



Transnet Supplier Declaration/Application

The Financial Director or Company Secretary

Transnet Vendor Management has received a request to load your company on to the Transnet vendor database. Please furnish us with the following to enable us to process this request:

1. Complete the "Supplier Declaration Form" (SDF) on page 2 of this letter
2. **Original** cancelled cheque **OR** letter from the bank verifying banking details (**with bank stamp**)
3. **Certified** copy of Identity document of Shareholders/Directors/Members (where applicable)
4. **Certified** copy of certificate of incorporation, CM29 / CM9 (name change)
5. **Certified** copy of share Certificates of Shareholders, CK1 / CK2 (if CC)
6. A letter with the company's letterhead confirming physical and postal addresses
7. **Original** or **certified** copy of SARS Tax Clearance certificate and Vat registration certificate
8. A signed letter from the Auditor / Accountant confirming most recent annual turnover and percentage black ownership in the company **AND/OR** BBBEE certificate and detailed scorecard from an accredited rating agency (SANAS member).

NB:

- **Failure to submit the above documentation will delay the vendor creation process.**
- *Where applicable, the respective Transnet business unit processing your application may request further information from you. E.g. proof of an existence of a Service/Business contract between your business and the respective Transnet business unit etc.*

IMPORTANT NOTES:

- a) **If your annual turnover is less than R5 million**, then in terms of the DTI codes, you are classified as an Exempted Micro Enterprise (EME). If your company is classified as an EME, please include in your submission, a signed letter from your Auditor / Accountant confirming your company's most recent annual turnover is less than R5 million and percentage of black ownership and black female ownership in the company **AND/OR** BBBEE certificate and detailed scorecard from an accredited rating agency (e.g. permanent SANAS Member), should you feel you will be able to attain a better BBBEE score.
- b) **If your annual turnover is between R5 million and R35million**, then in terms of the DTI codes, you are classified as a Qualifying Small Enterprise (QSE) and you claim a specific BBBEE level based on any 4 of the 7 elements of the BBBEE score-card, please include your BEE certificate in your submission as confirmation of your status.
NB: BBBEE certificate and detailed scorecard should be obtained from an accredited rating agency (e.g. permanent SANAS Member).
- c) **If your annual turnover is in excess of R35million**, then in terms of the DTI codes, you are classified as a Large Enterprise and you claim a specific BEE level based on all seven elements of the BBBEE generic score-card. Please include your BEE certificate in your submission as confirmation of your status.
NB: BBBEE certificate and detailed scorecard should be obtained from an accredited rating agency (permanent SANAS Member).
- d) **To avoid PAYE tax being automatically deducted from any invoices received from you**, you must also contact the Transnet person who lodged this request on your behalf, so as to be correctly classified in terms of Tax legislation.
- e) Unfortunately, **No payments can be made to a vendor** until the vendor has been registered, and no vendor can be registered until the vendor application form, together with its supporting documentation, has been received and processed.
- f) **Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents mentioned above to the Transnet Official who is intending to procure your company's services/products in order that he/she should complete and Internal Transnet Departmental Questionnaire before referring the matter to the appropriate Transnet Vendor Master Office.**

Regards,

Transnet Vendor/Supplier Management *[please substitute this with your relevant Transnet department before sending this document out]*



Supplier Declaration Form

| | | | | | | | |
|---|--------------|-------------------------|-----------|-------------------------------|-------------|-----------------|--|
| Company Trading Name | | | | | | | |
| Company Registered Name | | | | | | | |
| Company Registration Number Or ID Number If A Sole Proprietor | | | | | | | |
| Form of entity | CC | Trust | Pty Ltd | Limited | Partnership | Sole Proprietor | |
| VAT number (if registered) | | | | | | | |
| Company Telephone Number | | | | | | | |
| Company Fax Number | | | | | | | |
| Company E-Mail Address | | | | | | | |
| Company Website Address | | | | | | | |
| Bank Name | | | | Bank Account Number | | | |
| Postal Address | | | | | | Code | |
| Physical Address | | | | | | Code | |
| Contact Person | | | | | | | |
| Designation | | | | | | | |
| Telephone | | | | | | | |
| Email | | | | | | | |
| Annual Turnover Range (Last Financial Year) | < R5 Million | R5-35 million | | > R35 million | | | |
| Does Your Company Provide | Products | Services | | Both | | | |
| Area Of Delivery | National | Provincial | | Local | | | |
| Is Your Company A Public Or Private Entity | Public | | | Private | | | |
| Does Your Company Have A Tax Directive Or IRP30 Certificate | Yes | | | No | | | |
| Main Product Or Service Supplied (E.G.: Stationery/Consulting) | | | | | | | |
| BEE Ownership Details | | | | | | | |
| % Black Ownership | | % Black women ownership | | % Disabled person/s ownership | | | |
| Does your company have a BEE certificate | Yes | | | No | | | |
| What is your broad based BEE status (Level 1 to 9 / Unknown) | | | | | | | |
| How many personnel does the firm employ | Permanent | | Part time | | | | |
| Transnet Contact Person | | | | | | | |
| Contact number | | | | | | | |
| Transnet operating division | | | | | | | |
| Duly Authorised To Sign For And On Behalf Of Firm / Organisation | | | | | | | |
| Name | | | | Designation | | | |
| Signature | | | | Date | | | |
| Stamp And Signature Of Commissioner Of Oath | | | | | | | |
| Name | | | | Date | | | |
| Signature | | | | Telephone No. | | | |

