



# 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 R35 million**, 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 R35 million**, 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)          |              |                         |               |                               |               |                 |  |
| <b>BEE Ownership Details</b>  |              |                         |               |                               |               |                 |  |
| % 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   |              |                         |               |                               |               |                 |  |
| <b>Duly Authorised To Sign For And On Behalf Of Firm / Organisation</b> |              |                         |               |                               |               |                 |  |
| Name  |              |                         |               | Designation                   |               |                 |  |
| Signature   |              |                         |               | Date                          |               |                 |  |
| <b>Stamp And Signature Of Commissioner Of Oath</b>                      |              |                         |               |                               |               |                 |  |
| 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<br><R0.3m | >R0.3m<br><R1m | >R1m<br><R5m | >R6m<br><R10m | >R11m<br><R15m | >R16m<br><R25m | >R26m<br><R30m | >R31m<br><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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please submit a copy of the letter of award                       |     |                          |    |                          |

**a) What is being procured from the supplier?**

|                                  |     |                          |    |                          |
|----------------------------------|-----|--------------------------|----|--------------------------|
| i. Products only                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Services only                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Labour only                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Mix of services and products | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Mix of services and labour    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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 | CONTB. 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 |  |