



a world class African city

theatre for a world class african city
the JOBURG THEATRE
complex

TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER
ON THE DATABASE OF JOBURG THEATRE (PTY) LTD

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

In order to comply with the policies and procedures set out in the company's Supply Chain Management Policy; Joburg Theatre developed a supplier database to be used by the Supply Chain Management Office.

The purpose of this database is to give all prospective suppliers registered on the database an equal opportunity to submit quotations to Joburg Theatre.

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

Database registration forms are obtainable from Joburg Theatre's website as well as at the physical address. **It is imperative that suppliers read the application carefully, complete it in full and sign it. Please note that a valid Tax Clearance Certificate and a BEE Rating Certificate and any other supporting documents must be attached.** Joburg reserves the right to reject any incomplete application form accompanied by insufficient information.

When completed, please post or deliver the questionnaire to:

PHYSICAL ADDRESS
The Governance Department
Joburg Theatre
Loveday Street, Braamfontein

P.O. BOX 31900
Braamfontein
2017

LIST OF COMMODITIES (Maximum of 5 will be registered)

SUPPLIER REGISTRATION APPLICATION

Registered Business Name: _____

Trading Name _____

Business Registration Number: _____

Close Corporation Number: _____

VAT Registration No: _____ Income Tax No: _____

CIDB Registration Number, if any: _____

OWNERS/SHAREHOLDERS

Name	HDI Status				ID number	Date RSA Citizenship obtained	Percentage owned
	Woman	Black person	Youth ¹	Disability			

BUSINESS ADDRESS

Physical Address: _____

Postal Address: _____

Contact Person: _____

Telephone No: _____ Cellphone No: _____

Fax No: _____ Email Address: _____

BANKING INFORMATION

Bank Name: _____ Branch: _____ Branch Code _____

Bank Account No: _____ Type of Account :(e.g. cheque): _____

¹ "youth" means persons between the ages of 14 and 35 as defined by : National Youth Commission Act, 1996

PRINCIPAL BUSINESS ACTIVITIES

Nature of Business: _____

Type of Goods/Services Offered: _____

Number of Years in Business: _____

TOTAL OF FULL-TIME EMPLOYEES	TOTAL OF TEMPORARY EMPLOYEES	TOTAL ANNUAL TURNOVER	TOTAL GROSS ASSET VALUE (FIXED PROPERTY EXCLUDED)

BUSINESS REGISTRATION INFORMATION

Form of Business Entity: (Tick appropriate box)

Sole Trader	Close Corporation	Private Company	Public Company	Joint Venture	Partnership	Business Trust	Parastatal/ Government	Other (Specify)

Compliance to Statutory Requirements: (Please confirm all applicable boxes)

Income Tax	VAT Reg.	PAYE Reg.	UIF Reg.	WCA COID	Skills Levy	CIDB Reg.	Municipal Rates

TRADE INFORMATION

Do you hold any current or previous contracts with any company or organization? Yes/No
 If "yes", please list the latest or last contracts awarded to you:

Date:_____ Company Name: _____ Rand Value: _____

Date:_____ Company Name: _____ Rand Value: _____

Date:_____ Company Name: _____ Rand Value: _____

Name any three relevant trade references of previous projects or suppliers you have dealt with:

Company Name:_____ Contact Person:_____ Tel No:_____

Company Name:_____ Contact Person:_____ Tel No:_____

Company Name:_____ Contact Person:_____ Tel No:_____

BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE)

VENDOR PROFILE

(Please mark with an X your B-BBEE credentials)

B-BBEE Status		B-BBEE Score / Qualification		B-BBEE Recognition level %	
Level 1 Contributor		> 100		135%	
Level 2 Contributor		> 85 but < 100		125%	
Level 3 Contributor		> 75 but < 85		110%	
Level 4 Contributor		> 65 but < 75		100%	
Level 5 Contributor		> 55 but < 65		80%	
Level 6 Contributor		> 45 but < 55		60%	
Level 7 Contributor		> 40 but < 45		50%	
Level 8 Contributor		> 30 but < 40		10%	
Non-Compliant Contributor		< 30 on the Scorecard		0%	

(Please mark with an X your B-BBEE credentials)

Exempted Micro-Enterprise (EME)			
<i>Any enterprise with annual Total Revenue of R5 million or less qualifies as an Exempted Micro-Enterprise (EME). A start-up enterprise must be measured as an Exempted Micro-Enterprise for the first year following its formation or incorporation.</i>			
Qualifying Small Enterprise (QSE)			
<i>Any enterprise with annual Total Revenue of between R5 million and R35 million qualifies as a Qualifying Small Enterprise.</i>			
Enterprise 50% or more Black owned		Provide % of shareholding	
<i>Indicate if your enterprise is 50% or more black owned</i>			
Enterprise 30% or more Black women		Provide % of shareholding	
<i>Indicate if your enterprise is 30% or more black women owned</i>			

