

SUPPLIER REGISTRATION APPLICATION FORM

For Enquiries contact

THE WINDYBROW THEATRE
Tel (011) 720 7009

E-mail address: ali@windybrowarts.co.za



WINDYBROW
theatre

The forms must be submitted at:

THE WINDYBROW THEATRE
161 Nugget Cnr. Pieterse Street
Joubert Park

INTRODUCTION

The Windybrow Theatre hereby invites current and prospective suppliers to apply to be accredited and registered on its Supplier Database as required by the Public Finance Management Act of 1999 and its associated Regulations. Henceforth, Windybrow Theatre will not do business with suppliers that are not accredited and registered on our database with a valid Windybrow Theatre Vendor number. The Suppliers currently doing business with the Windybrow Theatre must reapply in terms of this new process.

Instructions to suppliers:

1. The application forms must be completed in full.
2. All the required and supporting documentation must be jointly submitted with the Form. Company profiles and brochures are also welcome.
3. Failure to submit supporting and requested information will lead to your company not being registered.
4. The Required Information section on page 3 is an indication of what information is required for your business to be accredited and registered without delays.
5. The checklist for WT Officials section on page 4 should not be completed by Suppliers.
6. Business Registration and business information section on page 5 to 7 are pre-requisites for registration and therefore must be completed in full. Failure to complete this section will lead to your business not being registered.
7. Banking details and authorization for Electronic Transfer of funds section on page 8 is critical to ensure that there are no delays for the WT to effect payment to your company.
8. It is compulsory to complete Products and Services section on page 9 to 10. Please be specific in term of products and/or service that your firm can supply to the WT. Please tick the appropriate company box and provide specific information on the next page. This section will enable the WT to afford your company an opportunity to submit quotations or tender whenever the opportunities arises. The WT will still invite tenders through public media.
9. It is compulsory for all suppliers to complete Black Economic Empowerment on pages 11 to 12 accurately and in full. Failure to complete this section may lead to your company not being registered. Emphasis in this section is on accurate and complete disclosure. Whilst WT prefers to deal with businesses that embrace and comply with Broad Base Black Economic Empowerment Act, non-complying suppliers will still be registered but not accredited for BEE purposes.
10. Trade Experience section on page 13 must be completed in full to give WT an understanding of whether your firm has experience of supplying the products and services your firm is applying for. Lack of experience will not necessary lead to your firm not being registered and accredited.
11. Financial Information Section on page 13 must be completed to give WT an understanding of your company's financial history which will also make it eligible for registration.
12. Quality, Safety and Environmental section on page 14 must be completed and supporting information must be supplied. Whilst companies might still be registered without the required information on this section, the WT prefers to do business with companies complying with all applicable legislation relevant to this section.
13. Facilities, Plant and Equipment section on page 15 must be completed in full to give WT an indication of your technical capacity.
14. Declaration of Interest section on page 16 is compulsory and must be completed in full. Failure to complete it will lead to your company not being registered.
15. Declaration by Business under Oath on page 17 is compulsory and must be completed in full. Failure to complete it will lead to your company not being registered.
16. The WT reserves the right to verify any information supplied and any misrepresentation of facts may lead to disqualification and potentially being restricted to do business with other spheres of government and/or organs of the state.
17. A duly completed Form together with supporting documentation must be submitted to the address indicated on the front page. The WT will not accept electronically sent forms or faxes.
18. For assistance on how to complete the Form or any other query related to this process, please contact Allie Achmat on (011) 720 7009.
19. The WT will inform suppliers as to the status of their application in writing.

