INTRODUCTION AND GUIDELINES

The purpose of this database is to give all current and prospective service providers, an equal opportunity to submit quotations to the University for the Supply of goods and services. Preference will be given to registered suppliers. Suppliers who are not yet registered will not be excluded from quoting to the Cape Peninsula University of Technology (CPUT). It is envisaged that this database will contribute to efficient administration and compliance with the PPPFA.

Attached please find an official registration form to assist us in establishing our database according to legislation. It is imperative that suppliers read the application document carefully, complete it in full, sign it and have it commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration.

Only documents with an original signature are to be submitted. A supplier registered on the Suppliers Database must notify the Cape Peninsula University of Technology of any changes to information provided in the initial application form. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Suppliers providing incorrect or fraudulent information in their application form will be disqualified from tendering and removed from the Suppliers Database, in addition to any other action the University may institute against such a supplier. Further, in the event of the Cape Peninsula University of Technology being prejudiced financially, it reserves the right to take legal action against the supplier. Any alterations made by the applicant must be initialed.

*NB: The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business.*

Completed forms can be deposited in the Tender Box, Information Building, Symphony Way, Bellville, 7535 or hand-delivered to the Procurement Office.

Queries can be directed to: Mrs Renee Janse: T e l: (021) 959 5782 Email: janser@cput.ac.za

Incomplete forms will not be considered for inclusion onto the supplier database.
Terms of Reference for registration onto CPUT’s Vendor database and Master database

1. REGISTRATION
   1.1 CPUT is implementing a Vendor Data Base to ensure that they have sufficient appropriately qualified vendors to provide goods as services as and when required.
   1.2 Vendors that wish to register should complete this application form.

2. Database Register:
   2.1 Vendors that have been registered onto the Data base may have the opportunity to bid or quote on CPUT’s acquisition requirements. Registration onto the Vendor Data base does not guarantee business opportunities as all acquisition will be subject to the Supply Chain Management Policy of CPUT.
   2.2 The University reserves the right to accept or reject any application.

3. Maintenance of Data Base:
   3.1 CPUT will update vendor information on an ongoing basis. Vendors that have registered onto the Data Base should ensure that they furnish the University with any changes to the status of the information initially provided, as and when the information changes. It is the service provider’s responsibility to ensure that the information reflected on the Data base is correct and up to date at all times.
   3.2 Annual update of the suppliers: SARS Tax Clearance Certificate, BBBEE Compliance Certificates, CIDB, Certificate of Good Standing, etc. must be submitted to the University prior to the expiry of the previously submitted documents.
   3.3 Supplier with expired documentations will not be considered for the University quotations and RFQ’s.

4. Performance and Monitoring:
   Service providers that have been registered onto the Data Base will be continuously monitored for their performance on work awarded to them by CPUT. This continuous monitoring process will form the basis to evaluate Service Provider’s performance which will have an impact on future opportunities with the University.

5. Confidentiality
   All information provided by vendors for registration purposes will remain confidential and will only be of use by CPUT unless otherwise required by law.

6. Vetting
   All Service Providers on CPUT Vendor Data Base as well as CPUT Master Data Base will be subject to vetting by a local Credit Bureau.

7. CPUT payment terms are 30 days after statement on receipt of a signed off invoice/tax invoice on completion of services, delivery of goods and or equipment’s.

8. Staff Members and students of CPUT are prohibited to doing business with the university to avoid direct or indirect conflict of interest.
IMPORTANT INFORMATION

Please note that registration on the CPUT Vendor Data Base does not guarantee the receipt of business opportunities.

Required Information:
Please ensure that all certified copies of Mandatory Documents as per table below required by your business type are attached to your application form. If the required documents are not attached, or if the form is not completed in full, your application form will not be considered.

1. **A Company profile**
   A brief overview of the size of business, Annual turnover, contactable references, products and or services offered and Management structure.

2. **Tax Clearance Certificate**
   A Valid Tax Clearance Certificate (including a pin from SARS) is to be submitted. The valid period of a Tax Clearance Certificate is 12 months from date of issue (Tax certificate to be verified on every time service provider is recommended for award). Please ensure that CPUT is always in possession of your valid Tax Clearance Certificate.

3. **Identification (ID), original certified copies (Directors of the Company)**

4. **Banking details**: Supply original cancelled Cheque as cross reference or Original Bank Stamped Letter with Company Banking Details.

