



sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

SUPPLIER DATABASE APPLICATION FORM

Depending on the vendors' location, forms can be collected and be delivered to Supply chain management offices as listed bellow:

<p>Head Office (HO) Mr. Itumeleng Matsana</p>
<p>SASSA HOUSE 501 Prodinsa Building, Cnr Beatrix & Pretorius Street Pretoria, 0001</p> <p>Private Bag X55662 Arcardia Pretoria, 0083 Tel: 012 400 2351 / 2000</p>

<p>Eastern Cape Regional Office (EC) Mr. Thembisile Dyonas</p>
<p>1st Floor, Waverly Office Park 3 – 33 Phillip Frame Road Private Bag X9001 Chiselhurst East London, 5200 Tel: 043 707 6457 Fax: 043 707 6486</p>

<p>Free State Regional Office (FS) Mr. Khamusi Mulaudzi</p>
<p>African Life Building 75 St. Andrews Street Bloemfontein Private Bag X4424 Bloemfontein, 9300 Tel: 051 409 0976 Fax: 051 409 0857</p>

<p>Limpopo Regional Office (LP) Mr. Reuben Sebe</p>
<p>43 Landros Mare Street, Polokwane, 0699 Private Bag X9677 Polokwane, 0700 Tel: 015 291 7406 Fax: 086 517 8699 :</p>

<p>North West Regional Office (NW) Mr. Victor Maluleke</p>
<p>SASSA House University Drive Mmabatho, 2735 Private Bag X44 Mmabatho, 2735 Tel: 018 389 4094 Fax: 018 611 9740</p>

<p>Mpumalanga Regional Office (MP) Mr. Jeremiah Ragophala</p>
<p>18 Ferreira Street Nelspruit, 1200 Private Bag X11230 Nelspruit, 1200 Tel: 013 754 9495 Fax: 013 752 5120</p>

<p>Northern Cape Regional Office (NC) Ms. Tebogo Sitsili</p>
<p>Cecil Sussman 2 Kimberley, 8300 Private Bag X6011 Kimberley, 8300 Tel: 053 802 7707 Fax: 053 832 5225</p>

<p>Kwa Zulu Natal Regional Office (KZN) Ms. Silindile Myeni</p>
<p>1 Bank Street Pietermaritzburg, 3201 Private Bag X9146 Pietermaritzburg, 3201 Tel: 033 846 3395 Fax: 086 5172336</p>

<p>Gauteng Regional Office (GP) Ms. Mapule Mokoena</p>
<p>28 Harrison Street Johannesburg, 2000 Private Bag X120 Marshalltown, 2107 Tel: 011 241 8407 Fax: 011 241 8301</p>

<p>Western Cape Regional Office (WC) Ms. Oliver Van Wyk</p>
<p>Golden Acre Adderly Street Cape Town Private Bag X9189 Cape Town, 8000 Tel: 021 469 0367 Fax: 021 469 0232</p>

IMPORTANT NOTES

Please read carefully:

This questionnaire must be completed by all vendors seeking registration as an approved supplier on SASSA database and it must be signed by an authorised person in the vendor's organisation. A company profile may accompany the registration form, but will not be accepted as a substitute for the application form.

Applicants will in most cases, be contacted via fax and must therefore submit an operating fax number.

It should be noted that SASSA reserves the right to accept or reject any application without being obliged to give any reasons in this respect.

SECTION 1: INTRODUCTION

SUPPLIERS SEEKING REGISTRATION AS APPROVED SUPPLIER ON THE DATABASE OF THE SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)

The South African Social Security Agency (SASSA) is an extension of government's delivery arm that administers the delivery of grants to destitute South Africans. Through SASSA, government will ensure improvement of the social security service delivery. SASSA aims to bring improvements that will benefit those living in poor households, suffering from malnutrition and improving the quality of health care of the vulnerable.

Suppliers are herewith invited to register as approved suppliers on the database of SASSA.

In order to comply with the procedures set out in the Supply Chain Management guidelines and the Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA), the Agency has to develop a supplier database to be used by the Supply Chain Management Unit for acquisition of goods and services.

Although preference will be given to suppliers on the database, it does not necessarily follow that suppliers who are not yet on the database will be totally exempted from quoting for the supplying of goods or services to SASSA. It is envisaged however, that this database will contribute to the efficient administration and compliance with the PFMA.

All the applications for registration as a service provider must be accompanied by the following documents where applicable

- Original and valid tax clearance certificate
- Workers compensation fund letter for proof of registration
- Unemployment Insurance Fund
- Company profile
- VAT registration Certificate (where applicable)
- Company registration documents
- Certified copies of identity document
- Share holding agreements
- Occupational Health and Safety Certificate
- SANS/ SABS certificate
- Patent certificate (if applicable)
- Any other certificate pertaining to your relevant industry.

