



South African Council  
for the Architectural Profession

# SUPPLIER DECLARATION FORM

The South African Council for the Architectural Profession

This form must be completed and submitted with supporting documents:

South African Council for the Architectural Profession  
P O Box 1500  
RIVONIA  
2128

51 Wessel Road  
Rivonia  
SANDTON  
2128

Please complete the form fully and use a black pen. Illegible or incomplete forms will be rejected.

Direct enquiries to Procurement Administrator

Tel 011 479 5039  
Email: [elelwani.ndou@sacapsa.com](mailto:elelwani.ndou@sacapsa.com)

**PLEASE KEEP COPIES OF THIS FORM AND ALL SUPPORTING DOCUMENTATION  
SUBMITTED FOR YOUR RECORDS AS NO COPIES WILL BE MADE BY THE COUNCIL.**

Where applicable under mentioned documents must be submitted with the form  
Please mark [X]

	Y	N	NA
BEE/B-BBEE Status – A valid certified B-BBEE Verification Certificate.			
Company registration documents			
Proof of ownership/ shareholder certificate			
If applicable; a Joint Venture agreement			
Valid Tax Clearance Certificate			









First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Capacity

D	P	M	R	O
---	---	---	---	---

M F (sex)

--	--

HDI status

H	W	D

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Capacity

D	P	M	R	O
---	---	---	---	---

M F (sex)

--	--

HDI status

H	W	D







Certification of correctness of information supplied in this document

1. The information supplied is correct.
2. All copies of relevant information are attached.

Personal information in block letters

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone


Capacity


On behalf of the (supplier's Name)


Signed and sworn before me at \_\_\_\_\_ on this the \_\_\_\_\_ day of 20\_\_ by the Deponent, who has acknowledged that he / she knows and that understands the contents of this Affidavit, that it is true and correct to the best of his /her knowledge and that he /she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

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Signature: Applicant on behalf of supplier





QUESTIONNAIRE COMPLETED BY:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