5. **BBBEE Certificate**
   Please provide proof of certificated issued by an approved Rating Agency or An affidavit as per BBBEE Act Amendment stating Ownership percentage (%) and BBBEE status level. This applies to Sole Proprietors and Freelancers as well; even if the business income is less than R 10 mil per year and is therefore exempt from BBBEE.

6. **Owners, Shareholders:**
   Please provide full and details of individual shareholding.

7. **Certificates of Registration**
   Please include the following certified copies of registration relevant to your Industry with your submission:

   7.1 Contractors Registration Certificate as issued by the Construction Industry Development Board (CIDB)
   7.2 Certificate of Registration from The Security Officer’s Board
   7.3 QMS Certification e.g.; ISO 9000:2000
   7.4 Environmental Management System e.g.; ISO 14001
   7.5 Safety Management System e.g.; OSHA 18001
   7.6 Registration and Certification from Financial Services Boards and Authorities, etc.

8. **Amendments**: Please notify CPUT immediately of any changes to the verified information submitted.

9. **Business Type:**

<table>
<thead>
<tr>
<th>BUSINESS TYPE (Please tick relevant box)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents Required</td>
</tr>
<tr>
<td>Company Registration</td>
</tr>
<tr>
<td>Original Valid Tax Clearance</td>
</tr>
</tbody>
</table>
10. VENDOR INFORMATION

10.1 Name of Company : …………………………………………………………………………………………………………

10.2 Postal Address : …………………………………………………………………………………………………………………

: ……………………………………………………………………………………………………………………………. Postal Code: …………………

10.3 Physical Address : …………………………………………………………………………………………………………………

: ……………………………………………………………………………………………………………………………. Postal Code: …………………

10.4 Tel. Number : Code…………….. Number: …………………………………………

10.5 Fax Number : Code…………….. Number: …………………………………………

Order Fax Number : Code…………….. Number: …………………………………………

Cell Number : …………………………………………………………………………………………………………………

10.6 Email : …………………………………………………………………………………………………………………………………

10.7 Website : ……………………………………………………………………………………………………………………….

10.8 Banking Details: …………………………………………………………………………………………………………………

Bank Name : ……………………………………………………………………………………………………………………………

Bank Branch: ……………………………………………………………………………………………………………………………

Bank Account number : …………………………………………………………………………………………………………………

Account type : ……………………………………………………………………………………………………………………………

(Supply original cancelled cheque as cross reference of banking details or bank stamped letter)

10.9 Details of Statement

Date of Statement : …………………………………………………………………………………………………………………

Discount : ……………………………………………………………………………………………………………………………

Payment Terms (e.g. 30/60 days after statement submitted)

10.10 Company Registration: ………………………………………………………………………………………………………

10.12 VAT Registration Number: ………………………………………………………………………………………………………
10.12 Business Commencement date: ..........................................................................................................................

10.13 Duration in Current Industry: .................................................................................................................................

10.14 Name other Tertiary Institution that makes use of your service or products:
..........................................................................................................................................................................................

10.15 Are you a preferred supplier to any other organization (provide details)?
..........................................................................................................................................................................................

10.16 Did you previously supply goods or services to CPUT (provide details)
..........................................................................................................................................................................................

10.17 REFERENCES

Trade Reference 1:
Company’s Name: ..........................................................................................................................................................

Postal Address: .................................................................................................................................................................

: .................................................. Postal Code: ..........................................................

Contact Person: .................................................................................................................................................................

Designation: .................................................................................................................................................................

Tel Number: Code............................... Number: ..........................................................

Approximate Annual Value of Business: R..................................................................................................................

REFERENCES

Trade Reference 2:
Company’s Name: ..........................................................................................................................................................

Postal Address: .................................................................................................................................................................

: .................................................. Postal Code: ..........................................................

Contact Person: .................................................................................................................................................................

Designation: .................................................................................................................................................................

Tel Number: Code............................... Number: ..........................................................

Approximate Annual Value of Business : R..................................................................................................................
10.17 REFERENCES

Trade Reference 3:
Company’s Name: ..........................................................................................................................
Postal Address: ...............................................................................................................................
.......................................................... Postal Code: ......................................................
Contact Person: .......................................................... Designation........................................
Tel Number: Code................................. Number: ...............................................................

10.17.1 CLIENT REFERENCE 1

Company’s Name: ..........................................................................................................................
Postal Address: ...............................................................................................................................
.......................................................... Postal Code: ......................................................
Contact Person: ..........................................................................................................................
Designation: ..............................................................................................................................
Tel Number: Code................................. Number: ...............................................................

