



**KWAZULU-NATAL PROVINCIAL ADMINISTRATION  
DEPARTMENT OF ARTS AND CULTURE**

**SUPPLIER DATABASE REGISTRATION FORM**

**PLEASE RETURN THE COMPLETED REGISTRATION FORM WITH THE  
FOLLOWING ATTACHMENTS**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>ORIGINAL VALID TAX CLEARANCE CERTIFICATE</b>                              |
| <input type="checkbox"/> | <b>ENTITY FORM</b>   |
| <input type="checkbox"/> | <b>CERTIFIED COPY OF IDENTITY DOCUMENT/PASSPORT</b>                          |
| <input type="checkbox"/> | <b>CERTIFIED COPY OF COMPANY REGISTRATION (CC/CO)</b>                        |
| <input type="checkbox"/> | <b>CANCELLED CHEQUE/BANK STATEMENT</b>                                       |
| <input type="checkbox"/> | <b>COPY OF UTILITY ACCOUNT (i.e. Electricity/Water/Telephone)</b>            |
| <input type="checkbox"/> | <b>CERTIFIED COPY OF CIDB CERTIFICATE (Construction Companies only)</b>      |
| <input type="checkbox"/> | <b>CERTIFIED COPY OF PSIRA CERTIFICATE (Security Companies only)</b>         |
| <input type="checkbox"/> | <b>CERTIFIED COPY OF B-BBEE VERIFICATION CERTIFICATE ( Where Available )</b> |



**DELIVERY ADDRESS:**

**MR. B DUBE / MR T MATLAPENG**

**HEAD OFFICE**

**Telephone: 033 264 3400**

**222 JABU NDLOVU STREET**

**PIETERMARITZBURG**

**3200**

**MRS. BONGI MGQITHI / MR. AV MNGUNI**

**EASTERN REGION**

**Telephone 031 334 2300**

**8TH FLOOR**

**COMMERCIAL CITY**

**DURBAN**

**4000**

**MR. MV YAKA**

**SOUTHERN REGION**

**Telephone: 033 345 3168**

**171 BOSHOFF STREET**

**PIETERMARITZBURG**

**3200**

**MS. NOMCEBO GUMEDE**

**NORTHERN REGION**

**Telephone: 035 874 4540**

**LEGISLATIVE ASSEMBLY BUILDING**

**KING DINUZULU HIGHWAY**

**ULUNDI**

**3838**

**MR. TR MAKAE / MRS. CN MNYANDU**

**WESTERN REGION**

**Telephone: 036 637 7978**

**305 MURCHISTON STREET**

**LADYSMITH**

**3370**



DEPARTMENT OF ARTS AND CULTURE

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**FOR OFFICE USE:**

|                     |  |      |   |   |   |   |   |   |
|---------------------|--|------|---|---|---|---|---|---|
| Supplier Name       |  |      |   |   |   |   |   |   |
| Registration Number |  |      |   |   |   |   |   |   |
| Captured by         |  | Date | D | D | M | M | Y | Y |
| Approved by         |  | Date | D | D | M | M | Y | Y |

**COMMENTS:**

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**OFFICIALS NAME:** \_\_\_\_\_

**SIGNATURE** : \_\_\_\_\_

**DATE** : \_\_\_\_\_



## **INTRODUCTION AND GUIDELINES**

The purpose of the database is to give all prospective suppliers an equal opportunity to submit quotations to the Department of Arts And Culture. Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally excluded from quoting for the supply of goods or services to the Department. It is envisaged that this database will contribute to efficient administration and compliance with the Public Finance Management Act No. 1 of 1999.

Attached please find an official registration form to assist us in establishing our database according to legislation. It is imperative that suppliers read the registration document carefully, complete it in full, sign and have it commissioned by an authorized Commissioner of Oaths. The relevant attachments must be included and should be either the original document or certified copies, i.e. **a valid tax clearance certificate, a certified copy of the identity document and a blank cancelled cheque/bank statement. Only original Entity forms will be accepted and must contain a bank verification stamp.** Failure to do so will result in the applicant not qualifying for registration.

It is imperative that only documents with an original signature be submitted. A supplier registered on the Suppliers Database must notify the Department of Arts and Culture of any changes to the information supplied on the initial registration form as soon as it becomes available.

