

ANNEXURE A

SUPPLIER DECLARATION FORM
(Please tick applicable) (- Minimum requirements)*
As Authorised by Spoornet Exco, dated February 1998

1. Is this a new application or an update on existing information: *

<input type="checkbox"/> New Application	<input type="checkbox"/> Update
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2. Contract Description : _____

3. Contract Number : _____

4. Project Name : _____

5. Project Reference Number : _____

6. Type Of Firm: *

<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader
<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Company Pty Ltd
<input type="checkbox"/> Other (Specify)	

7. Indicate the business sector in which your company is involved/operating: *

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining and Quarrying
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Construction
<input type="checkbox"/> Electricity, Gas and Water	<input type="checkbox"/> Finance and Business Services
<input type="checkbox"/> Retail, Motor Trade and Repair Services	<input type="checkbox"/> Wholesale Trade, Commercial Agents and Allied Services
<input type="checkbox"/> Catering, Accommodation and Other Trade	<input type="checkbox"/> Transport, Storage and Communications
<input type="checkbox"/> Community, Social and Personal Services	

8. Principle Business Activity * : _____

9. Types Of Services Provided : _____

10. Since when has the firm been in business? _____

11. What is your company's annual turnover (excluding VAT)?

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

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(Please tick applicable) (* - Minimum requirements)

12. Are any facilities shared? *

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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13. If yes, which facilities are shared? * : _____

14. Name of Organisation sharing the facility: * _____

15. Where are your distribution centres? *

16. Describe all property agreements relating to facilities used by the firm and the nature of the agreement indicating whether the facilities are leased or owned:

FACILITY	ANNUAL RENTAL AMOUNT	OWNER	AGREEMENT VERBAL / WRITTE

17. Provide details of Trade Associations / Professional Bodies in which you have membership: *

NAME OF ASSOCIATION	SINCE	VOTING	TYPE

18. Did the firm previously operate under another name? *

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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19. If Yes, state its previous name: * _____

20. . Who were its previous owners / partners / directors? *

SURNAME & INITIALS	HDI	ID NUMBERS

HDI (Historically Disadvantaged Individual)

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SUPPLIER DECLARATION FORM

(Please tick applicable) (* - Minimum requirements)

21. List details of current partners, proprietors and shareholders by name, identity number, citizenship, status and ownership as relevant: *

SURNAME & INITIALS	IDENTITY NUMBER	CITIZENSHIP	HDI	DIS - ABLED	GENDER	DATE OF OWNERSHIP	% OWNED	% VOTING

22. List details of current directors, officers, chairman, secretary etc. of the firm: *

SURNAME & INITIALS	IDENTITY NUMBER	TITLE	DIS - ABLED	HDI	GENDER	% OF TIME DEVOTED TO THE FIRM	CONTACT NUMBER

23. 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

24. How many personnel does the firm employ? *

	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Permanent						
Part Time						

In terms of 24 above, kindly provide numbers on women and disabled personnel? *

	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Women						
Disabled						

Initial by Supplier: _____

SUPPLIER DECLARATION FORM

(Please tick applicable) (* - Minimum requirements)

25. Provide details (listed below) of individuals responsible for the daily activities of the firm. *

	SURNAME & INITIALS	HDI	GENDER	LENGTH OF SERVICE
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FINANCIAL DECISIONS

Signing of cheques				
Signing and co-signing for loans				
Acquiring lines of credit				
Major acquisition/ purchase				
Signing contracts				

MANAGEMENT DECISIONS

Quotations				
Marketing and sales				
HR of management staff				
HR of non-management staff				
Supervision of production				

HDI (Historically Disadvantaged Individual)

26. Details of personnel or firms providing the following services: *

SERVICE	NAME	CONTACT PERSON	TELEPHONE
Accounting			
Auditing			
Banking			
Insurance			
Legal			

27. List the five largest contracts / assignments completed by your firm in the last three years: *

CONTRACT PERFORMED	FOR WHOM	CONTACT PERSON	TELEPHONE	CONTRACT AMOUNT

28. List contracts which your firm is engaged in and not yet complete:

CONTRACT DESCRIPTION	LOCATION	FOR WHOM	CONTRACT AMOUNT	COMPLETION DATE

Initial by Supplier: _____

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(Please tick applicable) (- Minimum requirements)*

