

KWAZULU-NATAL FILM COMMISSION – SUPPLIER DATABASE REGISTRATION FORM

**KWAZULU-NATAL FILM COMMISSION
SUPPLIER DATABASE REGISTRATION FORM**

DOCUMENTS ATTACHED	Y	N	N/A	Office Use
Certified Company Registration Document				
Certified Proof of Ownership/Shareholder certificate				
Proof of Banking Document				
UIF Document (where applicable)				
Workman’s Compensation Document (where applicable)				
VAT Registration Document				
PAYE Document (where applicable)				
Income Tax Registration Document				
An original Valid Tax Clearance Certificate				
Disability Documents				
Utility bill (electricity bill, water bill)				
CIDB, PSIRA Certificates (where applicable)				
Certified Copy of BEE Certificate				

SECTIONS COMPLETED	Y	N	N/A	Office Use
Section B: Company Information				
Section C: Ownership Information				
Section D: Verification of Information				

I acknowledge that this form has been checked by me, and that all the required Information and Documents have been furnished.																		
Initials					Surname													
First name																		
Signature										Date signed	D	D	M	M	Y	Y	Y	Y

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SECTION A: INTRODUCTION, GUIDELINES & KEY POINTS TO REMEMBER

Applicants must complete ALL pages, where applicable. Failure by an applicant to provide ALL the prescribed information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols “N/A” in the appropriate space. All mandatory fields marked by two asterisks ** are to be filled in. If the space provided is left blank and or mandatory fields are not filled in, it will be regarded as information that is still outstanding and you WILL NOT BE REGISTERED.

1. Guidelines

- 1.1. Applicants are advised that only the **ORIGINAL form** or PHOTOSTAT copies thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.
- 1.2. It is imperative that only supporting documents with an **ORIGINAL** signature be submitted.
- 1.3. All signatures to the document must be commissioned by an authorized Commissioner of Oaths. **Failure** to do so will result in the applicant **not qualifying** for registration. Applications with copied signatures will not be considered
- 1.4. Suppliers registered on the Suppliers Database **MUST** notify the Supply Chain Manager of any changes to information provided in the initial form, as captured onto the Suppliers Database. The supplier will be required to fill in a supplementary form that will be sent to them via post. All amendments must be supported by the relevant mandatory documentation. **Failure** to do so will result in such a supplier being **de-activated/flagged** on the Suppliers Database and/or **cancellation of contracts** awarded to the supplier, on the basis of misrepresentation.
- 1.5. Suppliers providing information **incorrectly or fraudulently** in their forms will be disqualified from bidding and **deactivated/flagged** on the database, in addition to any other action the entity may institute against such a supplier. Furthermore, in the event of the entity being prejudiced financially, it reserves the right to take **legal** action against the supplier.
- 1.6. For definitions of terminology used in this document, please refer to the definitions set out **Treasury Regulation 16A and the KwaZulu-Natal Supply Chain Management Policy Framework**, located on the KwaZulu-Natal Treasury’s website, www.kzntreasury.gov.za
- 1.7. Any **alterations** made by the suppliers to its own information inserted on this document, must be **initialled** by the supplier. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business/supplier. Only black ink should be used to fill in the form.
- 1.8. Reminder letters and/or electronic notification (i.e. SMS, email) will be issued by the KwaZulu-Natal Film Commission to Suppliers three months prior to the expiry date of their TCCs; to update their information. It **remains the sole responsibility** of the supplier to ensure that their information is updated on the Suppliers Database, therefore if a reminder letter/or electronic notification is not received, the Supplier must follow up with the entity. As stipulated previously, the Supplier will be required to complete a supplementary form to update their information and submit the required mandatory documents.

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2. Key points to remember – Completion of the form

- 2.1. **Required Documentation** – please refer to the table on the following pages to determine the mandatory supporting documentation required by your business type. Please ensure that all mandatory documents, certified copies, where applicable are attached. If a field is not applicable to your business type, clearly mark it as N/A.
- 2.2. **Completion of Questions** – please clearly state Yes, No, N/A to questions asked. Do not leave any blank fields.
- 2.3. **Certified Documents** – please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman’s compensation, Identity Documents, Security Officers Board Certificate if applicable.
- 2.4. **An original valid Tax Clearance Certificate is to be submitted** – The validity period of a tax clearance certificate is 12 months from date of issue. To maintain a **verified** and **updated** status on the KZN Film Commission Supplier Database, please ensure that the KZN Film Commission is always in possession of a valid Tax Clearance Certificate.
- 2.5. **A certified copy of a valid BEE Certificate is to be submitted** – The validity period of a BEE Certificate is 12 months from date of issue. As with the Tax Clearance certificate above, please ensure that Provincial Treasury is always in possession of a valid BEE certificate.
- 2.6. **Processing of registration** – Your **completed** registration will be processed, and once verified, will be approved and you will be issued a Suppliers Database Registration number to be used in all future communication, including requests for quotes and formal tenders. This letter and/or electronic verification will be dispatched to the correspondence details supplied.

