

# HOW TO COMPLETE SUPPLIER ENTITY MAINTENANCE

## COMPANY / PERSONAL DETAILS

Department / Supplier name: Company, CC or Department name, whichever is applicable, should be provided in full. E.G. Department of Home Affairs not DHA

Individuals and employees should provide their title, initials, first and last names

## ADDRESS DETAILS

This field is compulsory. Please take note that the address that you provide should be correct and you have submitted to the bank to comply with FICA requirements

## NEW / UPDATE DETAILS

Mark with a tick or cross whether this is a new supplier or updating of the existing one.

Supplier Type: For companies or CC's, mark the Supplier box. If the entity is a Department, please tick/cross and appropriate box and provide details accordingly

## SUPPLIER ACCOUNT DETAILS

**Account Name / Details:** Must be completed as the company is registered

**ID Number:** Complete this field and verify with the bank on the relevant screen. This field is compulsory and applies to the supplier who is an individual or employee and not a company or CC

**Passport Number:** Complete this section and verify with the bank on the relevant screen. This applies to the supplier who is an individual or employee and not a company or CC

**Company Registration Number:** Complete this field and verify with the bank on the relevant screen. This field is compulsory for registered Companies and CC's

**Tax number:** This field must be completed with the tax number provided by SARS (i.e income tax reference number).

**VAT Number:** Complete this field with the VAT number provided by SARS. This field is compulsory for companies and CC's registered for VAT purposes

## CONTACT DETAILS

This field is compulsory

## CHECKLIST

Checklist for the necessary attachments.

**PLEASE BE SURE ALL RELEVANT DOCUMENTS ARE ATTACHED**

- 1 Valid Tax clearance certificate **NB**
- 2 Copy of ID person responsible for account
- 3 The Supplier Entity maintenance fully completed
- 4 Bank statement, cancelled Cheque or a confirmation letter from the bank to confirm the account holder & bank account number. **A confirmation letter is preferred**
- 5 Copy of invoice / quotation to confirm company details & address **NB**

NB

SUPPLIER NR:

PROVINCE:



**\*DEPT OF HOME AFFAIRS REPUBLIC OF SOUTH AFRICA**

**Head Office Only**

Captured By:.....  
 Date Captured:.....  
 Authorised By:.....  
 Date Authorised:.....  
 Captured on Safety web  Yes  No

**SUPPLIER MAINTENANCE:**

BAS  LOGIS

**The Director General : DEPARTMENT OF HOME AFFAIRS**  
 PRIVATE BAG X114; PRETORIA; 0001  
 230 PROES STREET; HALLMARK BUILDING; PRETORIA; 0002

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of **my/our account with the mentioned bank.**  
 I/we understand that the credit transfers hereby authorised will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/we understand that not additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).  
 I/we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.  
 This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.  
**Please ensure information is validate as per required bank screens .**  
**I/We understand that bank details provided should be exactly as per the records held by the bank.**  
 I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

**Company / Personal Details**

Registered Name	<input type="text"/>
Trading Name	<input type="text"/>
Tax Number	<input type="text"/>
VAT Number	<input type="text"/>
Title:	<input type="text"/>
Initials:	<input type="text"/>
First Name:	<input type="text"/>
Surname:	<input type="text"/>

**Address Detail**

NB	POSTAL	STREET ADDRESS
( Please complete full details )	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postal Code	<input type="text"/>

**New / Update Detail**

New Supplier information     Update Supplier information

Supplier Type:     Individual     Department     Partnership  
                            Company         Trust  
                            CC                     Other ( Specify )

Department Number





home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

Enq: E. Muleya

Tel: (012) 406 2760

E-mail: Elias.Muleya@dha.gov.za

Dear Valued Supplier,

**You are hereby invited to register as an approved supplier on the new comprehensive and dynamic database of the Department of Home Affairs**

In line with best practice, only registered suppliers will be engaged to supply goods and services to DHA

In order to comply with the procedures in the Supply Chain Management guidelines referred to in the Public Finance Management Act (PFMA); the Department has developed a supplier database to be used by its Procurement section. The purpose of this database is to give all prospective suppliers an equal opportunity to offer their services to provide goods and / or services to DHA.