29. As per 28 above provide details of work subcontracted:

SUBCONTRACTOR	HDI	CONTACT PERSON	TELEPHONE	SUBCONTRACT AMOUNT	NATURE OF SUBCONTRACT

30. Provide details of skills training for your personnel in terms of gender, race, disability and comparisons from previous year: *

PREVIOUS YEAR

PLANS	TARGETS	NUMBER OF STAFF	AMOUNT	GENDER	HDI	DISABLED

CURRENT YEAR

PLANS	TARGETS	NUMBER OF STAFF	AMOUNT	GENDER	HDI	DISABLED

Initial by Supplier: _____

SUPPLIER DECLARATION FORM

(Please tick applicable) (- Minimum requirements)*

31. Provide details of your community involvement initiatives:

31.1 Development : _____

31.2 What involvement: _____

31.3 Level of involvement: _____

31.4 Location / Area: _____

31.5 Community Organisation: _____

31.6 Community Leader's Name: _____

31.7 Community Organisation / Leader's address & telephone numbers : _____

31.8 Period of involvement: _____

32. Details of Contact Persons: *

SURNAME	INITIALS	DESIGNATION	TELEPHONE NO.

33. May the above-mentioned information be shared and included in Spoornet's Supplier Database for future reference?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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34. 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?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SUPPLIER DECLARATION FORM

(Please tick applicable) (* - Minimum requirements)

35. If yes, kindly provide the following information: -

	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Permanent						
Part Time						

In terms of 35 above, kindly provide numbers on women and disabled personnel?

	BLACK	WHITE	COLOURED	INDIAN	OTHER	TOTAL
Women						
Disabled						

36. Kindly categorise your company / organisation into one of the following: -

MANUFACTURER	DISTRIBUTOR	AGENT	CONSULTANT	CONTRACTOR	OTHER

37. Are any of your members/shareholders/directors ex-employees of Transnet/Spoornet?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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37.1 If yes, kindly provide the following details: -

NAME OF EMPLOYEE	DEPARTMENT	CONTACT NUMBER

38. Are any of your members/directors/shareholders related to any Transnet/Spoornet employees?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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38.1 If yes, provide particulars

NAME OF EMPLOYEE	DEPARTMENT	CONTACT NUMBER

Initial by Supplier: _____

EMPLOYEES TAX (P.A.Y.E) – EXTERNAL CONTRACTORS

In terms of the Fourth Schedule to the Income Tax Act amounts payable to external contractors are subject to Employees Tax when certain criteria are met. The legislation became effective as from the 1 April 2000.

If a contractor falls within the provisions contained in the 4th schedule of the Income Tax Act, SpoorNet is obliged to withhold Employees Tax before payment is made to the contractor. This tax will then be paid over to SARS. It must be noted that the tax withheld is based on the Income Tax Act and SpoorNet is in no way involved in this decision. The Employees Tax will be calculated on payments/amounts payable to the contractor excluding VAT. Furthermore it is important to note that the Employees Tax will only be deducted in respect of services rendered and does not apply to the procurement of goods.

The rate at which the Employees Tax will be withheld is as per the applicable rates mentioned hereunder. The rate applicable to you will be dependent on responses to the attached questionnaire.

When a Company/CC/Personal Service Trust/Small Business Corporation/Individual employs four or more unconnected persons who are on a full-time basis engaged in rendering the service, the above requirements fall away and the Company/CC/Personal Service Trust/Small Business Corporation/Individual is not subject to Employees Tax. However should they employ less than four unconnected persons, the criteria as per the questionnaire still needs to be met before Employees Tax can be withheld.

Labour brokers are normally not subject to the Employees Tax, because they usually employ more than four unconnected persons.

Please note that your co-operation in completing the attached questionnaire is imperative. Should you fail to respond timeously to the questionnaire, SpoorNet will be forced to deduct the required Employees Tax as if a liability exists. SpoorNet will also consider the option of not making further use of your services until we have received feedback from you.

APPLICABLE TAX RATES:

- 1) Companies – will be taxed at flat rate of 34%.
- 2) Close Corporations – will be taxed at flat rate of 34%.
- 3) Personal Service Trusts – will be taxed at 34% of taxable income.
- 4) Individuals - If you have a contract with SpoorNet only tax will be deducted according to the progressive tax tables.
 - If you are contracted to other parties as well as SpoorNet tax will be deducted at a flat rate of 25%.
- 5) Labour brokers (with no exemption certificate)(IRP 30) – tax will be deducted as per legal persona i.e.: in accordance with the applicable tax rates as per 1-4 above.