REQUIRED DOCUMENTATION

DOCUMENTS REQUIRED	SOLE PROPRIETOR	CLOSE CORPORATION	PARTNERSHIP	PUBLIC/PRIVATE COMPANY	BUSINESS TRUST	NON-PROFIT ORGANISATION	INSTITUTIONS
Company Registration (certified copies)	N/A	Certificate of Incorporation CK1/CK2	Duly signed Partnership Agreement	Certificate of Incorporation CM2C & Auditor's confirmation letter	Deed of Trust Agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies
Proof of Ownership	Copy of ID (certified)	Membership/ Shareholding CK1/CK2	Duly signed Partnership Agreement	Shareholding CM2C & Shareholder Agreement Auditors' confirmation letter	Trust Deed, Power of Attorney & Beneficiaries and Trustees	Auditors' letter	Registrar of Close Corporations & Companies
Latest Rates and Taxes statement (municipal account)	Latest certified copy	Latest certified copy	Latest certified copy	Latest certified copy	Latest certified copy	Latest certified copy	City of Joburg / Local Municipality if not based in Joburg Metropolitan
Proof of banking	Letter from Bank confirming signatories	Letter from Bank confirming signatories	Letter from Bank confirming signatories	Letter from Bank confirming signatories	Letter from Bank confirming signatories	Letter from Bank confirming signatories	Branch of Bank where account is held
Original Tax Clearance Certificate	For the owner of the business	For the company	For the partnership	For the company	For the trust	Proof of exemption	Receiver of Revenue (SARS)
Proof of PAYE Registration	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Receiver of Revenue (SARS)
VAT 103 Registration	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receiver of Revenue (SARS)
UIF Certificate	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Department of Labour
Workmen's Compensation	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Department of Labour
Proof of Registration to a Statutory Body regulating your industry	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	Industry Regulating Authority
People with disability (Affidavit confirming disability)	If owner is disabled	If member/s is/are disabled	If partner/s is/are disabled	If member/s is/are disabled	If member/s is/are disabled	If member's is/are disabled	Commissioner of Oaths
Certified copy of ID.	Owner	All	All	All	All	All	Commissioner of Oaths
Skills Development levy	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Latest proof of payment	Receiver of Revenue (SARS)
Audited Financial Statement	Latest statement if applicable	Latest statement if applicable	Latest statement if applicable	Latest statement if applicable	Latest statement if applicable	Latest statement if applicable	Auditors
COID	Certified copy	Certified copy	Certified copy	Certified copy	Certified copy	Certified copy	Department of Labour – a letter of good standing

FOR OFFICE USE ONLY

DOCUMENTS ATTACHED		YES	NO	N/A
1.	Company Registration (certified copies)			
2.	Proof ownership			
3.	Latest Rates and Taxes Statement			
4.	Proof of Banking			
5.	Original Tax Clearance Certificate			
6.	Proof of PAYE Registration			
7.	VAT 103 Registration			
8.	UIF Certificate			
9.	Workmen's Compensation			
10.	Proof of Registration to a Professional Body regulating your industry			
11.	Affidavit confirming Disability (People with Disability)			
12.	Certified copy of Identity Document			
13.	Skills Development Levy			
14.	Audited Financial Statements			
15.	Compensation for Occupational Injuries and Diseases Certificate (COID)			

CHECKED BY:

SIGNATURE:

DATE :

3. Banking Details

Bank Name

Branch **Branch Code**

Town / City

Bank Account Number

Account Holder's Name

Account Type Please tick relevant box	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
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Documentary proof of banking institution and details must be supplied (Cancelled Cheque / Bank Statement)
 Authorisation for electronic transfer of funds (EFT) to supplier's bank account

I, the undersigned hereby authorise Windybrow Theatre to credit my/the account via Electronic funds transfer as aforementioned with the amount payable / due to specified beneficiary for goods and services rendered.

Please note : If a cancelled cheque is not attached, an official stamp should be obtained from the bank to confirm the information given above.

.....
 FULL NAME

.....
 CAPACITY

.....
 DATE

.....
 SIGNATURE

FOR USE OF BANK (in case where a cancelled cheque is not attached)

Above information checked and confirmed:

Signature

Bank Stamp

FOR OFFICE USE ONLY – WINDYBROW THEATRE

Information confirmed and submitted to finance on day of year

.....
 FULL NAME

.....
 CAPACITY

.....
 DATE

.....
 SIGNATURE

4. PRODUCTS AND SERVICES

4.1 Core Business

Please indicate by ticking appropriate box below in which sector of the economy your business is predominantly carried out. If other, please specify.

Retail and Motor Trade and Repair Services		Professional Services	
Agent		Wholesale Trade and Allied Services	
Finance and business services		Specialized services	
Distributor		Service provider	
Consulting		Performing Arts	
Manufacturer		Other	
Construction			
Catering, Accommodation and other trade			

4.2 List of Products and Services

List all products and / or services your business can supply to Windybrow Theatre. (Please tick appropriate box)