IMPORTANT NOTE: ALL SUPPLIERS WILL BE SUBJECT TO VETTING BY THE NATIONAL INTELLIGENCE AGENCY (NIA)

➤ **For further clarification please contact: Mr. Itumeleng Matsana on (012) 400 2351
Email: Itumelengmat@sassa.gov.za**

SECTION 1: TERMS AND CONDITIONS

2.1 APPLICATION PROCEDURE

Service providers wishing to register may do so by completing the registration form applicable on SASSA's website or obtainable from SASSA's Head Office and Regional offices.

2.2 DURATION OF REGISTRATION

Suppliers acceptable to the Agency shall remain on the database for a period of 24 months. From the date of acceptance. SASSA reserves the right to either accept or reject any application.

2.3 UPDATING INFORMATION

Suppliers shall be responsible to ensure that information is updated as and when such change occurs. Information must be submitted to SASSA's Supply Chain Management Unit.

2.4 MONITORING OF SUPPLIER PERFORMANCE

SASSA will monitor suppliers performance on projects awarded. The evaluation will assist the Agency on any future work that may be awarded.

2.5 PRIVACY

Information supplied will be treated as confidential and will only be for SASSA's use, unless otherwise required by law.

2.6 SUBMISSION OF FORMS

Only signed original application forms will be accepted. No alteration on the application form will be permitted. Faxed or emailed applications will not be accepted.

SECTION 2: TERMINOLOGY

3.1 Commodities: These are goods and services the company wishes to register for as a supplier to SASSA.

3.2 Ownership: Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits corresponds with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.

3.3 Historically Disadvantaged Individuals (HDI): For the purpose of registering as a supplier for SASSA, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of 1983 and 1993 constitution are Historically Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.

3.4 Women: A female person who is a SA citizen.

3.5 Disability: permanent impairment of a physical, intellectual, or sensory function which results in restricted, or lack of ability to perform an activity in the manner, or within the range, considered normal for a human being.

3.6 Establishment of HDI/Women Equity Ownership in an enterprise: Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company the percentage share that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, corresponding with their degree of ownership.

Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise's correspondence with their degree of ownership, equity ownership may not be claimed.

SUPPLIER DATABASE REGISTRATION FORM
SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)



SECTION 3: SUPPLIER DETAILS:

NAME OF BUSINESS:

TRADE NAME (If different from above):

REGISTRATION NUMBER:.....

VAT REGISTRATION NUMBER:

INCOME TAX REGISTRATION NUMBER:

PHYSICAL ADDRESS:

.....CODE.....

POSTAL ADDRESS:

.....CODE.....

MAIN CONTACT PERSON:

POSITION HELD:

TELEPHONE NUMBER:..... CELL NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

SECTION 4: INDICATE WHERE THE ABOVE COMPANY AND BRANCH/S IS/ARE LOCATED:

PROVINCE	DISTRICT	MUNICIPALITY	TOWN / VILLAGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SECTION 5: TYPE OF COMPANY (INDICATE WITH AN X AND PROVIDE DOCUMENTARY PROOF)

1	Public company (LTD)	
2	PRIVATE COMPANY (PTY) LTD	
3	CLOSE CORPORATION CC	
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)	

SECTION 6: Table 10 - List all shareholders by name, position, identity number, citizenship, HDI status and ownership, as relevant.

Name	Date/Position occupied in Enterprise	ID Number	Date RSA Citizenship obtained	HDI Status			% of business / enterprise owned
				No franchise prior to elections	Women	Disabled	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%

SECTION 7: HDI Ownership Status:

(Failure to complete this section will result in the application being declined)

No franchise prior to elections:%

Women Equity:%

Disability:%

Business annual turnover: **up to R1million** **or** **above R1million**

I/ We the undersigned acknowledge(s) that:

The information furnished is true and correct

.....
**Signature of owner OR
 Authorised Representative**

.....
Date

SECTION 8: BANKING DETAILS

NAME OF BUSINESS:

CREDIT ORDER INSTRUCTION FORM.



1.1.1.1.1.1.1.1.1 SOUTH AFRICAN SOCIAL SECURITY AGENCY

I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my /our bank account with the mentioned bank.