Initial by Supplier: _____

ANNEXURE A

QUESTIONNAIRE

INCOME TAX STATUS OF EXTERNAL CONTRACTORS

1) Do you operate through a Company/Close corporation/Personal Service Trust or in your individual capacity?

- PRIVATE INDIVIDUAL COMPANY CLOSE CORPORATION
 PERSONAL SERVICE TRUST

2) What do you supply to Spoornet?

- GOODS ONLY SERVICE ONLY GOODS & SERVICES

NOTE: If answered goods only, please do not answer the rest of the questionnaire.

3) Will the income derived from the contract with Spoornet constitute more than 80% of the company's/Close Corporation's/Personal Service Trust's or your gross income for the year ended 28 February? YES NO

4) Will the amounts in respect of services rendered be payable on a regular basis, i.e.: daily, weekly, monthly, or other intervals? YES NO

5) Will Spoornet be in control of the hours during which you perform your service as well as the manner in which you perform your service? YES NO

6) Do you employ less than 4 employees (other than shareholders of the company or members of the close corporation or connected persons in relation to such shareholder or member) who are on a full-time basis engaged in the business of the company/close Corporation/personal service trust? YES NO

7) Is the contract with Spoornet the only employment or contract that generates income for the company/close corporation? YES NO

If not, in the case of an individual, are you employed by another institution? YES NO

8) Will the nature of the contract with Spoornet require you to work more than 22 hours per week on this specific contract? YES NO

Initial by Supplier: _____

ANNEXURE A

SUPPLIER DECLARATION FORM (SDF)

(Please tick applicable) (- Minimum requirements)*

KINDLY ENSURE THAT THE FOLLOWING DOCUMENTATION IS ATTACHED: -	
*	Cancelled Cheque (used)
*	Certified Copy of Identity Documents of Members / Shareholders / Directors (where applicable)
*	Certified Copy of Share Certificates / CK1 & CK2
*	Certified Copy Of Certificate of Incorporation and CM29/ CM9 (Name Changes)
*	A Current and Original Tax clearance certificate from the South African Revenue Services must be attached
	Certified Copy of Equity Plan / Training Plan
	Certified Copy of Acknowledgement of receipt of Employment Equity Plan from the Department of Labour
	Memorandum of Agreements / Member / Partnership Agreements (where applicable)
*	Certified Copy of Financial Statements (For the past three years) including Balance Sheets
*	Copy of BEE Policy/BEE Plan/Employment Policy/Procurement Policy
*	Certifications e.g. CIDB (Construction), BEE (From an Accredited Rating Agency)
*	Application must be signed by a Commissioner Of Oaths
	Other Relevant Documentation

I / we hereby guarantee that the above information given by me / us to you in respect of the details of my / our bank / building society account are correct and I / we hereby indemnify SpoorNet from any loss and / or damages howsoever caused that I / we or any other party may suffer as a result of the said information being incorrect.

Changes to our bank account will be given to SpoorNet in writing, together with a confirmation letter from our bankers.

I, the undersigned warrant that I am duly authorised to complete and sign these documents on behalf of the firm/ organisation and that the information furnished is true and correct.

I further warrant that the members / shareholders are not nominee members / shareholders and the stated members / shareholders are the beneficial members / shareholders.

I also agree that, in the event of false, incorrect or misleading information being provided in this declaration, SpoorNet shall have the right to: -

- Repudiate any contract that may have been awarded; and / or
- Recover any losses or damages sustained by SpoorNet as a result of the award of any contract; and / or
- Restrict the tenderer from further business with SpoorNet for a period between one year to five years depending on SpoorNet's view on the seriousness of the misconduct and the degree of prejudice suffered by SpoorNet.

DULY AUTHORISED TO SIGN FOR AND ON BEHALF OF FIRM / ORGANISATION:			
Name:	Signature:	Date:	Telephone:
Address:			

COMMISSIONER OF OATH:			
Name:	Signature:	Date:	Telephone:
Address:			

Initial by Supplier: _____