Please take NOTE that this administration process of COMPLETED and approved registration forms will take a minimum of 21 working days.

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Documents Required	Business Type						Institutions
	Sole Proprietor	Close Corporations	Partnerships	Public/ Private Company	Business Trust	Non-Profit Organization (NPO)	
1. Company Registration (Certified Copies)	N/A	Certificate of incorporation CK1/CK2	Duly Signed Partnership Agreement	Certificate of Incorporation CM2C & Auditors Confirmation Letter	Deed of Trust Agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies
2. Proof of Ownership	Copy of ID (Certified)	Membership / Shareholding CK1/CK2 (Certified Copy)	Duly Signed Partnership agreement (Certified Copy)	Shareholding CM2C & Shareholder Agreement Auditors Confirmation Letter(Certified Copy)	Trust Deed, Power of Attorney & Beneficiaries and Trustees (Certified Copy)	Auditor's Letter (Certified Copy)	Registrar of Close Corporations & Companies
3. Proof of Physical Address1 - Latest Rates and Taxes Statement (Municipal Account); Telkom Account; Bank Statement	Supply Latest Certified Copies						Local Authority; Telephony Service Provider; Bank where account is held
4. Proof of Banking	Letter from Bank Confirming banking details						Branch of bank where account is held
5. Original Tax Clearance Certificate	For the owner of the business	For the company	For the partnership	For the company	For the trust	For the NPO / Proof of Exemption	Receiver of Revenue (SARS)
6. Proof of P.A.Y.E. Registration	Latest Proof of Payment						Receiver of Revenue (SARS)
7. VAT 103 Registration	If applicable- for security industry	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receiver of Revenue (SARS)
8. U.I.F. Certificate	Latest Proof of Payment						Department of Labour
9. Workman's Compensation	Latest Proof of Payment						Department of Labour

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10. Proof of Registration to a Statutory Body Regulating your Industry	If applicable						Industry Regulatory Authority
11. People with Disability (Affidavit Confirming Disability)	If owner is disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	
12. Certified Copy of ID	Clear copy of identity document	Clear copy of identity document	Clear copy of identity document	If applicable	If applicable	If applicable	
13. Skills Development Levy	Latest Proof of Payment						
14. Audited Financial Statement	Latest Statement (If Applicable)						
15. Compensation for Occupational Injuries	Letter of Good Standing						Department of Labour
16. BEE Certificate	Certified Copy						Accredited Verification Agency

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SECTION B: COMPANY INFORMATION

The following information must be filled in by the applicant. Failure to submit **ALL** the required information may lead to non - registration of the applicant's business.

PLEASE USE BLOCK LETTERS.

BUSINESS PARTICULARS												
Current Provincial Treasury database registration number (ZNT number)												
Name of Business as Registered with the Registrar of Companies												
Trading As												
Holding Company												
Registration number of Company/CC/Trust/Fund number												
PHYSICAL ADDRESS (Latest Rates and Taxes Statement (Municipal Account); Telkom Account; Bank Statement)												
Building												
Street												
Town												
City												
District Municipality												
Province												
Postal code												
POSTAL ADDRESS												
Building												
*Please indicate P O Box or Private Bag Number in this field, if applicable												
Street												
Town												
City												
District Municipality												
Province												
Postal code												
Telephone Number												
Facsimile Number												
Cellular Phone Number												
E-mail Address												
Website Address	http://											
CORRESPONDENCE												
Contact Person												
Initials												
Surname												
Please use the below provided guide to indicate your primary, secondary and tertiary method of correspondence, by indicating the numbers 1, 2, 3 in the respective blocks.												
1 – Primary method of correspondence												
2 – Secondary method of correspondence												
3 – Tertiary method of correspondence												
Preferred Correspondence	Post					SMS				E-mail		
Preferred Language	IsiZulu					English				Afrikaans		
HEAD OFFICE PHYSICAL ADDRESS (if applicable)												
Address Line 1												
Address Line 2												
City												
District Municipality												
Province												
Postal code												

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Please clearly indicate the district municipality(ies) where your business operates

Ilembe Municipality		Umzinyathi Municipality		Sisonke Municipality	
eThekwini Municipality		Uthukela Municipality		Zululand Municipality	
Amajuba Municipality		Uthungulu Municipality		Umkhanyakude Municipality	
Ugu Municipality		uMgungundlovu Municipality			

Please clearly indicate your core business operation/classification

Supplier		Labour-Only Contractor		Prime Contractor	
Manufacturer		Sub-Contractor			

Financial Information

NB: a certified copy of your latest bank statement/original cancelled cheque/ original letter from your bank must be attached. Proof of Banking may not be older than 3 months.

