



CMA OFFICE DETAILS:

**PHYSICAL ADDRESS:
COMRADES HOUSE
18 CONNAUGHT ROAD
SCOTTSVILLE
PIETERMARITZBURG
3201**

**POSTAL ADDRESS:
COMRADES MARATHON ASSOCIATION
PO BOX 100621
SCOTTSVILLE
3209**

**APPLICATION FORM TO REGISTER
ON THE COMRADES MARATHON ASSOCIATION
SUPPLIER DATABASE**

Procurement Contact

For any enquiries please contact

Procurement Officer

Tel: 033 897 8650

Fax: 033 897 8660

TO ALL SUPPLIERS SEEKING REGISTRATION
AS A PREFERRED SUPPLIER OF GOODS AND SERVICES
ON THE SUPPLIERS DATABASE OF THE COMRADES MARATHON ASSOCIATION

All suppliers are herewith invited to register as a preferred supplier on the database of the Comrades Marathon Association.

In order to comply with the procedures set out in the Comrades Marathon Association Procurement Policy, the CMA has developed a supplier database to be used by the association's Procurement Unit when procuring goods and services on behalf of the association.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit future quotations and/or tenders to the CMA.

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supply of goods or services to the CMA.

Attached please find an official registration form to assist us in compiling our database according to legislation.

It is imperative that suppliers read the application document carefully, complete it in full and sign it.

Please post the completed document in a sealed envelope to:

**Comrades Marathon Association
P.O. Box 100621
Scottsville
3209**

For Attention: Procurement Officer

or alternatively hand deliver the completed document in a sealed envelope to:

**Comrades Marathon Association
18 Connaught Road
Scottsville
Pietermaritzburg
3201**

For Attention: Procurement Officer

SUPPLIER DATABASE APPLICATION FORM

IMPORTANT NOTES

Please read carefully

- To be completed by **all** entities seeking registration as an approved supplier.
- The questionnaire must be completed in **full** and **signed**.
- A **company profile** must accompany the registration form but will **not be accepted** as a substitute for the application form – all fields on the application form **MUST** be completed by the applicant.
- It should be noted that the Comrades Marathon Association reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- Suppliers will **be notified** whether their application was accepted or not by means of written confirmation by e-mail;
- Suppliers must comply with all the **registration-criteria** for registration to be finalised - **failure** to do so may result in the application being declined.

Please attach the following documentation and /or information:

- **Valid, original** Tax Clearance certificate from SARS (Mandatory)
- **Certified** Copy of Company Registration Certificate (Mandatory)
- **Certified** ID copies of entity owners (Mandatory)
- Company Profile (Mandatory)
- UIF Certificate
- Shareholder Certificate
- Valid BEE Certificate

A. Supplier Detail

Company / CC Registration Number:	
VAT Registration number (if applicable):	
Income Tax Reference Number (Compulsory):	
A copy of the Tax Clearance Certificate must be attached for verification:	
Website address:	
Email address:	
Telephone Number:	
Fax Number:	
Mobile Number:	
Number of full time employees:	
Number of years in business:	
Postal address (Compulsory):	

B. Business Background

Type of Firm: (Please tick the relevant box)

<input type="checkbox"/>	Public Company (Ltd)
<input type="checkbox"/>	Private Company (Pty) Ltd
<input type="checkbox"/>	Closed Corporation (CC)
<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	Consortium
<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Foreign Company
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Trust
<input type="checkbox"/>	Section 21 Company
<input type="checkbox"/>	Government / Parastatals
<input type="checkbox"/>	Other (Specify)

Participation Capacity: (Please tick the relevant box or boxes)

<input type="checkbox"/>	Prime Contractor
<input type="checkbox"/>	Sub-Contractor
<input type="checkbox"/>	Supplier
<input type="checkbox"/>	Services including Professional Services
<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Repairer
<input type="checkbox"/>	ISO Listed
<input type="checkbox"/>	Importer
<input type="checkbox"/>	Exporter
<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Sales / Retailer
<input type="checkbox"/>	Other (Specify)

C. Contacts

Main Contact Person in your Company:

Name:	
Position in company:	
Mobile Number:	
Fax Number:	
E-mail address:	

Sales Contact Person in your Company:

Name	
Position in company	
Mobile Number	
Fax Number	
E-mail address	

D. Business References for Previous Projects

LIST THE FOUR LARGEST MOST IMPORTANT CONTRACTS/ASSIGNMENTS COMPLETED BY YOUR FIRM IN THE LAST THREE YEARS

WORK PERFORMED	FOR WHOM	CONTACT PERSON AND TELEPHONE NUMBERS

E. Broad Based Black Economic Empowerment

BEE Status of your Enterprise: (Please tick the relevant Box)

LEVEL 1	
LEVEL 2	
LEVEL 3	
LEVEL 4	
LEVEL 5	
LEVEL 6	
LEVEL 7	
LEVEL 8	
Non Contributor	
Not Yet Evaluated (Self Assessment / Accredited Evaluation)	

Please attach the BEE Contributor's Certificate issued by the Accredited BEE Evaluation Agency or Self Assessment results.

F. Small Medium Micro Enterprise

SMME Status of your Enterprise: (Please tick the relevant Box). Please provide financial Statements.

Micro	
Very Small	
Small	
Medium	
Large	

H. Banking Details

I/we hereby request and authorize you to pay any amounts which accrue to me/us to the credit of my/our bank account with the mentioned bank. I/we understand that the credit transfer hereby authorized will be processed by computer through a system known as Electronic Funds Transfer and I/we also understand that no additional advice of payment will be provided by my/our bank, but 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 issue bank statements.) I/we understand that a payment will be applied by Comrades Marathon Association in the normal way, and that it will indicate the date on which funds will be available in my/our account.

Bank Account Name: _____

Name of Bank: _____

Branch Code & Name: _____

Account Number: _____

Type of Account: Cheque Savings Transmission

DATE STAMP OF BANK

(Certified as correct by: Bank Details)

Name and Surname: _____

Signature: _____

Designation: _____

Tel number: (_____) _____

Fax number: (_____) _____

--

I/We the undersigned acknowledge(s) that:

- The information furnished is true and correct
- The Equity Ownership claimed is in accordance with the General Conditions
- Any conflict of interest should be declared in writing
- An official Comrades Marathon Association purchase order will be accepted
- Payment of any goods delivered or services rendered will be effected within 30 days from receipt of invoice.

NAME AND SURNAME

SIGNATURE
(DULY AUTHORISED TO SIGN)

ON BEHALF OF
(Name of Organisation)

I. Suppliers of the following products/services are required to register on the database.

Please mark the main services your company supplies: -

Please note that no more than three main groups can be registered for

MAIN GROUP	SERVICE / GOODS	TICK RELEVANT BOX
HR	Employee Assistance Program Providers	
	Industrial Relations	
	HR Consultants	
	Recruitment Advertising	
	Payroll Outsourcing	
	Recruitment, Selection and Placements	
	Facilitators: Team Building & Strategic Planning	
	Wellness Programmes	
	Healthcare Facilities	
	Training courses	
	Conflict Management	
	Project Management	
	Emotional Intelligence	
	Basic, Intermediate and advanced Microsoft computing courses i.e. Excel, PowerPoint and Word	
	PFMA	
	Procurement related courses	
	Finance for non-financial managers	
	IT related courses	
	Risk Management	
	Corporate Governance	
	King III Updates	
	Company Secretary	
	Minute Taking	
	Business and Report Writing (ranging from NQF 4 – 7)	
	Occupational Health and Safety	
	Facilities Management	
	Presentation Skills	
	Negotiation Skills	
	Time Management	
	Advanced Research Methodology	
Market Research and Analysis		
Protocol Training		

Accounting, Auditing and Finance Services	Financial Accounting	
	Forensic Audit	
	Auditing	
	Management Accounting	
	Assets Management	
	Financial Risk Management	
	Other (Please Specify)	
Supply Chain Management Services	Supply Chain Consultants	
	Supply Chain System Development	
	Supply Chain Benchmarking	
	Supply Chain Business Process Development	
	Other (Please Specify)	
IT	Software Development	
	System Developers	
	IT Peripherals	
	IT Consultants	
	IT Project Managers	
	IT Network infrastructure	
	Computer Hardware Suppliers	
	Computer & Printer maintenance	
	Programming	
Logistics	Courier Services	
	Offsite Storage	
Catering	Catering Services	
	Supply of office refreshments e.g. groceries	
	Supply of Meeting refreshments e.g. snack platters	
Office Equipment	Envelopes, Business Cards, & Letterheads	
	Stationery	
	Office Furniture	
	Newspapers & Magazines	
	Photocopying Machines, Printers and Faxes	
	Video Conferencing	
	Shredders	
	Electric Binding Machines	
	Projectors	
Conference recorders		

