



COMPANY PROFILE /VENDOR APPLICATION

Please ensure that the following documents are attached:

1. Vendor application form (compulsory)
2. Certified copy of company registration certificates
3. Latest Municipal account / Proof of address (compulsory)

Note: failure to submit the compulsory documentation will result in application being disqualified.

Please note:

It remain the responsibility of owners of the business to ensure that proof of all documents/certificates that were submitted be kept current and valid on an annual and on-going basis.

NAME OF THE BUSINESS											
Postal address											
Physical address											
Landline											
Fax											
Website											
Contact person											
Designation											
Cellular phone											

TYPE OF BUSINESS					
Partnership		Sole Trader		Close corporation	
Company		Pty Limited			

PRINCIPAL BUSINESS ACTIVITIES / SERVICES (3 Commodities only)

Auditors	Corporate gifts	Printing – design, layout and printing
Advertising	Editing and Proof reading	Security Services
Building maintenance	Electrical maintenance and hardware suppliers	Skills Development practitioners
Catering Services	Haircare product and equipment	Steelworks and welding
Cell phone service providers	Information Technology consultants – Network/stand alone	Training and Development institutions
Cleaning products and equipment	Media and Publicity	Transport - Busses
Computer Hardware suppliers	Motivational Speakers	Team Building specialist
Software	Office Furniture/equipment	Telecommunications media services
Event management	Stationery	Communication devices
Accounting and bookkeeping	Clothing	Business administration
Agriculture	Plumbing	Cleaning service
Books suppliers	Pest control services	General agreement and contracts

COMPANY / ENTERPRISE REGISTRATION NR

INCOME TAX REFERENCE NUMBER

VAT REGISTRATION NUMBER

LIST ALL PARTNERS, PROPRIETORS AND SHAREHOLDERS

***HDI – Historically disadvantage individuals:**

1. Ethnicity- please state B-Black, I-Indian, C-Coloured, W-White
2. Gender- please state M – Male, F-Female
3. Disabled- Please state Yes or No

Where owners are themselves a company/partnership identify the ownership of the holding firm

Initial & Surname	Identity number	SA Citizen	*HDI Status			Date of ownership	% Owned	% Voting
		Yes or No	1	2	3			

Please complete the following information for each partner, proprietor, shareholder, director/s and other official of the business/firm/enterprise.

Name and Surname	HDI status (Yes/No)		% of time devoted to the firm	Home address
	Y	N		
	Y	N		
	Y	N		
	Y	N		
	Y	N		
	Y	N		
	Y	N		

How many permanent staff members does the firm employ?

Full-time	Part-time

Please list the major items of equipment, plant and vehicles owned by the firm.

Item	Quantity

Please state what the enterprise's average annual turnover (excluding VAT) was during the lesser of the period for which the business has been operating or the previous three financial years?

1	
2	
3	

Please provide information with regards to all trade association / professional bodies to which you have membership.
(CIDB registration compulsory for building maintenance registration)

Name of organisation	Membership nr

List the four largest contract/assignments completed by you firm in the last three years.				
Work performed	For which company	Contact person	Contact numbers	Contract fee / amount

List all contracts, which your firm is currently engaged in and have not yet completed				
Contract description	Location	Employer	Contract amount	Expected completion

Declaration of interest:

Any relation to staff members employed at Westcol need to be declared.

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Any current contracts with state institutions need to be declared

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<p>The undersigned, which warrants that he/she is duly authorised to do so on behalf of the firm, state that: The information provided and submitted is true and correct.</p>	
Name and Surname	Date
Signature	Designation
Commissioner of oath:	
Date:	