Suppliers providing information incorrectly or fraudulently in their application form may, in addition to any other action the Department of Arts and Culture may institute against such a supplier, be disqualified from the registration process and/or removed from the Departmental Suppliers Database.

The Department of Arts and Culture reserves the right to have a list of prospective suppliers and to utilise these suppliers on a rotational basis. Suppliers will be limited to register on the Departmental Suppliers Database for the supply of not more than four (4) commodities. The Department has implemented an automated system to select suppliers, which are item and municipal area specific, based on a mathematical algorithm calculating a ranking based on the value of quotations previously awarded in the financial year. This will ensure an equitable allocation of quotations to all suppliers registered on the Departmental Suppliers Database.



**IMPORTANT NOTES: Please read carefully**

1. All applicants will **have to be registered on the KZN Provincial Treasury Supplier Database** and **must have a ZNT number**;
2. The registration form is to be **completed in full and be signed** by **all vendors** seeking registration on the Departmental Suppliers Database;
3. All Vendors may be subjected to the Internal Audit Vetting process, should any discrepancies arise, the Vendor **may not be included** on the Departmental Database;
4. All fields on the registration form **MUST** be completed by the applicant; any alterations made by the applicant on this registration form must be initialed. The **use of correction fluids** will **not be permitted**.
5. Suppliers must comply with all the **registration-criteria** for registration to be finalised - **failure** to do so may result in the application not being processed, pending compliance with the registration requirements.
6. Applicants will be contacted **telephonically or via fax** and therefore it is in their best interest to submit **an operating contact number i.e. Mobile, Telephone and/or Fax number**; failure to comply will result in your application not being processed pending compliance with the registration requirements;
7. Suppliers will **be notified in writing** whether their registration was successfully processed;
8. The Department reserves the **right to verify any information** on this registration form.
9. If there are any changes to the information provided on this registration form, please inform the Department of Arts and Culture within 7 (seven) working days of such change.
10. The Department will not be liable for any consequences whatsoever arising from the failure of the vendor to update their information on the database.
11. The **onus shall rest upon the Service Provider to inform the Department of any changes** to the status of the Service Provider's Business, in which case certified proof will be required in order to effect the changes.
12. A company profile will **not be accepted as substitute for the registration form**.
13. It should be noted that the Department of Arts and Culture reserves the right to accept or reject any registration form.



**1. BUSINESS PARTICULARS**

The following information must be filled in by the applicant. Failure to submit ALL the required information may lead to non-registration of the applicant's business. Ensure that a tax clearance certificate is attached to this application form.

|   |   |               |
|---|---|---------------|
| Current database registration number (ZNT number)   |   |               |
| Name of business as registered with the Registrar of Companies  |   |               |
| Trading as  |   |               |
| Business postal address   |   |               |
|   | Postal Code :                           |               |
|   |   |               |
| Business physical address   |   |               |
|   | Postal Code:                            |               |
|   |   |               |
| Telephone number  |   |               |
| Fax number  |   |               |
| Cellular phone number   |   |               |
| E-mail address  |   |               |
| Full Surname & Name of contact person/s   |   |               |
| Physical location of Head Office (if applicable)  |   |               |
| Banking Details<br><br>NB. Documentary Proof Of Banking Institution Must Be Supplied ( <i>Cancelled Cheque / Bank Statement</i> ) | Banking Institution Name :              |               |
|   | Account Name:                           |               |
|   | Account Number:                         |               |
|   | Branch Name:                            | Branch Code : |
|   | Type of account:                        |               |
| Name of Account Holder :  |   |               |
| Delivery address for payment advise   |   |               |
| CIDB No. (if applicable)  | CIDB Category:                          |               |
| Accreditation Institution : (if applicable)   | Accreditation No.:                      |               |
| PSIRA Registration No.(if applicable)   | Attach copy of PSIRA document           |               |
| Other Registration :  | Attach copy of registration certificate |               |