Maintenance/ Repairs/ Renovations/ Services	Upholstery cleaning	
	Flower arrangements and Event décor services	
	Fire systems and equipment (e.g. fire extinguishers etc)	
	Security Services	
	Access Control Systems	
	CCTV Systems	
	Metal Detector Systems	
	Building Construction	
	Furniture Repairs	
	Asset Management	
	Furniture Procurement	
	Air Conditioning Services & Repairs	
	Architects	
	Auctioneers	
	Electrical Contractors	
	Facilities Management and Building Systems	
	Industrial Engineers	
	Plumbing Services	
	Electrical Services	
	Interior Designers	
	Quantity Surveyors	
	Office and Building Maintenance	
	Structural Cabling	
	Office and Furniture Removal	
	Assets Management	
	Carpet and office Cleaning services	
	Window Cleaning	
	Washroom Hygiene Services	
	Repairs and Sales of Domestic and Commercial Appliances	
	Locksmith specialists	
	Glass repairs and Suppliers	
	Pest Control	
	Plant Hire	
Blinds Installation		
Other (Please specify)		

Marketing & Communications	Advertising	
	Exhibitions	
	Billboard Advertising	
	Printing services	
	Corporate Gifts (including medals, trophies, frames etc)	
	Layout and design of corporate publications	
	Photography services	
	Videography services	
	Media Campaigns	
	Reputation and Stakeholder Management	
	Graphic Design	
	Other (Please specify):	
	Event supplies & Equipment Hire	Crowd control fencing hire
Marquees, tents and gazebo hire		
Branded event equipment suppliers (gazebos, banners, flags)		
Tables, chairs and accessories hire		
Portable toilet hire		
Steel container (storage, office etc) hire		
Signage manufacturers and suppliers		
Sound/PA system hire		
Water/juice sachet suppliers for events		
Food and snack vendors/suppliers (take-away meals, chocolate, fruit, vegetables, fresh meat, energy foods etc)		
Catering equipment hire		
Scaffolding, gantry structures hire		
Ambulance service, emergency services etc		
Medals, medallions, coins suppliers		
Clothing (all types) suppliers		
Motorcycle, vehicle hire services for route at road races		
Videography, photography hire services		
Safety officer hire services		
Musicians, DJ, MC hire and services		
Television, DVD, satellite equipment hire		
Plant hire (TLB, front end loader, Bobcat etc)		
Medical and first aid supplies		
Race packs, wristbands, drawstring bags etc for events		
Other (Please specify):		
Travel	Flights & Accommodation	
	Venue Hire	
	Car Hire	
	Visa applications	
Legal	Corporate Legal Services:	
	- Lawyers	
	- Advocates	
	- Servitudes Sites Agreements	
	Competition Lawyers	
Labour Lawyers		
Other (Please specify)		

Research Strategy	Economic analysis	
	Market analysis	
	Corporate Strategy Development	
	Industry/Sector Specific Research	
	Economic Trends	
	News papers, Periodicals and Reference Books	

J. Others

Any Comments / Notes:

DECLARATION OF INTEREST

1. Any legal person, including persons having a kinship with persons employed by the CMA¹, 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 CMA, 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 CMA; 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, shareholder²):
.....

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 numbers must be indicated in paragraph 3 below.

¹“CMA” means The Comrades Marathon Association.

²“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 CMA? **YES / NO**
- 2.7.1 If so, furnish the following particulars:
- Name of person / director / trustee / shareholder/ member:
- Position occupied in the CMA:.....
- Any other particulars:
-
-
-
- 2.7.2 If you are presently employed by the CMA, did you obtain the appropriate authorisation to undertake remunerative work outside of your employment in the CMA? **YES / NO**
- 2.7.2.1 If yes, did you attach 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 CMA 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 CMA 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 CMA who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.

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

2.11.1 If so, furnish particulars:

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

Full Name	Identity Number	Personal Tax Reference Number

4 DECLARATION

I, THE UNDERSIGNED (FULL NAMES).....

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

.....
 Signature

.....
 Date

.....
 Position

.....
 Company Name