A strong basis and foundation for our relationship should be unimpeachable honesty and integrity based on no tolerance for any form or manifestation of improper influencing, bribery, corruption, fraud or any unethical misconduct. DHA staff is not permitted to accept, nor solicit any personal favours. Finally, to promote good citizenship, DHA expects its suppliers to keep their tax matters in order and to exceed Government expectations on BBBEE.

Interested suppliers must please complete this official registration form honestly and in full to assist the Department in compiling and updating supplier database.

This form can also be downloaded from

Completed manual applications may be submitted to the following offices:

## HEAD OFFICE

The Directorate: Procurement Services  
Department of Home Affairs  
Private Bag X114  
Pretoria  
0001

Security Reception Area  
Hallmark Building  
230 Johannes Ramokhoase St  
(Previously Proes St)  
Pretoria

**Attention: Database section**

*The form can be deposited during office hours in the blue box in the reception area*

Contact person Elias Muleya Tel :( 012) 406 2760 or Abram Magongwa Tel (012) 406 2776

Suppliers who wish to transact with the Department at their respective provinces, may submit the registration forms at the provincial offices listed below:

Suppliers can only register in the provinces where they are located. Suppliers are required to provide the physical location in all the respective provinces where they have a footprint.

## PROVINCES

### Eastern Cape

Private Bag X 7413  
King Williams Town  
5600

11 Hargreaves Ave  
King Williams Town  
5600

Contact Person: Ms Sindiswa Mkiva Tel: (043) 642 2178/1131

### North West

Private Bag X119  
Mafikeng  
2735

Cnr Sheppard & Carrington St  
Mmabatho  
2745

Contact Person: Mr. Tsholofelo Khule Tel: (018) 397 9915/ Moemedi Letswalo Tel: (018) 381 8934

### Kwazulu Natal

181 Church Street  
Pietermaritzburg  
3201

Private Bag X09  
Pietermaritzburg  
3209

Contact Person: Mr. Gabriel Mthembu Tel: (033) 845 5025 Ms P Kheswa (033) 845 506 Mr. S. Sebezela

### Mpumalanga

16 Nel St  
Bataleur Building, 2<sup>nd</sup> floor  
1200

Private Bag X11264  
Nelspruit  
1200

Contact Person: Lizzy Mashishi Tel: (013) 753 9500

### Free State

40 Victoria Rd  
Willows  
Bloemfontein, 9300

P O Box 12262  
Brandhof  
9324

Contact Person: Christel van Wyk Tel: (051) 4103946/ Dikeledi Botsime Tel: (051) 410 3918

**Gauteng**

3<sup>rd</sup> Floor Mineralia Building  
78 Cnr De Beer & De Korte St  
Braamfontein

Private Bag 103  
Braamfontein  
2017

Contact Person: Chipppo Mahape Tel: (011) 242 9064

**Western Cape**

56 Barrack St  
4<sup>th</sup> Floor. Fair Cape Building  
Cape Town 8000

Private bag X9103  
Cape Town  
8000

Contact Person: Mr. Raymond Isaacz Tel: (021) 488 1401

**Limpopo**

89 Biccard St  
Polokwane  
0700

Private Bag X9517  
Polokwane  
0699

Contact Person: Sydrick Matimolane Tel: (015) 287 2825 or Boshomane Philipine Tel: 015 287 2820

**Northern Cape**

69 Du Toitspan  
Kimberley  
8301

Private Bag X6073  
Kimberley  
8301

Contact Person: Boitumelo Chibamba Tel: (053) 807 6724

**T. NGCOBO**

**CHIEF DIRECTOR: SUPPLY CHAIN MANAGEMENT**



# home affairs

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Department:  
Home Affairs  
**REPUBLIC OF SOUTH AFRICA**

## **Application to be registered on the Database of Suppliers for the Department of Home Affairs**



### APPLICATION FORM

#### Important Notes

**Please ensure that the following original documents are completed (failure to submit all documents will result in your application not being processed)**