Tick	Product / Service Name	Tick	Product / Service Name
	AIR CONDITIONING & VENTILATION FANS		LAMPS, LIGHT FITTINGS, LIGHTING POLES & MATERIALS
	ALARMS		LOCKS, LATCHERS, HINGES
			MUSICAL DIRECTORS
			MARKETING
	APPLIANCES DOMESTIC & INDUSTRIAL		NAILS, SCREWS, PINS & CLIPS
	AUDIO & VISUAL EQUIPMENT & PRODUCTS		OFFICE MACHINES & EQUIPMENT & INSTRUMENTS
	APPLIANCES SUPPLIERS & REPAIR SERVICES		PAINTS & ACCESSORIES
			PAINTERS
	ADVERTISING AGENCIES		PAPER & ALL PAPER PRODUCTS
	GAAP, GRAP, IFRAS 7 DISCLOSURES ETC. CONSULTANTS		
	BROKERS		PHOTOGRAPHIC EQUIPMENT & SERVICES
	BUILDING CONTRACTORS		POSTAL & COURIER SERVICES
	CARPETS, CURTAINING, SORT FURNISHINGS & BLINDS		POWER GENERATION & ASSOCIATED EQUIPMENT
	CATERING SERVICES		PRINTING & ACCESSORIES
	CLEANING SERVICES		PROPERTY LEASING SERVICES & EVALUATION
	CLOCKS, WATERS, TIME RECORDERS		PROTECTIVE COATINGS & WATERPROOFING
	CLOTH, CANVAS & FABRIC		PROFESSIONAL SERVICE PROVIDER
	CURRICULUM DEVELOPMENT (MUSIC, DRAMA AND DANCE)		PLUMBING
	COMMUNICATION EQUIPMENT (SUPPLIERS & REPAIRS)		RESEARCH & DEVELOPMENT
	COMPUTERS, HARDWARE, SOFTWARE & SYSTEMS		SAFETY, FIRE FIGHTING & DISASTER MANAGEMENT
	COMPRESSORS		SECURITY SERVICES & EQUIPMENT
	CONSULTANTS		INTERIOR DECORATORS
	CONTRACTORS & GENERAL SERVICES		SIRENS, HOOTERS, PANIC BUTTONS & WHISTLERS
	COURIER, TRANSPORT & STORAGE		SOAPS, POLISHES, CLEANERS & CLEANING MATERIAL
	CHOREOGRAPHERS (DANCE)		
	DETERGENTS, DESINFECTANTS & DEODORANTS		STATIONERY
	DIRECTORS (THEATRICAL PRODUCTION S- MUSIC, DRAMA AND DANCE)		
	DISTRIBUTION (PUBLICITY MATERIALS)		
	ELECTRICAL MAINTENANCE		STORAGE SERVICES & FACILITIES
	ELECTRICAL EQUIPMENT & MATERIAL		SOUND ENGINEERS & SOUND EQUIPMENT HIRE
	ELECTRONICS		SUPPLY CHAIN MANAGEMENT CONSULTANTS (PUBLIC SECTOR)
	ENGINEERS & ENGINEERING SERVICES		TELEPHONE & TELECOMMUNICATION EQUIPMENT
	EVENT MANAGEMENT		TIMBERS & TIMBER PRODUCTS

Tick	Product / Service Name	Tick	Product / Service Name
	FACILITY MANAGEMENT		TOILETRIES
	FIREFIGHTING EQUIPMENT & SERVICING		TRAINING SERVICES
	FOODSTUFFS & BEVERAGES (GROCERY SUPPLIERS)		TRANSPORT SERVICES
	FURNITURE SUPPLIERS		THEATRE LIGHTING DESIGNERS
			THEATRE LIGHTING
	FLOORING		THEATRE SOUND ENGINEERS
	GARDEN SERVICES, EQUIPMENT & SUPPLIERS		THEATRE SOUND EQUIPMENT
	GRAPHIC DESIGNERS		THEATRE TECHNICIANS
			THEATRICAL SCRIPTWRITERS (MUSICAL, DANCE AND DRAMA)
			THEATRICAL SCRIPTS (MUSICALS, DRAMA AND DANCE)
	HANDTOOLS, SCREWEING & CUTTING TOOLS		TUTORS (MUSIC, DRAMA AND DANCE)
	HIRE & LEASING SERVICES		TRAVEL AGENTS
	HOSE & HOSE FITTINGS		
	INSURANCE SERVICES		WASTE MANAGEMENT, DISPOSAL & COMPACTORS SERVICES
	INSECTICIDES & PEST CONTROL		
	INTERNAL AUDITORS (PUBLIC SECTOR)		
	IT MAINTENANCE		

PLEASE SPECIFY **

Please be more specific in terms of what you can supply e.g. Consultants; Architectural; IT or Attorneys

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

5. BLACK ECONOMIC EMPOWERMENT (BEE) COMPLIANCE

1. Direct Empowerment
2. Direct Ownership

Enter the total number of Blacks and their percentage shareholding that are in Ownership, per category

Category	Number	% Shareholding
Black Youth		
Black Women		
Black Workers		
Black people with Disabilities		
Black people living in rural areas		
Black Males		

List all the persons who are directly empowered by your business (attach a separate sheet if space is insufficient)

Name	ID. No.	Race	Citizenship	Gender	% Shareholding	Effective date of Shareholding

NB. Attach separate sheet if space provided is insufficient.

1.2 Management

List all Board of Directors, Partners, Members, Executive committee or Shareholders who are Black in management positions

NB. Attach separate sheet if space provided is insufficient.