Details of Bank Account

Name of Account Holder													
Name of Bank													
Type of Account	Cheque				Savings				Transmission				
Bank Account Number													
Bank Branch Number													
UIF number													
Income Tax Reference Number													
PAYE Number	7												
Financial Year-end	D	D	M	M	M								
VAT Registration Number	4												

NB: An Original Tax Clearance certificate must be supplied

Tax Clearance Certificate issue date	D	D	M	M	2	0	Y	Y					
Tax Clearance Certificate expiry date	D	D	M	M	2	0	Y	Y					
Total Gross Asset Value (excl. fixed property)													
Annual Turnover													
Number of employees													

NB: A certified copy of the organisation's BEE certificate must be supplied

BEE certificate issue date	D	D	M	M	2	0	Y	Y				
BEE certificate expiry date	D	D	M	M	2	0	Y	Y				

Please complete the below table to establish whether your business can be classified as an SMME. Please indicate the sector by ticking on the appropriate block.

Sector or sub sector (tick where applicable)	Total full time equivalent of paid employees (tick where applicable)	Total full time equivalent of paid employees (tick where applicable)	Total gross asset value (fixed property excluded) (tick where applicable)
Advertising and Marketing	More than 100	More than R 5m	More than R 5m
	Less than 100	Less than R 5m	Less than R 5m
Events Management	More than 200	More than R 39m	More than R 23m
	Less than 200	Less than R 39m	Less than R 23m
Manufacturing	More than 200	More than R 51m	More than R 19m
	Less than 200	Less than R 51m	Less than R 19m
Electricity, gas and water	More than 200	More than R 51m	More than R 19m
	Less than 200	Less than R 51m	Less than R 19m
Construction	More than 200	More than R 26m	More than R 5m
	Less than 200	Less than R 26m	Less than R 5m
Retail, motor trade	More than 100	More than R 39m	More than R 6m
	Less than 100	Less than R 39m	Less than R 6m
Wholesale trade, commercial	More than 100	More than R 64m	More than R 10m
	Less than 100	Less than R 64m	Less than R 10m
Catering, Accommodation	More than 100	More than R 13m	More than R 3m
	Less than 100	Less than R 13m	Less than R 3m

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Transport, Storage	More than 100	More than R 26m	More than R 6m
	Less than 100	Less than R 26m	Less than R 6m
Finance and Business	More than 100	More than R 26m	More than R 5m
	Less than 100	Less than R 26m	Less than R 5m
Community, Social and Personal Services	More than 100	More than R 13m	More than R 6m
	Less than 100	Less than R 13m	Less than R 6m
Other: (Specify)	More than 100	More than R 13m	More than R 6m
	Less than 100	Less than R 13m	Less than R 6m

Value Based on Latest Financial Statements

Total Fixed Assets at Book Value																				
Vehicles at Book Value																				
Average Stock on Hand																				
Total Current Assets																				
Total Current Liabilities																				

Previous Business Experience (if applicable)

Please indicate the last three contracts that were awarded to you (the supplier) or other previous experience related to your core business.

CONTRACT 1

Employer/ Department																				
Contact person	Initials																			
Surname																				
Telephone Number																				
Cellular Phone Number																				
E-mail Address																				
Project Start Date	D	D	M	M	Y	Y	Y	Y												
Project End Date	D	D	M	M	Y	Y	Y	Y												
Was the project completed successfully?									Yes	No										
What was the contract value:																				

CONTRACT 2

Employer/ Department																				
Contact person	Initials																			
Surname																				
Telephone Number																				
Cellular Phone Number																				
E-mail Address																				
Project Start Date	D	D	M	M	Y	Y	Y	Y												
Project End Date	D	D	M	M	Y	Y	Y	Y												
Was the project completed successfully?									Yes	No										
What was the contract value:																				

CONTRACT 3

Employer/ Department																				
Contact person	Initials																			
Surname																				
Telephone Number																				
Cellular Phone Number																				
E-mail Address																				
Project Start Date	D	D	M	M	Y	Y	Y	Y												
Project End Date	D	D	M	M	Y	Y	Y	Y												
Was the project completed successfully?									Yes	No										
What was the contract value:																				

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Please indicate the type of goods/ service and sign in the appropriate box. Should the service provider mark more than five (5) items, only the first five will be considered.

