



## **SUPPLIER REGISTRATION FORM**

**Contact Person**

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**The National Prosecuting Authority**

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0001

Important information pertaining to registration as a prospective supplier:

This information needs to be completed by all vendors seeking registration as an approved supplier.

Suppliers without a valid tax clearance certificate must complete the SARS application form and forward it to the South African Revenue Services.

Suppliers will not be notified of the outcome but will be advised of the outcome if telephonically requested.

The NPA reserves the right to accept or reject any application without being obliged to give any reasons in this respect.

Suppliers must comply with all the registration criteria for registration to be finalized.

**N.B Failure to comply with any of the above may result in an application being declined.**

Name of the supplier:

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.....

Physical address:

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.....  
.....

Postal address:

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.....

Telephone numbers: .....

Mobile numbers: .....

Fax numbers: .....

E-mail address: .....

Supplier's registration number: .....

Identification number: .....

Income tax number: .....

Vat number: .....

Submission of the tax clearance certificate:

Attached                       Application submitted to SARS for renewal

Type of Business:

Sole proprietor                       Close corporation                       Partnership

Public company                       Non-profit organization                       Consultant

Government institution/Parastatals                       Trust

Joint venture                       Consortium                       Other

Private company                       Foreign Company

**Historically Disadvantage Individuals Status**

Equity ownership:

Percentage for Historically disadvantage individuals: .....

Percentage for Women equity: .....



Please use this table to determine the SMME Status of your enterprise and mark with an X the relevant box in each column.

A. Sector	B. Full-time paid employees				C. Annual Turnover (millions)				D. Total Gross assets value (property excluded, millions)			
	Medium	Small	Small	Micro	Medium	Small	Small	Micro	Medium	Small	Small	Micro
Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Catering	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Commercial Agents	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Communication	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Community & Social services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Finance & Business services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Manufacturing	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Personal services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Retail & motor trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Repair/Allied services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Transport	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Wholesale trade	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Other trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1

**ELECTRONIC FUND TRANSFER PAYMENT INSTRUCTION FORM**

**NATIONAL PROSECUTING AUTHORITY**

**SUPPLIER DETAILS**

Enterprise name:

.....  
 .....  
 .....

Enterprise registration number: .....

Income tax number: .....

VAT number: .....

Business address:

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.....  
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Postal address:

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**Payment instructions**

1. I/We hereby request and authorize the NPA to pay any amounts which accrue to me/us to the credit of our account with the under mentioned bank.
2. I/We understand that the credit transfer hereby authorized will be processed by computer through a system known as the ACB Electronic Fund Transfer service. 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.
3. I/We understand that a remittance advice will be supplied by NPA and that it will indicate the date on which funds were transfer to my/our account.
4. This authority may be cancelled by me/us by 30 days written notice by pre-paid/registered post.
5. I/We will not hold the NPA responsible for any payment not made into my/our bank account if the bank account details were incorrect or not supplied timeously.

.....  
Initials and Surname

.....  
Authorized Signature

.....  
Date

Details of my/our bank account

Name of the bank: .....

Name of Branch: .....

Branch code: .....

Account name: .....

Account number: .....

Account type: .....

1. =Cheque account (if cheque account, attach a blank cancelled cheque)
2. =Savings account
3. =Transmission account

- 4. =Not in use
- 5. =Subscription account

Date stamp of the bank

For completion by a bank official

Bank account details are hereby certified as correct

Name: .....

ID number: .....

Signature: .....

**1. ACCREDITATION ACQUIRED TO SPECIFIC SETA(s)**  
**Annexure I**

<b>SECTOR EDUCATION AND TRAINING AUTHORITY</b>		<b>X</b>	<b>ACCREDITATION STATUS</b>	<b>ACCREDITATION NUMBER</b>
<b>AGRISETA</b>	AGRICULTURE SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>BANKSETA</b>	BANKING SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>CETA</b>	CONSTRUCTION EDUCATION AND TRAINING AUTHORITY			
<b>CHE</b>	COUNCIL OF HIGHER EDUCATION			
<b>CHIETA</b>	CHEMICAL INDUSTRIES EDUCATION AND TRAINING AUTHORITY			
<b>CTFL</b>	CLOTHING, TEXTILES, FOOTWEAR AND LEATHER SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>ESETA</b>	ENERGY SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>ETDP</b>	EDUCATION, TRAINING AND DEVELOPMENT PRACTICES			
<b>FASSET</b>	FINANCIAL AND ACCOUNTING SERVICES SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>FIETA</b>	FOREST INDUSTRIES EDUCATION AND TRAINING AUTHORITY			
<b>FOODBEV</b>	FOOD AND BEVERAGES MANUFACTURING INDUSTRY SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>HPCSA</b>	HEALTH PROFESSIONS COUNCIL OF SA			
<b>HWSETA</b>	HEALTH AND WELFARE SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>INSETA</b>	INSURANCE SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>ISETT</b>	INFORMATION SYSTEMS, ELECTRONICS AND TELECOMMUNICATION TECHNOLOGIES SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>LGSETA</b>	LOCAL GOVERNMENT SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>MAPPP SETA</b>	MEDIA, ADVERTISING, PUBLISHING, PRINTING AND PACKAGING SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>MERSETA</b>	MANUFACTURING, ENGINEERING AND RELATED SERVICES SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>MQA</b>	MINING QUALIFICATIONS AUTHORITY			
<b>PAB</b>	PROFESSIONAL ACCREDITATION BODY			
<b>PSETA</b>	PUBLIC SERVICE SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>SABPP</b>	SA BOARD FOR PERSONNEL PRACTICE			
<b>SAICA</b>	SA INSTITUTE OF CHARTERED ACCOUNTANTS			
<b>SANC</b>	SA NURSING COUNCIL			
<b>SAPC</b>	SOUTH AFRICAN PHARMACY COUCIL			
<b>SASSETA</b>	SAFETY AND SECURITY SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>SERVICES SETA</b>	SERVICE SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>TETA</b>	TRANSPORT EDUCATION AND TRAINING AUTHORITY			
<b>THETA</b>	TOURISM HOSPITALITY AND SPORT EDUCATION AND TRAINING AUTHORITY			
<b>UMALUSI</b>	COUNCIL FOR QUALITY ASSURANCE IN GENERAL AND FURTHER EDUCATION AND TRAINING			
<b>W&amp;RSETA</b>	WHOLESALE AND RETAIL SECTOR EDUCATION AND TRAINING AUTHORITY			
<b>DoL-SETA SUPPORT</b>	DoL-SETA SUPPORT			
<b>CHE - HEQC</b>	CHE - HEQC			
<b>DEPARTMENT OF NATIONAL TREASURY</b>	DEPARTMENT OF NATIONAL TREASURY			











<b>C. CHECKLIST OF DOCUMENTS ATTACHED</b>	<b>CROSS REFERENCE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Copy of Business entity's Registration Documents: i.e. CK2 form <ul style="list-style-type: none"> <li>• For Close Corporations – a copy of the CIPRO report showing the directors/owners/members of the cc</li> <li>• For Pty Ltd – a copy of the CIPRO report as well as a copy of the shareholders agreement or a letter from your auditors confirming the shareholding of the company</li> </ul>				
2) Current Business entity original Tax Clearance Certificate				
3) Copy of Identity Documents of Shareholders/Directors/Members/Owners				
4) Copy of Shareholders/Members Certificates/Agreements				
5) Cancelled cheque or written proof of account				
6) Company Profile				
7) Accreditation Certificate				