Approximate Annual Value of Business: R...........................................................................................

CLIENT REFERENCE 2

Company’s Name: ..........................................................................................................................
Postal Address: ...............................................................................................................................
.......................................................... Postal Code: ......................................................
Contact Person: ..........................................................................................................................
Designation: ..............................................................................................................................
Tel Number: Code................................. Number: ...............................................................

Approximate Annual Value of Business: R...........................................................................................

CLIENT REFERENCE 3

Company’s Name: ..........................................................................................................................
Postal Address: ...............................................................................................................................
.......................................................... Postal Code: ......................................................
Contact Person: ..........................................................................................................................
Designation: ..............................................................................................................................
Tel Number: Code................................. Number: ...............................................................

Approximate Annual Value of Business: R...........................................................................................
10.18 TYPE OF FIRM (PLEASE TICK WITH AN X)

1. Public Company
2. Private Company
3. Closed Corporation
4. Joint Venture
5. Consortium
6. Sole Proprietor
7. Foreign Company
8. Partnership
9. Trust
10. Section 21 Company
11. Government / Parastatals
12. Other (specify)

11. MAIN CONTACT PERSON IN YOUR COMPANY

Name: ...........................................................................................................................................................................

Designation: .............................................................................................................................................................

Tel Code: ................................. Number: ..............................................................................................................

Fax Code: ................................. Number: ..............................................................................................................

Email Address: ......................................................................................................................................................

12. CONTACT PERSON IN YOUR COMPANY FOR PURPOSE OF OBTAINING QUOTATIONS

Name: .................................................................................................................................................................

Designation: ........................................................................................................................................................

Tel Number : Code................................. Number : ....................................................................................... 

Fax Number: Code................................. Number: ..........................................................................................

Email Address: ......................................................................................................................................................

13. DETAILS OF SHAREHOLDING / OWNERSHIP

<table>
<thead>
<tr>
<th>Directors</th>
<th>Race / Gender</th>
<th>ID Numbers</th>
<th>% Shareholding</th>
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<tbody>
<tr>
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</tbody>
</table>
14. **PRODUCTS AND SERVICES**

14.1 Are you a Manufacturer / Distributor / Wholesaler /Retailer or Service organization: .................................................................................................................................

14.2 **LIST YOUR COMMODITIES:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF BUSINESS OFFERING</th>
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<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

14.4 List Sole Agencies held by you: .................................................................................................................................

14.5 Quality Control Standards and Awards: .................................................................................................................................

14.6 List the type product/service you provide: Other than list as per Annexure

<table>
<thead>
<tr>
<th>14.4 List Sole Agencies held by you</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>14.5 Quality Control Standards and Awards</th>
</tr>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14.6 List the type product/service you provide</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

15. **BROAD BASED BLACK ECONOMIC EMPOWERMENT**

- Is your business empowered in terms of the definition according to Department Trade and Industry (DTI) legislation Gazette 9 February 2007?

  - Yes: .................................................................................................................................
  - No: ...............................................................................................................................

- **BBBEE Rating**

  15.1.1 **BBBEE Certificate Level (Turnover Amount)**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>.................................................................................................................................</th>
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<tbody>
<tr>
<td>Level 2</td>
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<td>Level 7</td>
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<tr>
<td>Level 8</td>
<td>.................................................................................................................................</td>
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<tr>
<td>Non- Compliant</td>
<td>.................................................................................................................................</td>
</tr>
</tbody>
</table>

  (Please supply BBBEE grading Certificate issued by an approved Certification Agency or An Affidavit as per Amended BBBEE Act)

  15.1.2 **Qualifying Small Enterprise (QSE)**

  Turnover R10m>R35m

  (Please supply grading Certificate issued by an approved Certification Agency)

  15.1.3 **Exempted Micro Enterprise (EME)**

  Turnover <R10m

  (Please supply Audited Financial Statement)

  15.1.4 **Start-Up Enterprise**

  (Please supply registration documents as well affidavit stating ownership in previous enterprises)

  15.1.5 **Specialized Enterprise**

  (Tertiary Institutions & Section 21 Companies)
16. SMME STATUS OF YOUR ENTERPRISE:
Please tick with (X) on relevant box in column marked Full Time Employers.
Insert amount in rand to Annual Turnover and Total Gross Asset Value respectively under the appropriate SMME column.

