

**FIETA**

**APPLICATION TO REGISTER AS A  
PREFERRED SERVICE PROVIDER**



## 1. ORGANISATIONAL PROFILE

Name of Business Supplier	
Trading Name	
Postal Address	
Postal Code	
Physical Address	
Postal Code	
Province	
Telephone Number	
Fax Number	
Cellular Number: At least 2 contacts	1. 2.
E-mail Address: At least 2 contacts	1. 2.
Preferred communication methods	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> SMS <input type="checkbox"/> Telephone

**2. COMPANY / ENTERPRISE**

a) Legal Status (Please tick the appropriate box)

	Partnership
	One person business/sole trader
	Close corporation
	Company
	Trust

b) Company Registration Number	
c) Company VAT Registration Number	
d) Skills Development Levy Number	

**3. PRINCIPAL BUSINESS ACTIVITIES**

(Services or products, i.e. furniture, etc)

Please supply your Company Profile and at-least three references with contact details.

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**4. FINANCIAL INFORMATION**

Total annual turnover for the last financial year: R.....

Total gross asset value (Fixed property excluded): R.....

**5. EMPOWERMENT PROFILE**

If your company has been registered with an empowerment rating agency/institution please submit the relevant rating certification and/or documentation along with this application. FIETA shall take your rating into consideration in the evaluation process when dealing with the provisions of the Preferential Procurement Policy Framework and other legislation that may apply.

**6. DECLARATION WITH REGARD TO HDI OWNERSHIP**

a) Please supply certified copies of ID documents

NAME	POSITION IN ENTERPRISE	IDENTITY NUMBER	% OWNED BY HDI'S	% OWNED BY WOMEN	% OWNED BY DISABLED PEOPLE	% OWNED BY OTHERS	Voting %

b) If the HDI status is dependant on consortia/joint ventures, please supply the following information:

NAME OF HDI MEMBER	PERCENTAGE OF THE SERVICE TO BE MANAGED OR EXECUTED BY THE HDI MEMBER	TYPE OF WORK TO BE MANAGED/EXECUTED BY HDI MEMBER

c) How many permanent staff members are employed by the company?

	TOTAL	PDI	WOMEN	DISABLED	OTHER
Full Time					
Part Time					

d) How long has the company been in existence?

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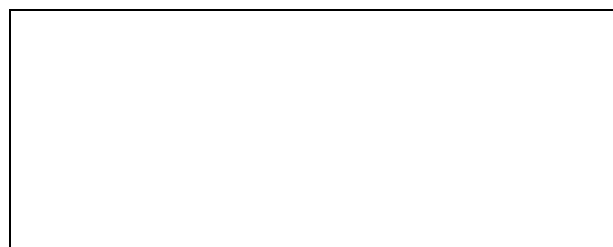
e) Does your company operate a Quality Management System e.g. ISO 9001 covering products/services applying for? (Y/N).....Please elaborate

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**7. BANKING DETAILS OF THE ENTERPRISE**

1. Name of Account Holder	
2. Name of Bank	
3. Name of Branch	
4. Branch Number	
5. Account Number	
6. Type of Account	

\_\_\_\_\_  
 Signature of Bank Signatory



BANK STAMP

\_\_\_\_\_  
 Date

## **8. DECLARATION OF THE INFORMATION SUPPLIED**

- The information furnished is true and correct.
- If the information supplied is found to be incorrect, FIETA may, in addition to any other remedy it may have –
  - Recover all costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - Cancel the provider from the Preferred Provider List and claim any damages, which it has suffered as a result of having to make less favourable arrangements due to such cancellation.

I certify that I have the appropriate authority to furnish the above-mentioned information on behalf of my employer.

Name:	Signature:
Designation:	Date: