



# VHEMBE T.V.E.T COLLEGE

PRIVATE BAG X2136  
SIBASA  
0970

TEL: (015) 963 3156  
FAX: (015) 963 3154  
E-mail: fetcol@mweb.co.za

<b>DATA BASE REGISTRATION FORM 2018 (MAY)</b>
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NAME OF COMPANY. ....

CONTACT PERSON.....

POSTAL ADDRESS.....

CELL..... TEL..... FAX.....

E-MAIL ADDRESS.....

**TYPE OF FIRM (MARK WITH X)**

CORE BUSINESS VESTED IN THE COMPANIES

.....  
.....

SPECIFIC EXPERTISE VESTED IN THE COMPANY

.....  
.....

ANNUAL TURNOVER.....

**LIST OF PRODUCT(S)/ SERVICE OFFERED**

.....  
.....  
.....  
.....

AMONGST THE LIST OF SERVICES/PRODUCTS OFFERED ABOVE, KINDLY CHOOSE TWO AREA OF YOUR SPECIALITY YOU WANT TO REGISTER IN THE COLLEGE DATABASE

E.g Catering

1 .....

2 .....

MONITORY VALUE OF CONTRACTS INTERESTED IN.....  
.....

MAXIMUM QUANTITIES THAT CAN BE SUPPLIED.....

QUANTITY AND FREQUENCY OF DELIVERY.....

ANY OTHER INFORMATION.....  
.....

NAME(S) OF OWNER(S), DIRECTOR(S)/ MEMBER(S)  
.....  
.....  
.....  
.....

**COMPOSITION OF COMPANY** (Race, Gender, Disability)  
(PERCENTAGE EQUITY OWNED BY HISTOTICALLY DISADVANTAGED INDIVIDUALS: HDI'S)

Surname and full names	Position occupied in enterprise	ID No	Date RSA Citizen obtained	HDI Status			% of Business/ Enterprise owned
				No franchise prior to elections	woman	Disabled	

**THE FOLLOWING ARE ALSO REQUIRED:  
NB: ORIGINALS ONLY, NO COPIES OR NO FAXES**

- ❖ COMPANY’S PROFILE & LETTERHEAD
- ❖ ORIGINAL TAX CLEARANCE CERTIFICATE
- ❖ COMPANY’S REGISTRATION CERTIFICATE/ CK
- ❖ B-BBEE STATUS CERTIFICATE CERTIFIED
- ❖ COPY OF IDENTITY DOCUMENT CERTIFIED
- ❖ COMPANY’S CANCELLED CHEQUE OR BANK STATEMENT
- ❖ PERMISSION THAT THE FINANCIAL POSITION OF THE SUPPLY AND THE ABILITY TO MANUFACTURE OR TO SUPPLY GOODS OR TO RENDER SERVICE MAY BE EXAMINED BEFORE ITS OFFER IS CONSIDERED FOR ACCEPTANCE.
- ❖ CSD (Central / Supplier Database Report Less Than three(3) months)

BANK STAMP



Completed registration form may be posted to: Vhembe TVET College, Supply Chain Management Office, Private Bag x2136, SIBASA, 0970

I ....., declare that the information furnished here is true and correct.

SIGNATURE: ..... DATE:.....

POSITION OF THE SIGNATORY:.....

Name of Company																
Address of Company																
VAT Registration No																
Name of Bank																
Branch																
Bank Account																
Account Type																