank Stamp</p>																			

NB: This form will not be accepted if not stamped by the bank or an official bank account confirmation letter is not attached.

17. GENERAL

- Payment of suppliers through electronic banking transfer is compulsory (banking details are therefore required for payments).
- The person or company should be able to deliver goods/services to the offices of the Eastern Cape Liquor Board (refer Head office physical address below).

18. SUPPLIER DECLARATION

1. It shall be the responsibility of the registered supplier/service provider to inform the Eastern Cape Liquor Board immediately in writing of any change of address, telephone and facsimile numbers and, in particular, of any changes in respect of the equity ownership by historically disadvantaged individuals (HDI Status) and the small / medium / micro enterprise (SMME) status of the business. Should a contract be awarded to a business as a result of incorrect particulars on the HDI/SMME status of that business, the Eastern Cape Liquor Board shall have the right to, in addition to any other remedy that it may have in terms of the Preferential Procurement Regulations (2001), cancel the contract and to claim damages.

2. The Eastern Cape Liquor Board reserves the right to enter into term contracts with any supplier (whether registered or not) for any category of goods or services if the frequency of procurement in the particular category warrants a term contract.

3. I, _____ the undersigned, certify that the information furnished above is true and correct. I accept, that the ECLB may act against me should this declaration prove to be false.

SIGNATURE OF AUTHORISED PERSON

POSITION

DATE: _____

19. CONTACT DETAILS FOR ECLB ENQUIRIES

Physical address: 67-69 Devereux Avenue Vincent East London 5247	Postal Address: PO Box 18060 Quigney 5211
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Contact person:

Ms X. Masakane, Supply Chain Officer

Tel: (043) 700 0900

Fax: (043) 726 4101

Email: Xoliswa.masakane@eclb.co.za

FOR ECLB - OFFICIAL USE ONLY

SERVICE PROVIDER DETAILS CHECKED BY:

..... DATE:

SERVICE PROVIDER REGISTRATION RECOMMENDED BY:

..... DATE:

SERVICE PROVIDER APPROVED BY:

..... DATE:

SUPPLIER NUMBER: ECLB.....

SERVICE PROVIDER DETAILS UPDATED ON PASTEL BY:

..... DATE•

SERVICE PROVIDER DETAILS UPDATED ON ONLINE BANKING BY:

..... DATE:

SERVICE PROVIDER DETAILS ON PASTEL AND ONLINE BANKING
REVIEWED BY:

..... DATE:

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 a price quotation, advertised competitive bid, limited bid or proposal). 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 Full Name of bidder or his or her representative:

2.2 Identity Number:

2.3 Position occupied in the Company (director, trustee, shareholder²):

2.4 Company Registration Number:

2.5 Tax Reference Number:

2.6 VAT Registration Number:

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹"State" means –

- (a) any national or 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.

²"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder **YES / NO**
presently employed by the state?

2.7.1 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:

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Position occupied in the state institution:

Any other particulars:

.....

.....

2.7.2 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?

2.7.2.1 If yes, did you attached proof of such authority to the bid document?

YES / NO

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

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

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.....

2.8 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

2.8.1 If so, furnish particulars:

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2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?

YES / NO

2.9.1 If so, furnish particulars.

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.....

2.10 Are you, or any person connected with the bidder, YES/NO
 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?

2.10.1 If so, furnish particulars.

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

2.11.1 If so, furnish particulars:

3 Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Tax Reference Number	State Number / Employee Peral Number

4 DECLARATION

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

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Signature

.....

Date

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Position

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Name of bidder