SUPPLIER DECLARATION FORM

Transnet Vendor Management has received a request to load / change your company details onto the Transnet vendor master database. Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents as per Appendix V to the Transnet Official who is intending to procure your company's services / products, to enable us to process this request. Please only submit the documentation relevant to your request.

Please Note: Effective **1 April 2016** all organisations, institutions and individuals who wish to provide goods and/or services to organs of the State must be registered on the National Treasury's Central Supplier Database (CSD). This needs to be done via their portal at https://secure.csd.gov.za/ **before applying to Transnet**.

General Terms and Conditions:

Please Note: Failure to submit the relevant documentation will delay the vendor creation / change process.

Where applicable, the respective Transnet Operating Division processing your application may request further or additional information from your company.

The Service Provider warrants that the details of its bank account ("the nominated account") provided herein, are correct and acknowledges that payments due to the Supplier will be made into the nominated account. If details of the nominated account should change, the Service Provider must notify Transnet in writing of such change, failing which any payments made by Transnet into the nominated account will constitute a full discharge of the indebtedness of Transnet to the Supplier in respect of the payment so made. Transnet will incur no liability for any payments made to the incorrect account or any costs associated therewith. In such an event, the Service Provider indemnifies and holds Transnet harmless in respect of any payments made to an incorrect bank account and will, on demand, pay Transnet any costs associated herewith.

Transnet expects its suppliers to timeously renew their Tax Clearance and B-BBEE certificates (where applicable), as EMEs and QSEs (QSE's with more than 51% ownership) are only expected to supply an affidavit as per (Appendix D and E). These affidavits must be resubmitted on an annual basis as failure to do so may result in the supplier's account being temporarily suspended.

In addition, please note of the following very important information:

- 1. **If your annual turnover is less than R10 million,** then in terms of the DTI codes, you are classified as an Exempted Micro Enterprise (EME). If your company is classified as an EME, please include in your submission, a certified signed letter from your Auditor / Accountant confirming your company's most recent annual turnover is less than R10 million and percentage of black ownership and black female ownership in the company AND / OR B-BBEE certificate and detailed scorecard from an accredited rating agency (e.g. permanent SANAS Member), or a sworn Affidavit should you feel you will be able to attain a better B-BBEE score. (Appendix D).
- 2. **If your annual turnover is between R10 million and R50 million**, then in terms of the DTI codes, you are classified as a Qualifying Small Enterprise (QSE) and you claim a specific B-BBEE level based on any 4 of the 7 elements of the B-BBEE score-card, please include your B-BBEE certificate in your submission as confirmation of your status. Or if the Supplier is a QSE with More than 51% black owned, they can submit a sworn affidavit (Appendix E).

Please Note: B-BBEE certificate and detailed scorecard should be obtained from an accredited rating agency (e.g. permanent SANAS Member).

3. **If your annual turnover exceeds R50 million**, then in terms of the DTI codes, you are classified as a Large Enterprise and you claim a specific B-BBEE level based on all seven elements of the B-BBEE generic scorecard. Please include your B-BBEE certificate in your submission as confirmation of your status.

Please Note: B-BBEE certificate and detailed scorecard should be obtained from an accredited rating agency (e.g. permanent SANAS Member).

- 4. The supplier to furnish proof to the procurement department as required in the Fourth Schedule of the Income Tax Act. 58 of 1962 whether a supplier of service is to be classified as an "employee", "personal service provider" or "labour broker". Failure to do so will result in the supplier being subject to employee's tax.
- 5. **No payments can be made to a vendor until the** vendor has been registered / updated, and no vendor can be registered / updated until the vendor application form, together with its supporting documentation, has been received and processed. No payments can be made to a vendor until the vendor has met / comply with the procurement requirements.
- 6. From 01 May 2015 only B-BBEE certificates issued by SANAS accredited verification agencies will be valid.

Supplier Declaration Form

Email

Important Notice: Effective 1 April 2016 all organisations, institutions and individuals who wish to provide goods and/or services to organs of the State must be registered on the National Treasury Central Supplier Database (CSD). This needs to be done via their portal at https://secure.csd.gov.za/ before applying to Transnet.									
CSD Number (MAAA xxxxxxx):						-			
Company Trading Name									
Company Registere									
Company Registrat Sole Proprietor		If a							
Company Income T	ax Number								
	CC		Trust	Pty Ltd	Limited	Partnership		Sole Proprietor	
Form of Entity	Non-profit (NPO's or NPC)	(NPO's or		State Owned Co	National Govt	Provinci		Local Govt	
	Educational Institution		ecialised ofession	Financial Institution	Foreign International	Foreign Branch Office			
Did your company p	previously opera	te un	der anothe	r name?		Yes	3	No	
If YES state the pre	vious details be	ow:							
Trading Name									
Registered Name									
Company Registrat Sole Proprietor		If a						1	
	CC		Trust	Pty Ltd	Limited	Partne	ership	Sole Proprietor	
Form of Entity	Non-profit		ersonal ibility Co	State Owned Co	National Govt	Provinci	Provincial Govt Loca		l Govt
	Educational Institution		ecialised ofession	Financial Institution	Foreign International		Foreign Branch Office		
Your Current Comp	any's VAT Regi	stratio	on Status						
VAT Registration N									
If Exempted from VAT registration, state reason and submit proof from SARS in confirming the exemption status									
If your business ent Your Non VAT Reg					nt original sworn a	ıffidavit (se	e examp	le in Appe	endix I).
Company Banking I	Details		Bank Name						
Universal Branch Code			Bank Account Number						
			<u> </u>				1		
Company Physical Address			Code						
Company Postal Ac	ddress						ode		
Company Telephone number						C	Jue		
Company Fax Num									
Company E-Mail Address									
Company Website Address									
Company Contact Person Name									
Designation									
Telephone									