NB: Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents mentioned above to the Transnet Official who is intending to procure your company's services/products.



2. VENDOR TYPE OF BUSINESS

(Please tick as applicable)

(* - Minimum requirements)

2.1 Indicate the business sector in which your company is involved/operating:

| | | | |
|---|--|--|--|
| Agriculture | | Mining and Quarrying | |
| Manufacturing | | Construction | |
| Electricity, Gas and Water | | Finance and Business Services | |
| Retail, Motor Trade and Repair Services | | Wholesale Trade, Commercial Agents and Allied Services | |
| Catering, accommodation and Other Trade | | Transport, Storage and Communications | |
| Community, Social and Personal Services | | Other (Specify) | |
| Principal Business Activity * | | | |
| Types of Services Provided | | | |
| Since when has the firm been in business? | | | |

2.2 What is your company's annual turnover (excluding VAT)? *

| | | | | | | | | | |
|-------|-----------------|----------------|--------------|---------------|----------------|----------------|----------------|----------------|-------|
| <R20k | >R20k <R0.3m | >R0.3m <R1m | >R1m <R5m | >R6m <R10m | >R11m <R15m | >R16m <R25m | >R26m <R30m | >R31m <R34m | >R35m |
| | | | | | | | | | |

2.3 Where are your operating/distribution centres situated *

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

3. VENDOR OWNERSHIP DETAIL

(Please tick as applicable)

(* - Minimum requirements)

3.1 Did the firm previously operate under another name? *

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

3.2 If Yes state its previous name:*

| | |
|-----------------|--|
| Registered Name | |
| Trading Name | |



| 3.3 | Who were its previous owners / partners / directors?* | |
|--------------------|---|--|
| SURNAME & INITIALS | ID NUMBERS | |
| | | |
| | | |
| | | |
| | | |

| 3.4 | List Details of current partners, proprietors and shareholders by name, identity number, citizenship, status and ownership as relevant: * | | | | | | | |
|--------------------|---|--------------|-----|-------------|--------|-------------------|---------|----------|
| SURNAME & INITIALS | IDENTITY NUMBER | CITI-ZENSHIP | HDI | DIS - ABLED | GENDER | DATE OF OWNERSHIP | % OWNED | % VOTING |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 3.5 | List details of current directors, officers, chairman, secretary etc. of the firm: * | | | | | |
|--------------------|--|-------|-------------|--------|-------------------------------|----------------|
| SURNAME & INITIALS | IDENTITY NUMBER | TITLE | DIS - ABLED | GENDER | % OF TIME DEVOTED TO THE FIRM | CONTACT NUMBER |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 3.6 | List details of firms personnel who have an ownership interest in another firm: * | | | | |
|--------------------|---|------------------------------|---------------------|---------|--------------------------------|
| SURNAME & INITIALS | IDENTITY NUMBER | NAME & ADDRESS OF OTHER FIRM | TITLE IN OTHER FIRM | % OWNED | TYPE OF BUSINESS OF OTHER FIRM |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

4. VENDOR DETAIL

(Please tick as applicable) (* - Minimum requirements)

| 4.1 | How many personnel does the firm employ? * | | | | | |
|-----------|--|-------|----------|--------|-------|-------|
| | BLACK | WHITE | COLOURED | INDIAN | OTHER | TOTAL |
| Permanent | | | | | | |
| Part Time | | | | | | |



4.1.1 In terms of above kindly provide numbers on women and disabled personnel? *

| | BLACK | WHITE | COLOURED | INDIAN | OTHER | TOTAL |
|----------|-------|-------|----------|--------|-------|-------|
| Women | | | | | | |
| Disabled | | | | | | |

4.2 Provide Details of Contact Person/s Responsible for Broad Based Black Economic Empowerment (BBBEE) in the Company *

| SURNAME | INITIALS | DESIGNATION | TELEPHONE NO. |
|---------|----------|-------------|---------------|
| | | | |
| | | | |
| | | | |

