



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF
THE PREMIER

SUPPLIER REGISTRATION

APPLICATION INSTRUCTIONS:

- Application forms must be completed in legible block letters.
- It is the supplier's responsibility to confirm receipt of an application form.
- Application forms can be forwarded to:
Limpopo Office of the Premier
40 Hans Van Rensburg Street
1st Floor, Office B107
Polokwane, 0700
Tel: (015) 287 6000
Fax: (015) 295 7948

SUPPORTING DOCUMENTATION:

- Company Profile.
- Company Registration.
- Tax Clearance.

APPLICATION DECLARATION:

I declare that all the information provided is complete and correct to the best of my knowledge.
I understand that any false information supplied could lead to my application being disqualified.

Date (DD/MM/YYYY)

Initials & Surname

Authorised Signature

A - FULL DETAILS OF SUPPLIER

Registered Name																														
Trading Name																														
Physical Address																														
City / Town																														
Code																														
Postal Address																														
City / Town																														
Code																														
Tel. Number																														
Fax. Number																														
Cell. Number																														
E-Mail Address																														
Contact Person																														
Income Tax Number																														
VAT Reg Number																														
Company Reg Number																														
Type of Business (Tick One):	<input type="checkbox"/> Pty (Ltd)	<input type="checkbox"/> Closed Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader																										
Company Classification (Tick One):	<input type="checkbox"/> Supplier	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Other																										
Annual Turnover																														
Years in Business																														
Number of Staff																														

B - OTHER ADDRESSES USED BY FIRM

Physical Address 1																														
City / Town																														
Code																														
Physical Address 2																														
City / Town																														
Code																														
Physical Address 3																														
City / Town																														
Code																														

C - LIST OF PARTNERS, PROPRIETORS AND SHAREHOLDERS

Full Name	<input type="text"/>																											
Position Held	<input type="text"/>										ID Number								<input type="text"/>									
% Owned by shareholder	x	Qualify as Black				Qualify as Women				Qualify as Disabled				xx	Qualify as Youth													
%		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													

Full Name	<input type="text"/>																											
Position Held	<input type="text"/>										ID Number								<input type="text"/>									
% Owned by shareholder	x	Qualify as Black				Qualify as Women				Qualify as Disabled				xx	Qualify as Youth													
%		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													

Full Name	<input type="text"/>																											
Position Held	<input type="text"/>										ID Number								<input type="text"/>									
% Owned by shareholder	x	Qualify as Black				Qualify as Women				Qualify as Disabled				xx	Qualify as Youth													
%		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													

Full Name	<input type="text"/>																											
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% Owned by shareholder	x	Qualify as Black				Qualify as Women				Qualify as Disabled				xx	Qualify as Youth													
%		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													

Full Name	<input type="text"/>																											
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% Owned by shareholder	x	Qualify as Black				Qualify as Women				Qualify as Disabled				xx	Qualify as Youth													
%		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													

Full Name	<input type="text"/>																											
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%		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													

Full Name	<input type="text"/>																											
Position Held	<input type="text"/>										ID Number								<input type="text"/>									
% Owned by shareholder	x	Qualify as Black				Qualify as Women				Qualify as Disabled				xx	Qualify as Youth													
%		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													

x - Black people is a generic term, wich means Africans, Coloureds and Indians who are South African Citizens.

xx - Youth is categorised as people aged 14 - 35 years.

D - PRODUCTS & SERVICES OFFERED

- Please only tick Products & Services that you offer:

You may only select a Maximum of 5 Products & Services

- | | |
|---|--|
| <input type="checkbox"/> ADVERTISEMENT | <input type="checkbox"/> AIRCONDITIONERS |
| <input type="checkbox"/> AIRTIME | <input type="checkbox"/> ARTISTS AND PERFORMERS |
| <input type="checkbox"/> AUDIO VISUAL MATERIAL | <input type="checkbox"/> AUDIT SERVICES |
| <input type="checkbox"/> BLINDS, CARPETS AND CURTAINS | <input type="checkbox"/> BOOKKEEPING |
| <input type="checkbox"/> BOOKS& MAGAZINES | <input type="checkbox"/> CATERING SERVICES |
| <input type="checkbox"/> CELLULAR PHONES | <input type="checkbox"/> CLEANING GOODS |
| <input type="checkbox"/> CLEANING SERVICES | <input type="checkbox"/> CONFERENCE FACILITIES |
| <input type="checkbox"/> COURIER SERVICES | <input type="checkbox"/> ELECTRICAL SERVICES |
| <input type="checkbox"/> ELECTRIC HOUSEHOLD | <input type="checkbox"/> EVENTS MANAGEMENT |
| <input type="checkbox"/> EXHIBITION SERVICES | <input type="checkbox"/> FIRE SYSTEMS |
| <input type="checkbox"/> FIRST AID KIT | <input type="checkbox"/> FLORIST |
| <input type="checkbox"/> FUEL | <input type="checkbox"/> GARDEN SUPPLIES |
| <input type="checkbox"/> GIFTS | <input type="checkbox"/> GROCERIES |
| <input type="checkbox"/> HARDWARE & ACCESSORIES | <input type="checkbox"/> INFORMATION TECHNOLOGY SERVICES |
| <input type="checkbox"/> INTERIOR DECORATION | <input type="checkbox"/> LAUNDRY SERVICES |
| <input type="checkbox"/> LOCKSMITH | <input type="checkbox"/> MANAGEMENT SOLUTIONS |
| <input type="checkbox"/> MARKETING MATERIALS | <input type="checkbox"/> MOTIVATIONAL SPEAKER |
| <input type="checkbox"/> OFFICE FURNITURE AND EQUIPMENT | <input type="checkbox"/> PEST CONTROL |
| <input type="checkbox"/> PHOTOGRAPHIC SUPPLIES | <input type="checkbox"/> PRINTING SERVICES |
| <input type="checkbox"/> REMOVALS FURNITURE | <input type="checkbox"/> REPAIRS |
| <input type="checkbox"/> RESEARCH | <input type="checkbox"/> SECURITY SERVICES |
| <input type="checkbox"/> SIGN WRITING | <input type="checkbox"/> SOUND SYSTEMS & STAGE |
| <input type="checkbox"/> SPECIFICATION WRITING | <input type="checkbox"/> STATIONERY |
| <input type="checkbox"/> TELECOMMUNICATION SERVICES | <input type="checkbox"/> TENTS, CHAIRS, TABLES & TOILET HIRE |
| <input type="checkbox"/> TRAINING & DEVELOPMENT | <input type="checkbox"/> TRANSPORT HIRING |
| <input type="checkbox"/> TRAVELING AND ACCOMODATION | <input type="checkbox"/> UNIFORM AND PROTECTIVE CLOTHING |
| <input type="checkbox"/> WASTE REMOVAL | |