**2. TYPE OF BUSINESS**

Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

|                                  |  |   |
|----------------------------------|--|---|
| <b>PUBLIC COMPANY (LTD)</b>      |  | <b>Certified Copy of Certificate of Incorporation (CM3)</b>                       |
| <b>PRIVATE COMPANY (PTY) LTD</b> |  | <b>Certified Copy of Certificate of Incorporation (CM3)</b>                       |
| <b>CLOSE CORPORATION (CC)</b>    |  | <b>Certified Copy of CK 1 and CK 2 If Applicable</b>                              |
| <b>SOLE PROPRIETOR</b>           |  | <b>Certified Copy of Identity Document</b>  |
| <b>PARTNERSHIP</b>               |  | <b>Certified Copy of Partnership Agreement</b>                                    |
| <b>TRUST</b>                     |  | <b>Certified Copy of Trust Document</b>   |
| <b>CO-OPERATIVE</b>              |  | <b>Certified Copy of Proof of Registration with the Directorate Co-Operatives</b> |
| <b>JOINT VENTURE</b>             |  | <b>Certified Copy of Joint Venture Agreement</b>                                  |

**3. MUNICIPALITIES**

Please clearly indicate, with an 'X', the District Municipality/s where your business operates. (Maximum of Three)

|   |  |
|---|--|
| <b>eThekwini Municipality (DC 20)</b>     |  |
| <b>Ugu Municipality (DC 21)</b>           |  |
| <b>Umgungundlovu Municipality (DC 22)</b> |  |
| <b>Uthukela Municipality (DC 23)</b>      |  |
| <b>Umzinyathi Municipality (DC 24)</b>    |  |
| <b>Sisonke Municipality (DC 47)</b>       |  |

|  |  |
|--|--|
| <b>Amajuba Municipality (DC 25)</b>      |  |
| <b>Zululand Municipality (DC 26)</b>     |  |
| <b>Umkhanyakude Municipality (DC 27)</b> |  |
| <b>uThungulu Municipality (DC 28)</b>    |  |
| <b>Ilembe Municipality (DC 29)</b>       |  |



**4. CORE BUSINESS OPERATIONS - MANDATORY FIELD**

In order to assist with the business industry sector classification of suppliers, please indicate your core business in the following table.

**Please mark your core business with (X).**

**NB: PLEASE NOTE THAT YOU CAN ONLY SELECT ONE CORE BUSINESS.**

|  |  |
|--|--|
| RETAIL AND MOTOR TRADE AND REPAIR SERVICES |  |
| AGENT                                      |  |
| FINANCE AND BUSINESS SERVICES              |  |
| DISTRIBUTOR                                |  |
| CONSULTING                                 |  |
| PERFORMING ARTS                            |  |
| MANUFACTURER                               |  |
| CONSTRUCTION                               |  |
| CATERING, ACCOMMODATION AND OTHER TRADE    |  |
| PROFESSIONAL SERVICES                      |  |
| WHOLESALE, TRADE AND ALLIED SERVICES       |  |
| SPECIALIZED SERVICES                       |  |
| SERVICE PROVIDER                           |  |
| OTHER                                      |  |
| <i>Please specify for OTHER:</i>           |  |

**ANNUAL AVERAGE TURNOVER**

Indicate annual average turnover excluding Value Added Tax during the past three years:

|   |  |  |
|---|--|--|
| R |  |  |
|---|--|--|



**5. PRODUCTS & SERVICES**

In order to assist with classification of suppliers, please indicate the industrial sector related to the goods/services that you supply.

**(Only a maximum of four commodities may be selected). If the supplier selects more than FOUR (4) Commodities, only the FIRST FOUR will be considered).**

Please mark with an 'X' the appropriate block to clearly indicate the goods and services that you supply.

| <b>FINANCE AND BUSINESS AND PROFESSIONAL SERVICES</b>                      |  |
|--|--|
| Legal Services   |  |
| Chartered Accountants  |  |
| Bookkeeping Services   |  |
| Architects & Quantity Surveyors  |  |
| Engineering  |  |
| Business & Management Consultants  |  |
| Banking Fees (e.g. bank charges, service fees)                             |  |
| Employment Agencies And Services   |  |
| Auditing Services  |  |
| Forensic Auditing Services   |  |
| Training And Development Services  |  |
| Facilitation and Training in Cultural Arts e.g. bead work, metal work etc. |  |
| Advertising Agencies (i.e. Marketing, Advertising)                         |  |
| Asset Management System  |  |
| Auctioneering Services   |  |
| Publishing Services  |  |
| Medical Services   |  |
| Linguistic Interpreter Servicers   |  |
| Other (Please Specify)   |  |

| <b>ELECTRICITY, GAS &amp; WATER</b>                                     |  |
|---|--|
| Power sources (e.g. gas coil stove)                                     |  |
| Fluid & gas distribution (gas cylinders)                                |  |
| Electrical Hardware (globes, etc)                                       |  |
| Electrical Maintenance Services   |  |
| Heating, ventilation & air circulation (heaters, air conditioners, etc) |  |
| Industrial pumps & compressors  |  |
| Batteries, generators & kinetic power transmission                      |  |
| Other (Please Specify)  |  |