I/We confirm that the information provided is correct as at this date:

Name	Signature	Designation	Date

GENERAL BUSINESS INFORMATION

Quality Management:

Does your business hold any SABS or ISO accreditation? Yes/No
 If "yes", provide permit number/s: _____

Does your business have a Quality Management System in place? Yes/No

Environmental Management:

Do you have an environmental management policy in place? Yes/No

Do you have an Occupational Health & Safety policy in place? Yes/No

Does your business routinely work with any hazardous substances? Yes/No

If "yes", have you been accredited by the Departments of Water Affairs and Labour Yes/No

Facilities:

Do you share any business facilities or buildings? Yes/No

If "yes", which facilities are shared? _____

With whom do you share facilities? _____

What is the other firm's principal business activity? _____

What are the street addresses of all facilities used by the firm? (e.g. warehouses, offices, plant)

Do you own or rent your major tools, plant and equipment? Own/Rent/Lease

Do you normally make use of Sub-contractors to assist you with your core function? Yes/No

If "yes", what % of your core business function do you sub-contract to external parties? _____

BUSINESS PARTNERS

Full Name of Firm	Email Address	Telephone Number
Accountant		
Auditor		
Legal Advisor		
Business Advisor		

*insert separate page if necessary

MUNICIPAL FINANCE MANAGEMENT ACT COMPLIANCE

DECLARATION OF INTEREST

The following particulars must be furnished. In the case of a joint venture, **separate** enterprise questionnaires in respect of each partner must be completed and submitted.

Record in the service of the state

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:

- a member of any municipal council
- a member of any provincial legislature
- a member of the National Assembly or the National Council of Province
- a member of the board of directors of any municipal entity
- an official of any municipality or municipal entity
- an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)
- a member of an accounting authority of any national or provincial public entity
- an employee of Parliament or a provincial legislature

If any of the above boxes are marked, disclose the following:

Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

*insert separate page if necessary

Record of spouses, children and parents in the service of the state

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months been in the service of any of the following:

- a member of any municipal council
- a member of any provincial legislature
- a member of the National Assembly or the National Council of Province
- a member of the board of directors of any municipal entity
- an official of any municipality or municipal entity
- an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)
- a member of an accounting authority of any national or provincial public entity
- an employee of Parliament or a provincial legislature

Name of spouse, child or parent	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

*insert separate page if necessary

The undersigned, who warrants that he / she is duly authorised to do so on behalf of the enterprise:

- i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order;
- ii) confirms that the neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;
- iv) confirms that I / we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and
- v) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name _____

PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION:

#	Confirmation	Documents Required	Please Tick Appropriate Box	
			Yes	No
1.	Supplier registration application completed in full	Supplier registration form		
2.	Company registration	Certificate of incorporation or founding statement		
3.	Proof of ownership	Share certificates		
4.	BEE verification by accredited agency	BEE verification certificate		
5.	Proof of banking details	Cancelled cheque or bank statement		
6.	Income tax registration	Original tax clearance certificate		
7.	Joint venture arrangement (If applicable)	Joint venture agreement		
8.	Partnership arrangement (If applicable)	Partnership agreement		
9.	VAT registration	VAT registration certificate		
10.	Proof of registration to a statutory body regulating your industry (e.g. CIDB)	Certificate of registration		
11.	Workman compensation (WCA)	Certificate of good standing		
12.	Rates & taxes	Latest council rates & taxes statement		
13.	Owners'/Shareholders Identities	Certified copies of ID or Passports		
14.	Profile of company	Company Profile		

LIST OF COMMODITIES (Maximum of 5 will be registered)