1. Application Form (fully completed)
2. Bank Details (Entity form completed and stamped by the bank) (**original** to be submitted- no copy please)
3. Cancelled cheque or letter of confirmation from the bank
4. Declaration of Interest (Annexure A)
5. Declaration of Past Supply Chain Management Practices (Annexure B)
6. **Valid Original Tax Clearance Certificate**
7. Certificate of Registration issued by the registrar of Companies & Close Corporations (CK2), (if applicable) (In business)
8. Company Profile
9. Certified BBBEE Certificate (if applicable)
10. Certified ID copies of the Directors of the Company
11. Service provider must provide their physical location in the provinces where they have a footprint (failure to do so will not allow them to conduct business in such provinces where they don't have an address).

**Applicants may check on the status of their application by contacting the following numbers (012) 406 2759 or (012) 406 2776**

### 1. SUPPLIER DETAILS

Company Registered Name																				
Trade Name																				
Holding Company																				
Company / CC Registration Number																				
Vat Registration Number (if applicable)																				
Expiry date of Tax Clearance Certificate																				
E-mail Address																				
Cell phone number																				
Telephone number																				
Fax Number (Compulsory)																				
Number of full time employees																				
Number of years in business																				

Postal Address: (Compulsory)																				
Town																				
Province																				
Code																				

Physical Address: (Compulsory)																				
Suburb																				
Town																				
Province																				

## 2. CONTACT DETAILS

Contact Person (Full name)																		
Telephone number																		
Fax number																		
E-mail Address																		
Identity number																		
Position in Company																		
Default receiver of Tenders	Yes	No																
Open to receive SMS	Yes	No																
Open to receive e-mail	Yes	No																

## 3. COMPANY TYPE

(Please tick the relevant box)

Public Company (Ltd)	
Private Company (Pty) Ltd	
Closed Corporation (CC)	
Section 21 Company	
Foreign Company	
Trust	
Partnership	
Sole Proprietor	
Government / Parastatal	
Other	

If selected other, please specify:

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## 4. COMPANY/SUPPLIER CLASSIFICATION: (Please tick√ the relevant box or boxes)

ISO listed	Importer	Services	Manufacturer	Repairer	Distributor	Exporter	Sales

## 5. REFERENCES

Please list the largest / most important contracts/assignments completed by your firm in the last three years

Work performed	For Whom	Contact person and telephone number

**6. AREA SERVICES OFFERED**

Please indicate by selecting the relevant tick box stating in which regions you as a supplier are capable of delivering to, and indicate the town names within the region

REGIONS/PROVINCES	TOWNS
Gauteng East	
Gauteng West	
Gauteng Central	
Southern Gauteng	
Western Gauteng	
Limpopo	
Free State	
Kwazulu Natal	
Mpumalanga	
Western Cape	
Eastern Cape	
North West	
Northern Cape	

**7. COMMODITIES (ONLY FIVE (5) COMMODITIES)**

Please state the goods and/or services which is your company’s core business – Tick breakdown on list of commodities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**8. BBBEE**

Has your company been assessed for BBBEE by a SANAS registered company?	
Which assessment company?	
What is your BBBEE rating?	
Please attach copy of certified Certificate. (Is certificate attached? Y/N)	

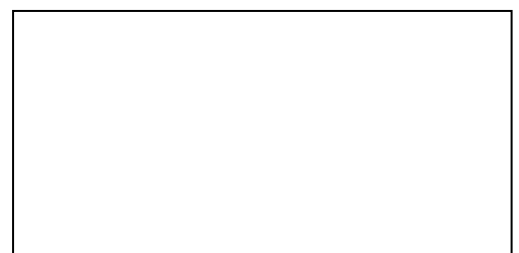
**9. DECLARATION**

I/we the undersigned declare that:

1. The information furnished is true and correct
2. The Equity Ownership claimed is in accordance with the General Conditions
3. Any conflict of interest will be declared in the form below

-----  
**SIGNATURE OF OWNER  
OR AUTHORISED REPRESENTATIVE**

-----  
**DATE:**



**COMPANY STAMP**

## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder or his or her representative:

.....