Item No	Category	Description	Mark with x	Signature	Item No	Category	Description	Mark with x	Signature
1	Services	Accommodation			54	Goods	Artwork and Paintings		
2	Services	Advertising Agencies			55	Goods	Audit Visual Equipment		
3	Services	Air Conditioning repairs			56	Goods	Batteries		
4	Services	Beneficiary Counselling Services			57	Goods	Cartridges/ Toners		
5	Services	Brand Management			58	Goods	Clothing and Linen		
6	Services	Business Continuity Management			59	Goods	Communication Equipment and accessories		
7	Services	Carpet Cleaning Services			60	Goods	Computer Hardware and Accessories		
8	Services	Catering			61	Goods	Computer Software, Licences		
9	Services	Cleaning Services			62	Goods	Containers and Packaging Supplies		
10	Services	Conference venue			63	Goods	Cutlery and Crockery		
11	Services	Corporate Governance			64	Goods	Electrical Supplies and Equipment		
12	Services	Courier Services			65	Goods	Film and Media Services		
13	Services	Editorial Services			66	Goods	Generators		
14	Services	Electrical Connections			67	Goods	Gifts and Promotional Material		
15	Services	Electronic Security Systems			68	Goods	Groceries		
16	Services	Employee Wellness Services			69	Goods	Kitchen & Food Appliances		
17	Services	Enterprise Risk Management			70	Goods	Magazine and Newspaper Suppliers		
18	Services	Event Management			71	Goods	Marketing Material		
19	Services	Facilities Leasing			72	Goods	Officer equipment		
20	Services	Financial Services			73	Goods	Publications, Books & Forms		
21	Services	Fire Extinguishers			74	Goods	Signage		
22	Services	Forensic Investigations			75	Goods	Stationery		
23	Services	Fraud Risk Management			76	Goods	Vehicles		
24	Services	Furniture and Equipment Removal			Other - please specify below				
25	Services	Gardening Services			77				
26	Services	General Building Maintenance			78				
27	Services	Graphic Designs			79				
28	Services	Hygiene and Pest Control			80				
29	Services	Internal Audit			81				
30	Services	Language Services			82				
31	Services	Legal Services			83				
32	Services	Locksmith Services			84				

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33	Services	Mailing Services			85			
34	Services	Management Consultants			86			
35	Services	Media Monitoring Services			87			
36	Services	Medial Liaison Services			88			
37	Services	Plumbing Services			89			
38	Services	Printing and Binding Services			90			
39	Services	Project Management Services			91			
40	Services	Public Relations Services			92			
41	Services	Quality Assurance			93			
42	Services	Recruitment Agencies			94			
43	Services	Research Institutions			95			
44	Services	Safes Removal Services			96			
45	Services	Security Services			97			
46	Services	Site Construction			98			
47	Services	Specialist Consultants			99			
48	Services	Training Service Providers			100			
49	Services	Translation Services			101			
50	Services	Transport and Shuttle Services			102			
51	Services	Travel Arrangements			103			
52	Services	Warehousing and Storage Services			104			
53	Services	Web Design, Development and Hosting			105			

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SECTION D: VERIFICATION OF INFORMATION

1. Verification of Information																
I/We, the undersigned, who warrants that he/she is duly authorised to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the annexure(s) with the additional information, is correct and accurate and acknowledges that:																
A. The supplier will be required to furnish proof of the information relating to preferences, if requested to do so.																
B. If the information supplied is found to be incorrect then the Province may, in addition to any remedies it may have:																
1. Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;																
2. Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the Province as a result of breach of the contract;																
3. Cancel the contract and claim any damages which the Province may suffer by having to make less favourable arrangements after such cancellation; and or																
4. De - activate the supplier registered on the KwaZulu-Natal Supplier Database.																
C. The deponent acknowledges that he/she:																
1. Knows and understands the contents thereof																
2. Has no objection to taking the prescribed oath;																
3. Considers the oath to be binding on his/her conscience.																
2. Signed before the Commissioner of Oaths																
Supplier representative	Initials							First Name								
Surname																
Signature																
Date	D	D	M	M	Y	Y	Y	Y								
Place of Signing																
Supplier Name																
I confirm that the deponent placed his/her signature hereon in my presence after acknowledging the contents hereof.																
Commissioner of Oaths	Initials							First Name								
Surname																
Signature																
Date	D	D	M	M	Y	Y	Y	Y								