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| <b>COMMUNITY, SOCIAL &amp; PERSONAL GOODS &amp; SERVICES</b>                    |  |
|---|--|
| Collectibles & Awards (e.g. Trophies, Shields)                                  |  |
| Sports Equipment & Accessories  |  |
| Cleaning And Janitorial Equipment   |  |
| Camping, Outdoor Equipment & Accessories  |  |
| Water, Wastewater Treatment Supply & Disposal                                   |  |
| Industrial Laundry & Dry Cleaning Equipment                                     |  |
| Recreation, Playground, Swimming (e.g. Jungle Gym)                              |  |
| Spa Equipment & Supplies  |  |
| Fishing & Hunting Equipment   |  |
| Pest Control Services   |  |
| Security Services   |  |
| Library Services (Books & Learning Material)                                    |  |
| Other (Please Specify)  |  |
| <b>TRANSPORT, STORAGE &amp; COMMUNICATION AND INFORMATION TECHNOLOGY</b>        |  |
| Software  |  |
| Transportation Services (e.g. Buses)  |  |
| Computer Equipment, Accessories and Consumables                                 |  |
| Printing and Promotional Items (e.g. brochures, lanyards, business cards etc)   |  |
| Printing Services   |  |
| Photocopying equipment  |  |
| Hydraulic Machinery & Equipment   |  |
| Communications Devices & Accessories (e.g. Cellphone, telephones, fax machines) |  |
| Transportation Components & Systems   |  |
| Structural Building Products  |  |
| Automotive Specialty Tools  |  |
| Data Voice, Multimedia Network Equipment Platforms & Accessories                |  |
| Components For Information Technology, Broadcasting Or Telecommunications       |  |
| Vehicle Hiring Services (e.g. Bus, Taxi etc)                                    |  |
| Warehouse Storage Facilities (e.g. Mainframes)                                  |  |
| Document Management Services  |  |
| Licenses (e.g. radio, television, software, vehicles)                           |  |
| Communication Management (e.g. Postal and delivery services)                    |  |
| Telecommunication Services (e.g. Internet, data services, network)              |  |
| Other (Please Specify)  |  |



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| <b>WHOLESALE TRADE, COMMERCIAL AGENTS AND ALLIED SERVICES</b>                 |  |
|---|--|
| Books, Newspapers and Magazine  |  |
| Office Stationery   |  |
| Garden Products, Tools and Equipment  |  |
| Kitchen Equipment and Appliances (e.g. cutlery, crockery, brooms and brushes) |  |
| Other (Please Specify)  |  |

| <b>MANUFACTURING</b>  |  |
|---|--|
| Packing Supplies and packaging materials (boxes, etc)                           |  |
| Plastic book covers   |  |
| First Aid Kits  |  |
| Adhesives and Sealants  |  |
| Castings  |  |
| Gaskets & seals   |  |
| Compounds & mixtures  |  |
| Solvents  |  |
| Weaving & knitting (Beads, craftwork, etc)                                      |  |
| Industrial refrigeration  |  |
| Emergency & field medical services products                                     |  |
| Mouldings, Sculptures and Ornamental Products                                   |  |
| Magnets & magnetic materials  |  |
| Clinical nutrition  |  |
| Paints, primers & finishes  |  |
| Dyeing & tanning extracts   |  |
| Grinding, polishing & smoothing materials                                       |  |
| Workshop machinery, equipment & supplies and tools                              |  |
| Textile, fabric machinery & accessories   |  |
| Laboratory supplies & fixtures  |  |
| Industrial food & beverage equipment  |  |
| Metal waste scrap   |  |
| Electronic hardware, component parts & accessories                              |  |
| Physical, occupational therapy & rehabilitation products                        |  |
| Carpentry   |  |
| Conservation Material (conservation, treatment and storage of museum artifacts) |  |



