



VENDOR REGISTRATION APPLICATION

IMPORTANT NOTES

Please read carefully

- To be completed by **all** vendors seeking registration as an approved supplier,
 - The questionnaire must be completed in **full** and must be **signed**;
- A **company profile** may accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed by applicant;
- Registration on LIBSA's database does not guarantee procurement opportunities;
 - Supplier must comply with all the **registration-criteria** for registration to be finalised – **failure** to do so may result in the application being declined.
 - Documents may be mailed or hand delivered to the above address.
 - Faxed documents will not be accepted

Address: 6 Platinum Street, Ladina, Polokwane, 0699

Postal address: Private Bag X 9540, Polokwane , 0700

Tel: 015 297 6473/85 **Fax:** 015 297 6732

Please indicate the year the Organisation was established: **Broad Based Black Economic Empowerment**

(Mark with X in applicable fields)

	Yes	No
BEE Company		

Core Business:

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List all Partners, Proprietors and Shareholders (Compulsory)

Position occupied in the enterprise	Citizenship	ID Number

Note: Where the owners are themselves a company or partnership, owners of the holding firm must be identified.

HDI Ownership Status:
 (Failure to complete this section will result in the application being declined)

Previously Disadvantaged Individuals (PDI)	%
Women Equity (WE)	%
Disabled Individuals (DA)	%

DOCUMENTS PRESENTED

Please indicate if the following documents have been included

	YES	NO
Identity document (certified)		
Valid Tax clearance certificate (original)		
Certificate of incorporation CK1 / CK2 (Close Corporation)		
Accredited credentials e.g (CIDB,NHBRC,SETA,SIRA)		

I/We the undersigned acknowledge that:

The information furnished is true and correct

The Equity Ownership claimed is in accordance with the General Conditions

**SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE**

DATE

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For Office Use Only

Receipt No:
Signature:
Stamp:

Date Received	LIBSA Official	Verified		Captured	
		Yes	No	Yes	No

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