Is your company a Labour Broker?							Yes			No		
Main Product / Service Supplied e.g. Stationery / Consulting /										•		
Labour etc.												
How many personnel does	the b	ousiness employ	?		Full Tim	ie			Part	Time		
Please Note: Should your b	usin	ess employ more	e than 2	2 full time	employe	es who	are n	ot con	nected	persons	as defin	ed in
the Income Tax Act, please	sub	mit a sworn affid	lavit, as	s per App	endix II.							
Most recent Financial Year's Annual Turnover <r10million< td=""><td></td><td colspan="2">>R10Million <r50million< td=""><td></td><td colspan="2">>R50Million</td><td></td></r50million<></td></r10million<>				>R10Million <r50million< td=""><td></td><td colspan="2">>R50Million</td><td></td></r50million<>			>R50Million					
Does your company have a	valic	B-BBEE certific	cate?						Yes		No	
What is your Broad Based B	EE :	status (Level 1 to	0 9)									
Majority Race of Ownership												
% Black Ownership		% Black Wor	men		% Bla	% Black Disabled			% Black Youth			
·		ownershi			person(s) ownership			ownership				
Please Note: Please provid	e pro	oof of B-BBEE s	tatus as	s per App	endix V.	lf you qu	ualify	as an I	EME or	QSE the	en provid	de an
affidavit following the examp	les p	provided in Appe	endix III	and IV r	espective	ly. If you	u hav	e indica	ated Bla	ack Disa	bled per	son(s)
ownership, then provide a co	ertifi	ied letter signed	by a pl	hysician,	on the ph	ysician'	s lette	erhead	, confirr	ming the	disabilit	y.
By signing below, I hereby all information contained I							n beh	alf of	firm / o	rganisa	tion and	that
Name						gnation						
Signature			Date)								
Stamp And Signature Of C	omi	missioner Of O	aths									
Name					Date)						
Signature					Tele	phone N	No					

Affidavit or Solemn Declaration		
I,sole	mnly swear/declare	that
is not a registe	ered VAT vendor a	nd is not required to
register as a VAT vendor because the combined value of taxa	able supplies made l	by the provider in any
12 month period has not exceeded or is not expected to exceed	d R1million threshold	d, as required in terms
of the Value Added Tax Act.		
Signature:		
Designation:		
Date:		
Commissioner of Oaths		
Thus signed and sworn to before me at	on this the	day of
the Deponent having knowledge that he/she knows and under that he/she has no objection to taking the prescribed oath, conscience and that the allegations herein contained are all true	which he/she regard	
Commissioner of Oaths		

Affidavit or Solemn Declaration		
I,	solemnly swear/declar	e that
employs three or more fu	Il time employees, which e	mployees are engaged
in the business of rendering the services of the organi	isation and are not connec	ted persons as defined
in the Income Tax Act.		
Signature:		
Designation:		
Date:		
Commissioner of Oaths		
Thus signed and sworn to before me at	on this the	day of
the Deponent having knowledge that he/she knows are that he/she has no objection to taking the prescribed conscience and that the allegations herein contained as	d oath, which he/she rega	
Commissioner of Oaths		
CUITITIOSIUTEI UI CALTO		

SWORN AFFIDAVIT - B-BBEE EXEMPTED MICRO ENTERPRISE

I, the undersigned,				
Full Name & Surname				
Identity Number				

Hereby declare under oath as follows:

- 1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
- 2. I am a member / director / owner of the following enterprise and am duly authorised to act on its behalf.

Enterprise Name		
Trading Name		
Registration Number		
Enterprise Address		
3. I hereby declare under oath t		
The enterprise is	% black owned;	
The enterprise is	% black woman owned;	
The enterprise is	% black youth owned;	
 The enterprise is 	% black disabled owned;	
Based on the management	ent accounts and other information available for the	financial year, the

income did not exceed R10,000,000.00 (ten million rand).

Please confirm on the table below the B-BBEE level contributor, by ticking the applicable box.

100% black owned	Level One (135% B-BBEE procurement recognition)	
More than 51% black owned	Level Two (125% B-BBEE procurement recognition)	
Less than 51% black owned	Level Four (100% B-BBEE procurement recognition)	

- 4. The entity is an empowering supplier in terms of the **DTI** Codes of Good Practice.
- 5. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.
- 6. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

	Deponent Signature:	
	Date:	
Commissioner of Oaths		
Signature & stamp		

I, the undersigned,	SWORN AFFIDAVI	T – B-BBEE QUALIFYING SMALL ENTERPRISE	
Full Name & Surname			
Identity Number			
	ent are to the best of my l	knowledge a true reflection of the facts. erprise and am duly authorised to act on its behalf.	
Enterprise Name			
Trading Name			
Registration Number			
Enterprise Address			
exceed R50,000,000. • The entity is an empow	% black owned with the state of	nan owned; h owned; bled owned; information available for the financial year, the income did no Clause 3.3 (a) or (b) or (c) or (d) or as amended 3.3 (e) of the DTI	
industry entities Please confirm on the table be	low the B-BBEE level co	ntributor, by ticking the applicable box.	
100% black owned	Level One (135% B-BBEE procurement recognition)		
More than 51% black owned	Level Two (125% B-E	BBEE procurement recognition)	
binding on my conscience and	on the owners of the ent	and I have no objection to take the prescribed oath and consider the oaterprise which I represent in this matter. nths from the date signed by commissioner.	
	Dep	oonent Signature:	
Commissioner of Oaths	Dat	e:	

Signature & stamp