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|                        |  |
|------------------------|--|
| Other (Please Specify) |  |
|                        |  |

| <b>CATERING, ACCOMMODATION AND OTHER TRADE</b>                                   |  |
|--|--|
| Photographic filmmaking supplies   |  |
| Floral Arrangements  |  |
| Music (e.g. Instruments)   |  |
| Restaurant   |  |
| Institutional food services equipment (e.g. food warmers etc)                    |  |
| Décor Services (e.g. Draping, plants etc)  |  |
| Amusement & recreational services (e.g. performing artists, coral music, choirs) |  |
| Photographic & recording services  |  |
| Printing & lithographic services   |  |
| Printing and photocopying  |  |
| Photographic, filming or video equipment   |  |
| Catering Services  |  |
| Accommodation  |  |
| Vending machines   |  |
| Media (printing and publishing of newspapers and periodicals)                    |  |
| Audio, visual presentation & composing equipment                                 |  |
| Travel Agencies  |  |
| Other (Please Specify)   |  |

| <b>CONSTRUCTION</b>   |  |
|---|--|
| Construction Services (CIBD registered contractors)                     |  |
| Plumbing Services   |  |
| Prefabricated structures  |  |
| Hardware (tools, doors, frames, windows, etc)                           |  |
| Construction & maintenance support material (sand, bricks, cement, etc) |  |
| General maintenance and repairs   |  |
| Other (Please Specify)  |  |



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| <b>AGRICULTURAL, FORESTRY &amp; FISHING</b>                     |  |
|---|--|
| Live animals  |  |
| Abattoir Services   |  |
| Pest control products   |  |
| Animal feed   |  |
| Farming, Agricultural, forestry, landscape material & equipment |  |
| Other (Please Specify)  |  |
|   |  |

| <b>RETAIL, MOTOR TRADE AND REPAIR SERVICE</b>                                |  |
|--|--|
| Repair service   |  |
| General merchandise stores (e.g. domestic equipment and toiletries)          |  |
| Apparel & accessory stores   |  |
| Vehicle bodies trailers  |  |
| Furniture, furnishing & equipment (e.g. office furniture)                    |  |
| Library Furniture and Equipment (e.g. shelving, trolleys, display unit, etc) |  |
| Fleet management   |  |
| Cleaning Services  |  |
| Linen and Soft Furnishings   |  |
| Gardening Services   |  |
| Vehicle Tracking Service   |  |
| Insurance Services   |  |
| Other (Please Specify)   |  |
|  |  |



**6. OWNERSHIP INFORMATION**

List all persons / entities that are Owners in the business / trust and indicate their involvement in the management / operations of the business / trust.

Proof of disability provided by a recognized related institution, in the case of handicapped persons, must be supplied.

| <b>Full Name /<br/>Name of Business</b> | <b>SA Identity number /<br/>Business Registration<br/>No.</b> | <b>SA Citizen<br/>before 27<br/>April 1994<br/>Y/N</b> | <b>Ownership%/<br/>Partnership/<br/>Trust/<br/>Interest</b> | <b>Capacity: Member/<br/>Partner/ Proprietor/<br/>Shareholder/Trustee/<br/>Beneficiary</b> | <b>Male/Female</b> |
|---|---|--|---|--|--------------------|
|   |   |  |   |  |                    |
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|   |   |  |   |  |                    |



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**OWNERSHIP INFORMATION (CONTINUED)**

Please provide the following information in a percentage indicating the relevant category.

**EXAMPLE:**

A Close corporate is registered in the ownership of 4 individuals

i.e. 1 Black Male (40 yrs), 1 Coloured Female (25yrs), 1 White Female- Disabled (32yrs), 1 Indian Male (30yrs)