2.2 Identity Number:

.....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):

.....

2.4 Company Registration Number:

.....

2.5 Tax Reference Number:

.....

2.6 VAT Registration Number:

.....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / Persal numbers must be indicated in paragraph 3 below.

<sup>1</sup>“State” means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

<sup>2</sup>“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member :  
.....

Name of state institution at which you or the person connected to the bidder is employed : .....

Position occupied in the state institution: .....

Any other particulars:  
.....  
.....  
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attached proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

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

2.8 Did you or your spouse, or any of the company’s directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:

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

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

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

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state **YES/NO**

who may be involved with the evaluation and or adjudication of this bid?

2.10.1 If so, furnish particulars.

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

2.11 Do you or any of the directors / trustees / shareholders / members  
**YES/NO**  
 of the company have any interest in any other related companies  
 whether or not they are bidding for this contract?

2.11.1 If so, furnish particulars:

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

**3 Full details of directors / trustees / members / shareholders.**

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Peral Number

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF RAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
 Signature

.....  
 Date

.....  
 Position

.....  
 Name of bidder

## Annexure B

### SBD 8: DECLARATION OF PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This document serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 2 The bid of any vendor may be disregarded if that vendor, or any of its directors have-
  - a. abused the institution's supply chain management system;
  - b. committed fraud or any other improper conduct in relation to such system; or
  - c. failed to perform on any previous contract.
- 3 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Item	Question	Yes	No
4.1	Is the vendor or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector?  (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the vendor or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? <b>To access this Register enter the National Treasury's website, <a href="http://www.treasury.gov.za">www.treasury.gov.za</a>, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the vendor or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the vendor and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) \_\_\_\_\_  
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE  
AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE  
TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

\_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE                      NAME                                      POSITION                      DATE



Annexure C

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

-----  
-----  
(Bid Number and Description)

in response to the invitation for the bid made by:

-----  
-----  
(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of:

-----that:  
(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
  - (a) has been requested to submit a bid in response to this bid invitation;
  - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
  - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder

6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium<sup>3</sup> will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
  - (a) prices;
  - (b) geographical area where product or service will be rendered (market allocation)
  - (c) methods, factors or formulas used to calculate prices;
  - (d) the intention or decision to submit or not to submit, a bid;
  - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
  - (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

<sup>3</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder

## Annexure D

### SBD 2: TAX CLEARANCE REQUIREMENTS

It is a condition of application that the taxes of the supplier **must** be in order, or that satisfactory arrangements have been made with the South African Revenue Service (SARS) to meet the supplier's tax obligations.

1. In order to meet this requirement, bidders are required to complete in full the form TCC 001 "The attached form "Application for Tax Clearance Certificate (TCC 001)" must be completed in all respects and submitted to the Receiver of Revenue where the supplier is registered for tax purposes.
2. SARS will then furnish the supplier with a Tax Clearance Certificate that will be valid for a period of one (1) year from date of approval. This Tax Clearance Certificate must be submitted in the original together with the application. Failure to submit the original and valid Tax Clearance Certificate shall invalidate the application.
3. Note: In the event that a tender is issued to a consortium, each party in the consortium must submit a separate Tax Clearance Certificate. Copies of the "Application for Tax Clearance Certificate" are also available at any Receiver's Office.
4. Copies of the TCC 001 "Application for a Tax Clearance Certificate" form are available from any SARS office nationally or on the website [www.sars.gov.za](http://www.sars.gov.za).
5. Applications for Tax Clearance Certificates may also be made via e-Filing. In order to use this provision, taxpayers will need to register with SARS as e-Filers through the website [www.sars.gov.za](http://www.sars.gov.za).