NO	DESCRIPTION OF COMMODITY	X
1	ACCOMMODATION	
2	ACCOUNTING & BOOKKEEPING SERVICES	
3	ACCOUNTING SYSTEMS SOFTWARE	
4	ADVERTISING	
5	ADVERTISING AND PRINTING	
6	AIR CONDITIONING SYSTEMS & REPAIRS	
7	ANTI VIRUS SOFTWARE	
8	ARCHIVING SERVICES & SYSTEMS	
9	ART & CRAFT MATERIALS	
10	ASSET MANAGEMENT SYSTEMS	
11	ASSOCIATIONS AND FEDERATIONS	
12	AUCTIONEERS	
13	AUDIO VISUAL AIDS & EQUIPMENT	
14	AUDIO VISUAL EQUIPMENT HIRE	
15	AUDIO VISUAL AIDS & EQUIPMENT REPAIRS & SERVICES	
16	AUDIO VISUAL PRODUCTIONS	
17	AUTOSPARE PARTS & REPAIRS	
18	AUTOMATION & CONTROL SERVICES	
19	BACKUP SERVICES COMPUTER DATA	
20	BADGES CONFERENCE, EMBROIDERED, METAL	
21	CONFERENCE / PROMOTIONAL MATERIAL	
22	BARCODE SOFTWARE & PRINTERS	
23	BATTERIES	
24	BEVERAGES & ALCOHOL	
25	BLINDS & AWNINGS	
26	BOILERS	
27	BOOKS	
28	BROKERS LABOUR	
29	BUILDING MATERIALS & HARDWARE	
30	BUILDING SERVICES	
31	BUSINESS ADVISORY SERVICES	
32	CABINET MAKERS	
33	CABLING CONTRACTORS	
34	CABLING SYSTEMS AND MANAGEMENT	
35	CABLING SYSTEMS TELEPHONE	
36	CARDS IDENTIFICATION	
37	CARPENTERS*CAPENTRY	
38	CARPET CLEANING SERVICES	
39	CARPETS*CARPENTING	
40	CARTRIDGES	
41	CATERING EQUIPMENT HIRE	
42	CATERING SERVICES	
43	CEILING CONTRACTORS	
44	CHANGE MANAGEMENT	
45	CHEMICALS	
46	CLEANING CHEMICALS	
47	CLEANING EQUIPMENT GENERAL	
48	CLOSED CIRCUIT TV	
49	CLOTHING GENERAL/PROTECTIVE & UNIFORMS	
50	COFFEE & VENDING MACHINES	
51	COMPUTER CABLING / NETWORKING	
52	COMPUTER COMPONENTS/CONSUMABLES	
53	COMPUTER HARDWARE & PRINTERS	
54	COMPUTER REPAIRS	
55	COMPUTER SOFTWARE	
56	CONSULTING SERVICES	
57	CORPORATE GIFTS & PRODUCTS	
58	CUPBOARDS BUILT IN	
59	DOCUMENT BINDING SERVICES	
60	DOCUMENT DUPLICATING SERVICES	
61	DRAIN CLEANING SERVICES	
62	CURTAINING, RAILS & ACCESSORIES	
63	ELECTRICAL APPLIANCES	
64	ELECTRICAL COMPONENTS & EQUIPMENT	
65	EMBROIDERY SERVICES (& LOGO)	

NO	DESCRIPTION OF COMMODITY	X
66	ENGRAVING SERVICES & EQUIPMENT	
67	FIRST AID SUPPLIES & EQUIPMENT	
68	FLAGS & MAPS	
69	FLOORING CONTRACTORS	
70	FLORISTS	
71	FRAMING SERVICES	
72	FURNITURE	
73	FURNITURE REMOVALS	
74	GAS & HEATING EQUIPMENT	
75	GRAPHIC DESIGN SERVICES	
76	GROCERIES OFFICE	
77	GUESTHOUSE, INNS & LODGES	
78	HEATERS & HEATING EQUIPMENT	
79	INFORMATION SERVICES	
80	INTERIOR DECORATORS	
81	INTERIOR DESIGN SERVICES	
82	LANDSCAPING SERVICES	
83	LIGHTING CONTRACTORS	
84	LIGHTING EQUIPMENT	
85	LIGHTS & FITTINGS	
86	LOCKSMITHS	
87	MANUFACTURING: MATERIALS & TEXTILES	
88	MANUFACTURING: PLASTIC PRODUCTS	
89	MARKET RESEARCH	
90	MEDIA LIAISON	
91	RECRUITMENT AGENTS	
92	RECYCLING SERVICES	
93	REFRIGERATION EQUIPMENT & REPAIRS	
94	REFUSE REMOVAL SERVICES	
95	RENOVATION SERVICES	
96	OFFICE AUTOMATION EQUIPMENT & REPAIRS	
97	OFFICE AUTOMATION HIRE	
98	OFFICE CONSUMABLES	
99	OFFICE EQUIPMENT	
100	OFFICE FURNITURE	
101	OFFICE LAYOUT DESIGN SERVICES	
102	PAINT SUPPLIERS	
103	PARTITIONING CONTRACTORS	
104	PEST CONTROL SERVICES	
105	PHOTOGRAPHY SERVICES	
106	PLAN DRAWING SERVICES	
107	PLASTERING CONTRACTORS	
108	PLUMBING CONTRACTORS	
109	PRINTING & DESIGN SERVICES	
110	SECURITY & ACCESS CONTROL EQUIPMENT / SYSTEMS	
111	SECURITY & ACCESS CONTROL SERVICES	
112	SHOPFITTERS	
113	SIGNAGE / SIGNS	
114	SOUND EQUIPMENT / SYSTEMS	
115	STATIONERY OFFICE	
116	UPHOLSTERS	
117	WEB SOLUTIONS DESIGN & MAINTENANCE	
118	WINDOW FITTING & GLASS	
119	WORKSHOP EQUIPMENT	
	OTHER – NOT LISTED	
120		
121		
122		
123		
124		
125		
126		
127		
128		
129		
130		

For Official Use Only:

Name of Service Provider: _____

Approved / Not Approved

Captured By: _____

Date Checked: _____

Signature: _____

Approved By: _____

Date approved: _____

Signature: _____

Supplier Number: _____