<table>
<thead>
<tr>
<th>FULL TIME EMPLOYERS</th>
<th>ANNUAL TURNOVER</th>
<th>TOTAL GROSS ASSET VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>Small</td>
<td>Very Small</td>
</tr>
<tr>
<td>100</td>
<td>50</td>
<td>10</td>
</tr>
</tbody>
</table>

17. CONFLICT OF INTEREST

17.1 Are you, any of your relatives or anyone of your staff or their relatives an employee of CPUT Yes:

................................................................. No:........................................

If yes to the above then please provide detail of the relationship, Department or Division in which you, your staff or the relative is employed and contact detail including Staff Number.

.................................................................

We hereby undertake

- Not to deliver goods or services to any department, division or individual of Cape Peninsula University of Technology without receipt of an official order form/ order number issued by the procurement department of CPUT.
- To always add the order number as issued, as well as the VAT Numbers of both CPUT as well as ServiceProvider on the invoice furnished for the appropriate order.
- To supply the University of statements on a monthly basis.

I hereby confirm that the abovementioned information is correct and that I am authorized to undertake this agreement on behalf of the company.

.................................................................
Initials and Surname

.................................................................
Signature

.................................................................
Designation/Capacity

.................................................................
Date

18. VETTING:

By submission of this form: I hereby give CPUT permission to do a vetting on my business as well as personal.
ANNEXURE 1

CERTIFICATE OF INDEPENDENT BID DETERMINATION

1. This Standard Bidding Document (SBD) must form part of all Bids\(^1\) invited.

2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive Bidding (or Bid rigging). \(^2\) Collusive Bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.

3. The Procurement policy authorises the SCM section (which will include all persons delegated with authority in terms of the Procurement policy section (page 6 of 28)) of the CPUT to:

   3.1 Disregard the Bid of any Bidder if that Bidder or any of its directors have abused the institution’s supply chain management system and or committed fraud or any other improper conduct in relation to such system.

   3.2 Cancel a contract awarded to a Bidder of goods and services if the Bidder committed any corrupt or fraudulent act during the Bidding process or the execution of that contract.

4. This document serves as a declaration that would be used by institutions to ensure that, when Bids are considered, reasonable steps are taken to prevent any form of Bid rigging.

5. In order to give effect to the above, the attached must be completed and submitted with the Bid.

---

\(^1\) Includes price quotations, advertised competitive Bids, limited Bids and proposals.

\(^2\) Bid rigging (or collusive Bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a Bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.
ANNEXURE 1 (Continued)

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying forms:

Name and Surname

in response to the invitation to be loaded on the database by:

CAPE PENINSULA UNIVERSITY OF TECHNOLOGY (CPUT)

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: __________________________ that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;

2. I understand that the accompanying forms will be disqualified if this Certificate is found not to be true and complete in every respect;

3. I am authorised by the Company to sign this Certificate, and to submit the accompanying forms, on behalf of the Company;

4. Each person whose signature appears on the accompanying forms has been authorised by the Company to determine the terms of, and to sign the forms, on behalf of the Company;

5. For the purposes of this Certificate and the accompanying forms, I understand that the word “competitor” will include any individual or organisation, other than the Company, whether or not affiliated with the Company, who:

   5.1 Has been requested to submit a Bid in response to the Bid invitation;

   5.2 Could potentially submit a Bid in response to this Bid invitation, based on their qualifications, abilities or experience; and

   5.3 Provides the same goods and services as the Company and/or is in the same line of business as the Bidder.
6. The Company will at all times Bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partner in a joint venture or consortium\(^3\) will not be construed as collusive Bidding.

\(^3\) Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
   7.1 prices;
   7.2 Geographical area where product or service will be rendered (market allocation);
   7.3 Methods, factors or formulas used to calculate prices;
   7.4 The intention or decision to submit or not to submit, a Bid;
   7.5 The submission of a Bid which does not meet the specifications and conditions of the Bid; or
   7.6 bidding with the intention not to win the Bid.

8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.

9. The terms of your Bids will not be disclosed by the Bidder, directly or indirectly, to any competitor, prior to the date and time of the official Bid opening or of the awarding of the contract.

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to Bids and contracts, Bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No. 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No. 12 of 2004 or any other applicable legislation.

\[\text{SIGNATURE}\, \quad \text{DATE}\]

\[\text{NAME OF BIDDER}\, \quad \text{POSITION}\]