Annexure E

COMMODITY LIST

PLEASE TICK ONLY FIVE (5) COMMODITIES

TICK	COMMODITIES
	Proquire Default Comm Cat
	AGRICULTURAL SUPPLIES
	AIR PURIFYING EQUIPMENT
	ALARM AND SECURITY SYSTEM
	BEVERAGES
	BOLTS & NUTS
	BUILDING MATERIAL
	CHEMICALS.
	CLEANING EQUIPMENT AND SUPPLIES
	CLOTHING
	COMMUNICATION EQUIPMENT AND ACCESSORIES
	COMPUTER EQUIPMENT & SOFTWARE
	CONTAINERS AND PACKAGING SUPPLIES
	ELECTRONIC COMPONENTS
	ELECTRICAL COMPONENTS (INCLUDING TRANSFORMERS)
	ELECTRICAL INSULATION AND WIRES AND BRUSHES (INCL.CABLE)
	ELECTRICAL SWITCHGEAR
	MINI SUBSTATION
	FIBRE OPTIC
	FILTER
	FIRE,RESCUE AND SAFETY EQUIPMENT
	FIREARMS, AMMUNITION AND ACCESSORIES
	FUEL AND LUBRICANTS
	FUNERAL SERVICES
	FURNITURE
	GARDENING EQUIPMENT AND ACCESSORIES
	GENERAL HARDWARE
	GIFTS
	GROCERIES
	HIRE
	KITCHEN AND FOOD APPLIANCES
	LABOUR SAVING DEVICES AND ACCESSORIES
	LIBRARY SERVICES
	MEDICAL
	MEDICAL EQUIPMENT
	NUTRITIONAL CARE
	PAINT,SEALER,ADHESIVE AND ACCESSORIES
	PHOTOGRAPHIC EQUIPMENT
	REFRIDGERATION,AIR CONS,AIR CIRCULATION
	PRECAST CONCRETE
	SCAFFOLDING AND LADDERS
	SIGNS AND ACCESSORIES
	SOUND RECORDING EQUIPMENT AND ACCESORIES
	STATIONERY
	STEEL: BAR, WIRE, MESH

## PLEASE TICK ONLY FIVE (5) COMMODITIES

TICK	COMMODITIES
	TAR PRODUCTS
	TOILETRIES
	TOOLS, HAND AND MACHINE (ALL)
	TRAFFIC
	TRANSPORTATION OF ILLEGAL FOREIGNERS
	PUMPS & VALVES
	WASTE DISPOSAL
	WATER AND SEWER
	WATER PURIFICATION
	AGRICULTURAL SUPPORT SERVICES
	CLEANING SERVICES
	COMMUNICATION & INFORMATION MANAGEMENT SUPPORT SERVICES
	FINANCIAL SERVICES
	GENERAL SERVICES
	HUMAN RESOURCE MANAGEMENT SUPPORT & SERVICES
	INFORMATION TECHNOLOGY SERVICES
	INSTALLATIONS, MAINTENANCE & REPAIR SERVICES
	INTERIOR DECORATING AND HOUSEHOLD SERVICES
	LAND DEVELOPMENT PLANNING SERVICES
	LAND REFORM, RESTITUTION, REDISTRIBUTION & LAND TENURE PROGRAMME SERVICES
	LEGAL SERVICES
	LOGISTICAL SERVICES
	REPROGRAPHIC SERVICES
	SOCIAL SERVICES
	SHE: SAFETY (SECURITY), HEALTH & ENVIRONMENT SERVICES
	SIGNAGE & ENGRAVING SERVICES
	TELECOMMUNICATION SERVICES
	TRAINING OF STAFF & COMMUNITY TRAINING SERVICES
	TRANSPORT, RE-LOCATION & FREIGHT SERVICES
	VALUATION SERVICES
	VEHICLE MAINTENANCE & SERVICES
	PROFESSIONAL SERVICES (INCLUDING CONSULTANTS)
	MOTORISED PLANT SPARES
	MOTORISED VEHICLES
	SANITARY WARE
	RAIN WATER GOODS
	MOBILE CONTAINER HOME AND OFFICES
	WELDING RELATED EQUIPMENT
	MARKETING SERVICES
	ENGINEERING SERVICES
	PUBLISHERS & SUPPLIERS OF BOOKS
	CATERING
	LABORATORY & ENVIRONMENTAL EQUIPMENT
	FLEET MANAGEMENT
	VALVES

If you can supply any other goods/services, not in the list above, please provide details:

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