

# **SERVICE PROVIDER & SUPPLIER REGISTRATION FORM**

Document Number	JCWS-PRO-FRM-01/2016	Effective Date	01-04-2016
Review date		Version	1

## SERVICE PROVIDER REGISTRATION FORM

### **Section 1: Company Details**

Form of Entity: Please √				
Public Company (Ltd) Closed Corporation (cc) Private Company (PTY) Ltd Partnership Sole  Proprietary NGO NPC Other If other please name form of entity:				
Company Name:	Income Tax No:			
Email Address: Telephone No: Postal Address:	Fax No:			
Physical Address:	Postal	Code:		
Contact Person:	_	_		
Title: First Name:    Surname:    Cell No:    E-mail:	esignation: ax No:			
Province where your Company is Situated:				
HDI Ownership Status:				
Historically Disadvantage Individuals (HDI)		% of Ownership		
Women Equity (WE)		% of Ownership		
Youth Equity (YE)		% of Ownership		
Disabled Individuals (DA)		% of Ownership		

#### NB: Please attach BBBEE Verification Certificate issued by an approved SANAS verification

Area of Specialization
Main Business Activity:
Section 2: Accreditation/Certificate / Affiliation
Organisation Name:
Certificate / Membership No: (if applicable)
Section 3: Declaration:
Verification of information supplied, including information relating to main business activity that Applicant or Business may apply for:
I/We, the undersigned declare that the information furnished is true and correct.
Name (Print)
Please complete the application and together with the pecessary supporting desuments Hand

Joburg Child Welfare: Marked Attention to Procurement Department

**Postal Address**: P. O Box 62606 **Hand Delivery**: Johannesburg Child Welfare Society,

Marshalltown No: 1st Floor, Edura House, 41 Fox ST

2107

deliver or Post to:

For Enquiries: E-Mail: procurement@jhbchild.org.za

**Telephone No**: 011 298 8576

Fax No: 011 298 8590

Website: www.jhbchildwelfare.org.za

Registration on JCW Supplier Database does not guarantee business opportunities with JCW

#### **Section 4: Required Documents Checklist**

Please ensure that all documents listed below are attached (where applicable) to the Registration Form

**Note**: All documentation must be provided in its original format/or Certified, except Tax Clearance Certificate (only Original Acceptable)

Document Name Attached

Other (Please specify):

- Company Registration Documents
- Certified Copies of Director's IDs
- ❖ Original Valid Tax Clearance Certificate and/or VAT Registration
- Company Profile with three traceable trade references (Max 4pages)
- Proof Residential Address
- Certified Copies of Accreditation Certificates (where applicable)
- Certified BEE Rating Certificate
- Bank Verification

For Office use only:
Captured by:
Date: New: Update:
Verified by: Date:
Approved by: Date:
Status: Approved : Declined :

#### Section 5: Banking Details

I/we hereby request and authorize 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 a payment will be applied by Joburg Child Welfare in the normal way, and that it will indicate the date on which funds will be available in our account.

Account Number:	Bank Account Name:				
Type of Account: Cheque Savings Transmission  [Certified as correct by: Bank Details)  Name and Surname: DATE STAMP OF BANK  Signature: Designation: Tel Number: Fax Number: Date of Account: Cheque Savings Transmission	Name of Bank:				
Type of Account: Cheque Savings Transmission  (Certified as correct by: Bank Details)  Name and Surname: DATE STAMP OF BANK  Signature: Designation: Tel Number: Fax Number: Date of Accounts of Accou	Branch Code & Name:				
(Certified as correct by: Bank Details)  Name and Surname:	Account Number:				
(Certified as correct by: Bank Details)  Name and Surname:					
(Certified as correct by: Bank Details)  Name and Surname:					
Name and Surname:	Type of Account: Cheque Savings Transmission				
Name and Surname:					
Signature:  Designation:  Tel Number:  Fax Number:	(Certified as correct by: Bank Details)				
Signature:  Designation:  Tel Number:  Fax Number:					
Designation:  Tel Number:  Fax Number:	Name and Surname:	DATE STAMP OF BANK			
Designation:  Tel Number:  Fax Number:					
Tel Number:	Signature:				
Tel Number:					
Fax Number:	Designation:				
Fax Number:					
	Tel Number:				

I/we the undersigned acknowledge(s) that:

The Information furnished is true and correct

Payments of any goods delivered or services rendered will be effected within 30 days from receipt of a valued Invoice.

Clause: Tax Clearance & BBBEE Certificate – yearly submission & registration on database does not guarantee business.