

Date Received: _____



Northern Cape
Provincial Legislature

APPLICATION FOR REGISTRATION ON SUPPLIER DATABASE

THESE FORMS MUST BE COMPLETED AND SUBMITTED TO:

THE MANAGER: SUPPLY CHAIN MANAGEMENT
NORTHERN CAPE PROVINCIAL LEGISLATURE
GALESHEWE EXTENTION
GALESHEWE
8345

OR POSTED TO:

THE MANAGER: SUPPLY CHAIN MANAGEMENT
PRIVATE BAG X 5066
KIMBERLEY 8301

ENQUIRIES:

MR RONALD SEALIRA
DEMAND OFFICER
053-839 8052

FOR OFFICIAL PURPOSES ONLY

TRADING NAME OF SUPPLIER

CO REGISTRATION NUMBER

NCPL SUPPLIER NUMBER

CSD REGISTRATION NO

2. BUSINESS PARTICULARS:

TYPE OF BUSINESS (tick appropriate block):

<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Company (PTY) Ltd	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	NPO	<input type="checkbox"/>	NGO	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	Other

COMPANY DETAILS

Trading Name:

Registered Name:

VAT No (If Applicable):

CSD Number (If Applicable)

ADDRESS

Physical:

	Code	

Postal:

	Code	

CONTACT DETAILS

Tel No

Email 1

FAX

Email 2

Mobile

Website

OTHER INFO

BEE Level

BEE Verifier

Income Tax No

CO Reg No

CONTACTS PERSON(S)

1.

Title

Last Name

First Name

Department

Function

Email Address

Mobile

2.

Title

Last Name

First Name

Department

Function

Email Address

Mobile

6. PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS

NAME OF OWNER	NAME & ADDRESS OF OTHER BUSINESS	POSITION HELD	% OF OWNERSHIP	TYPE OF BUSINESS

7. PROPRIETORS/SHAREHOLDERS/PARTNERS/SOLE PROPRIETORS/TRUSTEES/BENEFICIARIES(OWNER)

- List all persons who are OWNERS (as listed above), in the business/trust, and indicate their involvement in the management/operations of the business/trust.
- If insufficient space, kindly attach a copy/copies of this page to this Registration Application Form (RAF), signed by the same person who signs on behalf of the business/trust on page 8 hereof.

FULL NAME	ID NUMBER	SA CITIZEN YES/NO	CAPACITY	% INTEREST



NORTHERN CAPE PROVINCIAL LEGISLATURE

ENTITY MAINTENANCE FORM

PART 1: ENTITY DETAILS (please print clearly)

Company's Full Trading Name (must be same as account name):

<i>Trading Name to be filled in here</i>	Year				Number				Type	
Business Registration Number or SMME Number										
VAT Number										
Identity/Passport/Persal Number										

PART 2: INFORMATION

1. I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
2. I/We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund Service", and I/we also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements.)
3. I/We also understand that a payment advice will be supplied by the Northern Cape Provincial Legislature in the normal way, and that it will indicate the date on which funds will be available in my/our account.
4. This authority may be cancelled by me/us by giving thirty day's notice by pre-paid/registered post.
5. I/We will not hold the Northern Cape Provincial Legislature liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied at the Department prior to payment.

.....
Initials and Surname
Signature (Entity/CFO)
Date

DETAILS OF BANK ACCOUNT:

Name of Bank	
Name of Branch	
Branch Code	
Account Name	
Account Number	
Account Type*	<input type="checkbox"/> If Cheque Account, attach a blank, cancelled cheque

*Please enter numeric value: 1= Cheque Account 2= Savings Account 3= Transmission Account
 4= Bond Account 5= (Not in Use) 6= Subscription Account

FOR COMPLETION BY BANK OFFICIAL:

Bank account details are hereby certified as being correct:

Name		Bank	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>DATE STAMP OF BANK</p>
ID Number		Official's	
Signature		Detail	
Account no		Entity's	
Branch Code		Detail	
Type of account			

FOR OFFICE USE ONLY

CAPTURED BY: _____ VERIFIED BY: _____
 DATE: _____ DATE: _____