



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. Incomplete forms will be rejected.

Direct enquiries to Procurement Administrator

Tel 011 479 5000

Email: elelwani.ndou@sacapsa.com

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			
Beneficial ownership documents			
Valid Tax Clearance Certificate (Tax Compliance Status Pin)			
Proof of banking document – Bank Confirmation Letter			

Comprehensive company profile			
-------------------------------	--	--	--

BUSINESS INFORMATION

Name of Business

Physical address

City

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

Province

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

Postal address (if not same as above)

City

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

Telephone

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

Cell no

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

Email address

Name

[illegible][illegible][illegible][illegible]

Contact name

[illegible][illegible][illegible][illegible]

Banking Institution Name

[illegible][illegible][illegible]

CONTACTABLE REFERENCES

[illegible][illegible][illegible][illegible]

Client Name 2

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

Contact person 2

Contact number 2

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

Client Relationship 2

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

Client Name 3

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

Contact person 3

Contact number 3

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

Client Relationship 3

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

PREVIOUS CONTRACT OR TENDERING EXPERIENCE [Mark with X]

Do you have any previous contract work or tendering experience?

Yes	No
-----	----

Did your business exist under a previous name? _____

If yes, what name did it trade under?

[illegible]

Previous business registration number _____

[illegible]

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 (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.

Signature: Applicant on behalf of supplier

Signature: Commissioner of Commissioner of Oath Official Stamp

SUPPLIER QUESTIONNAIRE

In assessing company's information, SACAP will consider the information provided as outlined in all the sections of this document.

ANNEXURE B. SERVICES		
1.	Where are your offices located?	
2.	Number of years in business?	
3.	Are you involved in any community development programmes – if yes, please give details	
4.	Are you prepared to negotiate on price?	

QUESTIONNAIRE COMPLETED BY:

Name: _____

Signature: _____

Date: _____

TICK THE SERVICES TO BE PROVIDED FROM THE SERVICES LISTED BELOW:

Service Type	Detailed Services Required	Tick/Cross
IT Services	Software, Hardware, Networking, CCTV, Biometrics, etc	
Maintenance & Repairs	Facilities repair, Electrical, Plumbing and Maintenance, etc	
Stationery, Printing & Publications	Advertising, Annual report, Brochures & Booklet, etc	
Office Furniture & Equipment	Office desks, Office chairs, Shredders, Aircons, etc	
Corporates Gifts & Branding	Staff gifts and branding & Banners, etc	
Graphic Designing, Photography & Videography	Newsletter, Animation, Photography, Videography, etc	
Transcription and Translation	Transcribing and translation, etc	
Catering and Staff Events	Catering, Year-end events, etc	
Staff Training/Development & Recruitment	Staff wellness, training, recruitment/placement, etc	

Travel/Booking Agency	Flights, shuttle and accommodation	
Advisory/Consultancy & Professional Services	Strategy review, Taxation, Auditing, Accounting and Tribunals, etc	