



VENDOR APPLICATION FORM

[For professional services please completed this document in conjunction with merSETA professional services database questionnaire]

All corporates, trusts; franchises; companies etc must complete PART 1; PART 2 - Section B; PART 3 & PART 4

All Individuals and partnership must complete PART 1; PART 2 - Section A; PART 3 & PART 4

PART 1:

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname : _____
(If one-man concern)

'Trading as' name of business: _____
(Contracts and orders will be made in this name and invoices must reflect it)

Registered name of business: _____

Physical address of business:
 Building / complex name: _____

Street name and number : _____

Suburb : _____ City : _____

Code: _____

Postal address of business:
 Postnet address: _____

P O Box / Private Bag : _____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Contact person fax number: Code: _____ Number: _____
(Used by merSETA for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Business e-mail : _____

| | | | |
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| Review: CFO | | Approved: CEO | |

PART 2: TAXATION

Business Registration number (if applicable) _____
(in case of one-man concern, please furnish identity number plus copy of identity documents)

Section A: Individuals / Partnerships

Please answer the questions by marking the appropriate column with an "X".
 Please do not leave out any question relating to your specific circumstances.

| | |
|--|--|
| Supplier Name: | |
| Natural Persons: | |
| Nationality: | |
| Income Tax reference number: | |
| Date of birth: | |
| If not a citizen of the RSA, furnish a certified copy of a work permit: | |
| If in possession of a tax directive, furnish a certified copy thereof: | |

| Question | | Yes | No |
|---------------------------------|---|-----|----|
| 1. | Do you supply services on behalf of a Labour Broker? | | |
| 2. | Are you subject to the control or supervision of Merseta? Including, but not limited to, the following: <ul style="list-style-type: none"> • The manner of duties performed; • The hours of work; • The quality of work. | | |
| 3. | Are you paid at regular intervals i.e. daily, weekly, monthly etc? (If the payments are made at regular intervals or by a rate per time period) | | |
| 4. | Will payment to you include any benefits? Including, but not limited to, the following: <ul style="list-style-type: none"> • Leave pay; • Medical aid; • Training; • Sick Leave. | | |
| 5. | Will, or have you be/been in the full time employment of Merseta? | | |
| 6. | Will you require of Merseta to provide any equipment, tools, materials or office space, in order to fulfil the contract? | | |
| 7. | Do you supply these, or similar, services only to Merseta and not to any other client or the general public? | | |
| 8. | Will you be required to work more than 22 hours per week? | | |
| 8.1 | If "yes", will payment be made on an hourly, daily or weekly basis? | | |
| 8.2.1 | Will you work solely for Merseta? | | |
| 8.2.2 | Will you provide a written statement to this effect? | | |
| 8.2.3 | How much will you be paid per day? | | |
| Non-Residents of the RSA | | | |
| 9. | Will you return to your jurisdiction of residence upon the termination of the contract? | | |
| 10. | Is the contract to exceed a period of three years? | | |

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| Question | | Yes | No |
|----------|---|-----|----|
| 11. | Will you be returning to the jurisdiction of residence during the course of the contract? If so, for what periods of time? | | |
| 12. | Is your employer resident in the Republic of South Africa or does a permanent establishment or branch represent the employer in the Republic? | | |
| 13. | If a permanent establishment or branch represents the employer in the Republic, will your salary be paid from such permanent establishment or branch? | | |
| 14. | Will you be required to perform any work outside of the Republic? | | |
| 15. | Do you agree to submit copies of your passport should Merseta, so require? | | |

Section B: Companies, CC's; Trusts etc

Please answer the questions by marking the appropriate column with an "X".
Please do not leave out any question relating to your specific circumstances.

| | |
|--------------------------------|--|
| Supplier Name: | |
| Nature of legal entity: | |
| Date of incorporation: | |