The entry will be as follows:

| NO | AFRICAN |        | COLOURED |        | INDIAN |        | WHITE |        | YOUTH | % CO-OPERATIVE | SMME | DISABLED |
|----|---------|--------|----------|--------|--------|--------|-------|--------|-------|----------------|------|----------|
|    | Male    | Female | Male     | Female | Male   | Female | Male  | Female |       |                |      |          |
| EG | 25%     |        |          | 25%    | 25%    |        |       | 25%    | 75%   |                | 100% | 25%      |
| NO | AFRICAN |        | COLOURED |        | INDIAN |        | WHITE |        | YOUTH | % CO-OPERATIVE | SMME | DISABLED |
|    | Male    | Female | Male     | Female | Male   | Female | Male  | Female |       |                |      |          |
| 1  |         |        |          |        |        |        |       |        |       |                |      |          |
| 2  |         |        |          |        |        |        |       |        |       |                |      |          |
| 3  |         |        |          |        |        |        |       |        |       |                |      |          |
| 4  |         |        |          |        |        |        |       |        |       |                |      |          |
| 5  |         |        |          |        |        |        |       |        |       |                |      |          |
| 6  |         |        |          |        |        |        |       |        |       |                |      |          |
| 7  |         |        |          |        |        |        |       |        |       |                |      |          |
| 8  |         |        |          |        |        |        |       |        |       |                |      |          |
| 9  |         |        |          |        |        |        |       |        |       |                |      |          |
| 10 |         |        |          |        |        |        |       |        |       |                |      |          |
| 11 |         |        |          |        |        |        |       |        |       |                |      |          |
| 12 |         |        |          |        |        |        |       |        |       |                |      |          |
| 13 |         |        |          |        |        |        |       |        |       |                |      |          |
| 14 |         |        |          |        |        |        |       |        |       |                |      |          |
| 15 |         |        |          |        |        |        |       |        |       |                |      |          |



**DECLARATION OF INTEREST**

**I/We, the undersigned, who warrants that he/she is duly authorized to do so on behalf of the supplier certifies that the information supplied in terms of this document (Database Registration form), including any annexure(s) with additional information, is correct and accurate and also acknowledge the following:**

Are you, or any other person who holds an interest in your business, a close family member (i.e. related by birth, marriage, domestic partnership, adoption, guardianship or the like) to or an associate (i.e. a friend, rival, business partner, neighbour, etc) of an employee and/or director of the Department of Arts and Culture? Y/N \_\_\_\_\_

If yes, state particulars. \_\_\_\_\_

Have you, or any other person who holds an interest in your business, given a business courtesy or received a business courtesy from a Departmental employee and/or director over the last 12 (twelve) months? Y/N \_\_\_\_\_

If yes, state particulars. \_\_\_\_\_

Is your business currently engaged in defending any legal proceedings which have been instituted against it (including against any of its directors / members / partners), or has your business (including any directors / members / partners) either been charged with or been convicted of any criminal act, or has any judgment or decision been made against it by any administrative or regulatory body? Y/N \_\_\_\_\_

If yes, state particulars. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





DEPARTMENT OF ARTS AND CULTURE

Do you or any of the directors/shareholders/members of the company have interests in any other companies which are part of the Department of Arts and Culture Supplier Database? Y/N \_\_\_\_\_

If so, please furnish particulars

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**DECLARATION:**

I, the undersigned [*insert full name of signatory*] \_\_\_\_\_, duly authorized to complete this form in my capacity as [*insert capacity, i.e., member, director, partner, etc*] \_\_\_\_\_ on behalf of the applicant [*full name of the business entity*] \_\_\_\_\_ certify that, to the best of my knowledge, the information furnished herein is true and correct. I accept that the Department of Arts and Culture reserves its right to act against the applicant or me personally in terms hereof, should this declaration prove to be false.

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

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



## VENDOR DATABASE APPLICATION RECEIPT

Vendor Trading Name:.....

Vendor ZNT Number :.....

Contact Person :.....

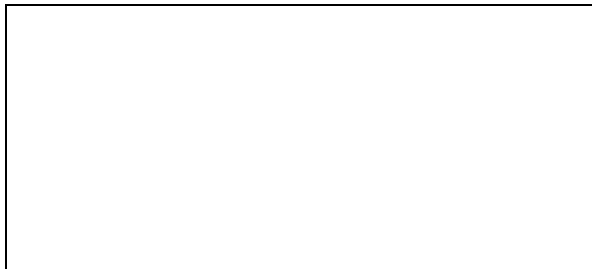
### FOR OFICIAL USE ONLY

Name of Office :.....

Region :.....

Name of Official:.....

Date .....



OFFICIAL STAMP

PLEASE RETAIN SLIP AS PROOF OF SUPPLIER DATABASE REGISRATION.