4.2.1 Is your company a value adding supplier (i.e. registered as a vendor under the VAT Act of 1991, where NPAT + total labour cost > 25% of total revenue)?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

4.2.2 Is your company a recipient of Enterprise Development Contributions? *

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

4.2.3 May the above mentioned information be shared and included in Transnet Supplier Database for future reference? *

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

4.2.4 If you are successful in the tender/contract (where applicable) and this is awarded to your company / organisation, will this have a positive impact on your employment plans? *

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

4.2.5 If yes (above) kindly provide the following information:

| | BLACK | WHITE | COLOURED | INDIAN | OTHER | TOTAL |
|-----------|-------|-------|----------|--------|-------|-------|
| Permanent | | | | | | |
| Part Time | | | | | | |

4.2.6 In terms of above kindly provide numbers on woman and disabled personnel:

| | BLACK | WHITE | COLOURED | INDIAN | OTHER | TOTAL |
|----------|-------|-------|----------|--------|-------|-------|
| Women | | | | | | |
| Disabled | | | | | | |

4.2.7 Are any of your members/shareholders/directors ex employees of Transnet?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

4.2.8 Are any of your family members employees of Transnet?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

4.2.9 If Yes to points 4.2.7 & 4.2.8, list details of employees/ex-employees

| SURNAME & INITIALS | IDENTITY NUMBER | NAME & ADDRESS OF OTHER FIRM | TITLE IN OTHER FIRM | % OWNED | TYPE OF BUSINESS OF OTHER FIRM |
|--------------------|-----------------|------------------------------|---------------------|---------|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



Internal Transnet Departmental Questionnaire (for office use only)

| Section 1: To be completed by the Transnet Requesting / Sourcing Department | | | | | | | | | | | |
|---|--|--------|--|--------|--|---------|--|----------------------|--|-----|--|
| TFR | | TRE | | TPT | | TPL | | TNPA | | TRN | |
| Create | | Amend | | Block | | Unblock | | Once-Off / Emergency | | | |
| Extend | | Delete | | Undele | | | | | | | |

| | | | | | | | | | | | |
|--|-----|--|----|--|--|--|--|--|--|--|--|
| Supplier's trading name | | | | | | | | | | | |
| Supplier's registered name | | | | | | | | | | | |
| Please indicate if the Supplier has a contract with sourcing Transnet OD | Yes | | No | | | | | | | | |
| If yes please submit a copy of the letter of award | | | | | | | | | | | |

| a) What is being procured from the supplier? | | | | |
|--|-----|--|----|--|
| i. Products only | Yes | | No | |
| ii. Services only | Yes | | No | |
| iii. Labour only | Yes | | No | |
| iv. Mix of services and products | Yes | | No | |
| v. Mix of services and labour | Yes | | No | |

b) If your answer is **YES** to questions II, III, IV or V in paragraph a) above, please indicate whether the relevant **PAYE questionnaires** have been forwarded to the appropriate **Transnet Operational Divisions'** decision making bodies / **Strategic Supply Management** team for a directive /decision on tax withholding from payments to this supplier.

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) If your reply to (b) is "NO", please furnish reasons :

d) Certification and Approval of proposed Vendor Creation/Unblocking/Other Changes by Transnet Official with Appropriate Delegated Authority :

*I HEREBY CERTIFY THAT THE TRANSNET DETAILED PROCUREMENT PROCESS (DPP) / PROCUREMENT MECHANISM HAS **IN ALL RESPECTS** BEEN ADHERED TO AND I THEREFORE APPROVE THE PROPOSED VENDOR CREATION/APPROVAL/OTHER CHANGES TO BE EFFECTED ON THE VENDOR MASTER*

| Name | Grade | Date | | | | | | | | Signature |
|------|-------|------|---|---|---|---|---|---|---|-----------|
| | | Y | Y | Y | Y | M | M | D | D | |

| | | | |
|---------|--|-----|--|
| Tel No: | | Fax | |
|---------|--|-----|--|

| Section 2: To be completed by the BEE Department (this section is for Confirmation/Determining of BEE Status) | | | | | | | | | | |
|---|-------|------|----|--------------------|-----------|-----------------|--------------|---------------|---|-----------|
| NARROW BASED (NB) | | | | BROADBASED (BBBEE) | | | | | | |
| BEE O/S | BWBE | DPBE | MR | CONTR. LEVEL | EME: <R5m | QSE: >R5m <R35m | LARGE: >R35m | VALIDITY DATE | | |
| | | | | | | | | | | |
| Name | Grade | Date | | | | | | | | Signature |
| | | Y | Y | Y | Y | M | M | D | D | |
| | | Y | Y | Y | Y | M | M | D | D | |