I/We understand that the credit transfer hereby authorized will be processed by computer through a system known as the "ACB ELECTRONIC FUNDS TRANSFER SERVICE", and I/we also understand that no additional advice of payment will be provided by my/our bank,

Initials and surname **Authorized signature** **Date**

FOR COMPLITION BY BANK OFFICIAL

Name of bank:										
Account name:										
Branch code:										
Account number:										
*Type of account:										

- | | |
|--------------------------|--------------------------------|
| 1 - Cheque account | 4 - Bond account |
| 2 - Savings account | 5 - (Not in use) |
| 3 - Transmission account | 6 - Subscription Share account |

DATE STAMP OF BANK

COPY OF CANCELLED CHEQUE/ BANK STATEMENT/ BANK CONFIRMATION LETTER MUST ALSO BE ATTACHED

BANK DETAILS CERTIFIED BY:

Name:	
ID no or Rank:	
Tel:	
Signature & Date:	

FOR SASSA OFFICIAL USE ONLY:

Processed by:		Authorized by:	
Name:	Name:	Date	Date
Signature:	Signature		

SECTION 9: LIST OF COMMODITIES TO BE PROVIDED (MAXIMUM OF FIVE)

Please indicate the type of goods/ service and sign in the appropriate box. Should the service provider mark more than five items, SASSA will consider only the first five and ignore the remaining items.

Item No	Category	Description	Mark with X	Signature
1	Services	Conference Venues		
2	Services	Accommodations		
3	Services	Advertising Agencies		
4	Services	Air-conditioning Repairs		
5	Services	Beneficiary Counseling Services		
6	Services	Brand Management		
7	Services	Business Continuity Management		
8	Services	Carpet Cleaning Services		
9	Services	Catering		
10	Services	Cleaning Services		
11	Services	Corporate Governance		
12	Services	Courier Services		
13	Services	Editorial Services		
14	Services	Electrical Connections		
15	Services	Electronic Security Systems		
16	Services	Employee Wellness Services		
17	Services	Enterprise Risk Management		
18	Services	Event Management		
19	Services	Facilities Leasing		
20	Services	Financial Services		
21	Services	Fire Extinguishers		
22	Services	Forensic Investigations		
23	Services	Fraud Risk Management		
24	Services	Furniture and Equipment Removals		
25	Services	Gardening Services		
26	Services	General Building Maintenance		
27	Services	Graphic Designs		
28	Services	Hygiene and Pest Control		
29	Services	Internal Audit		
30	Services	Language Services		
31	Services	Legal Services		
32	Services	Locksmith Services		
33	Services	Mailing Services		
34	Services	Management Consultants		
35	Services	Media Liaison Services		
36	Services	Media Monitoring Services		
37	Services	Plumbing Services		
38	Services	Printing and Binding Services		
39	Services	Project Management Services		
40	Services	Public Relations Services		
41	Services	Quality Assurance		
42	Services	Recruitment Agencies		
43	Services	Research Institutions		
44	Services	Safes Removal Services		
45	Services	Security Services		

46	Services	Site Construction		
47	Services	Specialist Consultants		
48	Services	Training Service Providers		
49	Services	Translation Services		
50	Services	Transport and Shuttle Services		
51	Services	Travel Arrangements		
52	Services	Warehousing and Storage Services		
53	Services	Web Design, Development and Hosting		
54	Goods	Artwork and Paintings		
55	Goods	Audio Visual Equipment		
56	Goods	Batteries		
57	Goods	Cartridges / Toners		
58	Goods	Computer Hardware, Software, Licenses & Accessories		
59	Goods	Kitchen & Food Appliances		
60	Goods	Communication Equipment & accessories		
61	Goods	Gifts & Promotional Material		
62	Goods	Publications, Books & Forms		
63	Goods	Cutlery and Crockery		
64	Goods	Electrical supplies and Equipment		
65	Goods	Containers & Packaging Supplies		
66	Goods	Generators		
67	Goods	Groceries / Food parcels		
68	Goods	Clothing & Linen		
69	Goods	Marketing Material		
70	Goods	Vehicles		
71	Goods	Magazine and Newspaper Suppliers		
72	Goods	Signage		
73	Goods	Stationery		
74	Goods	Office Equipment		
75	Goods	Office Furniture		
76	Specify / Describe Other Goods or Services not listed above			
Description				

SECTION 10: CONSORTIUM / JOINT VENTURE

In the event that preference points are claimed for HDI members by consortia / joint ventures, the following information must be furnished in order to be entitled to the points claimed in respect of the HDI member:

Name of HDI member (to be consistent with table 10)	Percentage (%) of the contract value managed or executed by the HDI member

SECTION 11: DECISION-MAKING WITHIN ENTERPRISE

10.1 Identify by name, status and length of service, those individuals in the enterprise (including owners) responsible for day-to-day management and business decisions.