Total number of people in management positions And Black people in management

1.3 Financial Decisions

	Name	Race	Length of Service (Year)	Capacity
Cheque signing				
Signing & co-signing for loans				
Sureties				
Major Acquisitions / Purchases				
Contract signing				

2. Human Resource Development

Employment Equity

List total number of people employed by your business. If other, please specify

Level	Black	White	Women	Disabled
Senior Management				
Middle Management				
Supervisor Level				
Other				
Total				
Percentage				

Skills Training and Development

List all the core skills required by the business. If other, please specify

Senior Management				
Middle Management				
Supervisor Level				
Other				

NB. Attach separate sheet if space provided is insufficient.

Composition of Staff Development

List all persons that are trained to take up management positions in the near future.

Level	Black	White	Women	Disabled
Senior Management				
Middle Management				
Supervisor Level				
Other				
Total				

3. Indirect Empowerment

Affirmative procurement

Total annual amount spent on goods and service excluding electricity, rates and water

R
R
R

Total amount spent with Black Suppliers

Total amount spent on Community Development initiatives

Training / Learner ships

Total amount spent on Learner ships

R

Enterprise Development

Total amount spent on developing Black Suppliers

R

NB. Please provide proof for the above

6. TRADE EXPERIENCE

Do you have any previous contract work or tendering experience? YES NO

If yes, please complete the fields below. List the last contracts awarded to you (the tendering business) or previous experience with other business related to this type of work or supply.

A COMMERCIAL

Name 3 (three) commercial references / referees of previous projects and provide their name/s and telephone number/s.

Business Name	Contact No.	Contact Person	No. of Years	E-mail	Value of Business (Rands)

Total number of years the firm has been in business?

7. FINANCIAL INFORMATION

1. Are there any pending proceedings or previous judgements against your business or has your business ever been declared bankrupt? YES NO
If yes, please elaborate

2. Indicate annual average turnover excluding Value Added Tax during the past three (3) years

Annual Turnover					Year		
-----------------	--	--	--	--	------	--	--

Annual Turnover					Year		
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Annual Turnover					Year		
-----------------	--	--	--	--	------	--	--

NB. Attach latest audited copies of Financial Statements YES NO

8. **QUALITY, SAFETY & ENVIRONMENT**

Is your business a permit holder under the SABS marks scheme or ISO?

 YES

 NO

If yes, please indicate products for which permits are held, including permit numbers.

1.1	Product Name	
	Permit Number	
1.2	Product Name	
	Permit Number	
1.3	Product Name	
	Permit Number	

B. **QUALITY**

Do your business operate a Quality Management System?

 YES

 NO

If yes, please indicate products for which permits are held, including permit numbers.

1.1	Product Name	
	Permit Number	
1.2	Product Name	
	Permit Number	
1.3	Product Name	
	Permit Number	

C. **SAFETY**

1. Do your business HAVE AN Occupational Health and Safety Policy complying to the Occupational Health and Safety Act (OHASA)?

 YES

 NO

2. Are you registered with Compensation Injuries and Disease Act (COID)?

 YES

 NO

Registration Number:

D. **ENVIRONMENTAL**

1. Do you have an Environmental Policy in place?

 YES

 NO

2. Does your facility routinely work with any hazardous substances?

 YES

 NO

E. FACILITIES, PLANTS AND EQUIPMENT

Please give a summary of your plant and / or facilities.

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

Number of Employees	Full Time	Part Time

9. DECLARATION OF INTEREST

Any person having a kinship with persons in the service of Windybrow Centre of the Arts, including a blood relationship, may apply to register. Disclosure is required in the interest of fairness and transparency.

Are you presently in the service of Windybrow Centre of the Arts?

 YES NO

If so, furnish particulars.

Have you been in the service of Windybrow Centre of the Arts for the past twelve months?

 YES NO

If so, furnish particulars.

Do you have any relationship (family or other) with persons in the service of Windybrow Centre of the Arts?

 YES NO

If so, furnish particulars.

Is any spouse, child or parent of the company's manager's principle shareholders in service of Windybrow Centre of the Arts?

 YES NO

If so, furnish particulars.

CERTIFICATION

I, THE UNDERSIGNED (Name) CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATOIN FORM IS CORRECT. I ACCEPT THAT WINDYBROW CENTRE OF THE ARTS MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name

10. DECLARATION BY BUSINESS UNDER OATH

I/WE, the undersigned (Name) declare that the above particulars and information furnished to Windybrow Centre of the Arts for the purpose of registering our organization on the supplier database are true in substance and in fact and the I/We fully understand the meaning thereof.

Name:

Signature:

Date:

Designation:

Name:

Signature:

Date:

Designation:

Signed and sworn to before me at on this the day of by the deponent, who has acknowledged that he/she has no objection to taking the prescribed oath and that the prescribed oath will be binding of his/her conscience.

.....
COMMISSIONER OF OATHS

NOTE: SUPPLIERS PROVIDING FALSE OR FRAUDULENT INFORMATION OR DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.

NOTE: INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. THIS INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED ON THE ABOVE PAGES.