



# 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 R35million,** 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 R35million,** 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.

## 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 |  | No |  |
| If yes please submit a copy of the letter of award                       |  |  |  |  |  |  |  |     |  |    |  |

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

|                                  |     |  |    |  |
|----------------------------------|-----|--|----|--|
| i. Products only                 | Yes |  | No |  |
| ii. Services only                | Yes |  | No |  |
| iii. Labour only                 | Yes |  | No |  |
| iv. Mix of services and products | Yes |  | No |  |
| v. Mix of services and labour    | Yes |  | No |  |

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 |  | No |  |
|-----|--|----|--|

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 |  |