	Name	HDI status in terms of definition below table (YES/NO) ^a			Citizenship	Length of service (years)
		No franchise prior to elections	Women	Disabled		
Financing decisions						
Cheque signing						
Signing & co-signing for loans						
Acquisition of lines of credit						
Sureties						
Major purchase or acquisitions						
Signing Contracts						
Management decision						
Estimating						
Marketing and sales operations						
Hiring and firing of management personnel						
Hiring & firing of non-management personnel						
Supervision of office personnel						
Supervision of field/production activities						

^aState Yes or No in column

10.2 List the personnel or firms who provide the following services :

Service	Name	Contact person	Telephone
Accounting			
Auditing			
Banking			
Insurance			
Legal			

SECTION 12

Is your business a permit holder under SABS and/or SANS mark scheme YES?NO

If yes, indicate product(s) for which permits are held, including permit numbers. (certificate to be attached)

Do you have patent rights for your products? YES/NO

If, yes, please state the name of the product and certificate number (certificate to be attached)

Has your quality Management System (if applicable) been assessed and certified by any National or Internationally recognized body YES / NO.

If yes, provide copies of certificates.

SECTION 13

Has your business ever been declared insolvent: YES/NO

If so, state date of rehabilitation: _____

Please attach: a letter of recommendation from your bank/credit worthiness documents.

SECTION 14

Do you share any facilities: YES/NO

If, yes which facilities are shared: _____

With whom do you share facilities: _____

What are the other firms core business activities? _____

SECTION 15: IMPORTANT CONDITIONS PERTAINING TO PURCHASE ORDERS

- 14.1 The seller shall not execute any work without an official order number from SASSA. The order number appears on all delivery notes and invoices.
- 14.2 Invoices without order numbers are seen as private agreements with individuals and will be returned to the supplier.
- 14.3 No alterations to the order shall be made.
- 14.4 SASSA has the right to cancel the order in the event where the goods or service are not delivered within the stipulated time period.
- 14.5 No deliveries will be accepted after hours, unless prior arrangements are made with the Supply Chain Management.
- 14.6 All invoices for goods and services rendered must be submitted to Supply Chain Management offices.
- 14.7 The seller shall bear the risk of goods being damaged, lost or destroyed until delivery to SASSA is effected and receipt thereof is acknowledged.
- 14.8 All goods must be new and of the best quality. Goods shall be subject to the approval by SASSA. Should the Seller be unable to fulfill its obligation in terms of the order, it shall advise SASSA to this effect in writing, in which case SASSA reserves the right to cancel the order and to purchase the goods from another supplier. The seller may be obliged to compensate SASSA for any difference in cost.
- 14.9 In as much as delivery of the goods may require the Seller or its authorized agent to enter SASSA's premises, the Seller shall ensure that such precautions as are necessary to protect life and property anywhere on the Agency's premises are taken, and the Seller shall be liable to the Agency's for injury to any person, or damage to the SASSA's property caused by or incidental upon negligence or default on the part of the Seller or its authorized agents.
- 14.10 Terms of payment are within 30 days from the date of receipt of the invoice.

SECTION 16: CRITERIA FOR INCLUSION IN THE SUPPLIER DATABASE

- 15.1 The forms must be duly completed, initialed and signed by the prospective service providers.
- 15.2 No alterations to the forms shall be allowed and all 14 pages of the applications must be returned.
- 15.3 All applicable and relevant documentation must be attached to the returned forms.
- 15.4 The service providers must have a reliable and working telephone, fax line or e-mail address.
- 15.5 Applicants must submit certified copies of Identity documents of the registered owners.
- 15.6 All applications must be accompanied by company registration certificates.
- 15.7 Original valid TAX CLEARANCE CERTIFICATE must be submitted together with the application.
- 15.8 The bank details forms must be verified and endorsed with the BANK stamp.
- 15.9 The declaration of interest must be duly completed and signed by the Commissioner of Oaths.
- 15.10 Only a maximum of five commodities will be allowed per application.
- 15.11 Application forms must be submitted or posted to the office where the service providers require to be registered.
- 15.12 Preference will be given to enterprises located within the borders of the province in which they apply to register.
- 15.13 The forms must be submitted before the closing date.
- 15.14 Failure to comply with the above requirements shall render the application unsuccessful for inclusion in the Database.

DECLARATION OF INTEREST

I, _____

Identity number: _____
("the service provider")

hereby declare that I have /do not have direct or indirect family relation to SASSA except that which is specified below:

I hereby acknowledge that failure to disclose any direct or indirect family relation as set out above will constitute a material breach of this agreement.

Duly authorized to sign on behalf:

The undersigned who warrants that he/she is duly authorized to do so on behalf of the Firm, confirms that the contents of the application are within my personal knowledge and are to the best of my belief both true and correct.

Signature	Full Name	Capacity	Date

COMMISSIONER OF OATHS:

Signed and sworn to before me at: _____ (place) on this the _____ day of _____ by the South African Social Security Agency (SASSA), who has acknowledged that he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no obligation to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

STAMP:

Commissioner of Oath: _____

Name: _____

Signature: _____