| Question | | Yes | No |
|----------|--|-----|----|
| 1. | Are you a "Labour Broker" i.e. do you provide payment for supplying Merseta with a person/s? If so, furnish a certified copy of an IRP30, which is valid for the period of the contract | | |
| 2. | Is the service to be rendered personally by any person, who is a connected person, in relation to the entity? (For example a shareholder, member or their direct family) | | |
| 3. | Do you employ four or more employees on a full time basis throughout the year, excluding connected parties? If so, are these employees engaged in rendering the service to Merseta? (For example secretarial employees would NOT be so engaged) | | |
| 4. | Would you be regarded as an employee of Merseta if the service was rendered by the person directly to Merseta, other than on behalf of the contractor? | | |
| 5. | Do you, the Company, Close Corporation or Trust receive any form of training supplied or paid for by Merseta? If "yes", please specify the nature and extent of the training: | | |
| 6. | Are you, the Company Close Corporation or Trust free to choose which tools or equipment, or staff, or raw materials, or routines, patents and technology to use in performing your main duties? | | |
| 7. | In order to perform your main duties, do you, or does such a person, Company, Close Corporation or Trust, use any tools or equipment supplied or paid for by Merseta? If "yes", please state the nature thereof: | | |
| 8. | Are you subject to the control or supervision of Merseta, as to the manner in which, or hours during which, the duties are performed or are to be performed in rendering the service? | | |
| 9. | Will the amounts paid or payable in respect of the service consist of, or include, earnings of any description, which are payable at regular daily, weekly, monthly, or other intervals? | | |
| 10. | Will more than 80% of your income, during the year of assessment, from services rendered, consist of or be likely to consist of amounts received directly or indirectly from any one client , or any associated institution, in relation to the client? | | |
| 11. | Does your contract contain any elements of an employment contract? [i.e. Job titles, reporting structure in organisation, fixed working hours, employment benefits, performance bonuses (excluding bonus and penalties for early or late delivery)] | | |
| 12. | Does your contract contain any clause that will enable you to receive payment, even if no work was done? | | |
| 13. | Have you ever been classified as a Labour Broker or personal services company | | |

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| Question | Yes | No |
|---|-----|----|
| (including Close Corporation and Trust) by SARS or any other client? | | |
| 14. If the answer to question 13 was "yes", did anything change that no longer classifies you as a labour broker or personal services company? If "yes", elaborate: | | |

PART 3: OWNERSHIP

1. Please tick the appropriate block:

- Turnover

| | |
|-----------------------------|--|
| Less than or equal to R 25m | |
| Greater than R 25m | |

2. Please indicate the existence and extent of any Internal Black Empowerment Programmes.
Details of such programmes may be annexed.

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3. Please complete each of the following tables by stating the number of people in each category:

- Ownership / Control

| | African | Asian | Coloured | White |
|--------------|---------|-------|----------|-------|
| Male | | | | |
| Female | | | | |
| TOTAL | | | | |
| Disabled | | | | |

- Management

| | African | Asian | Coloured | White |
|--------------|---------|-------|----------|-------|
| Male | | | | |
| Female | | | | |
| TOTAL | | | | |
| Disabled | | | | |

- Total staff profile

| | African | Asian | Coloured | White |
|--------------|---------|-------|----------|-------|
| Male | | | | |
| Female | | | | |
| TOTAL | | | | |
| Disabled | | | | |

- Skilled personnel

| | African | Asian | Coloured | White |
|------|---------|-------|----------|-------|
| Male | | | | |

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| | | | | |
|----------|--|--|--|--|
| Female | | | | |
| TOTAL | | | | |
| Disabled | | | | |

Previous name(s) of business (if applicable) _____

List of directors / owners / partners: Attach your own list if the space provided is inadequate

1. Name: _____
 Position: _____ % Shareholding : _____
 Identity Number _____ Nationality _____
2. Name: _____
 Position: _____ % Shareholding : _____
 Identity Number _____ Nationality _____
3. Name: _____
 Position: _____ % Shareholding : _____
 Identity Number _____ Nationality _____
4. Name: _____
 Position: _____ % Shareholding : _____
 Identity Number _____ Nationality _____

Are any of your directors/owners employed by merSETA? Please mention also whether your directors / owners / partners are ex-merSETA staff. Close relatives of your directors / owners with merSETA staff to be declared as well.

PART 4: SUPPLIER PROFILE

List all your products / services your business can supply to merSETA. Attach separate list if space provided is not enough

Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

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| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |
| <p>Does your business operate a Quality Management System covering the product/service applying for? (y/n) _____ Please elaborate:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |

PART 5:REQUIRED DOCUMENTS

merSETA reserves the right to verify and /or follow-up on any of the claims made or references in this application form. Based on Treasury regulations merSETA will check any claims made in this submission.

This original signed vendor form must be accompanied with certified copies of the following documents below and must be included in your application:

- ✓ Copy of Company Registration Documents (Issued by the Registrar of Companies & Close Corporation)
- ✓ Attach an original cancelled cheque alternatively an original bank statement
- ✓ Current valid TAX clearance certificate
- ✓ Any other registration certificate pertaining to your relevant industry, e.g. ECB (Electrical Contractors Board)
- ✓ Company Organogram, showing your Holding and Subsidiary company(s), as well as operating divisions. Indicate ownership / shareholding that this company holds in any other company/ies.
- ✓ SBD 4
- ✓ SBD 6.1
- ✓ SBD 9
- ✓ Company letter confirming bank details (must be signed)

Incomplete submissions will not be processed. This includes submission without the supporting documentation as stipulated above, in part 5:

I certify that I have the appropriate authority to furnish the above-mentioned information on behalf of my employer.

| | |
|--------------|------------|
| Name: | Signature: |
| Designation: | Date: |

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