



SUPPLIER REGISTRATION FORM

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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:

Percentage for Disability:

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:

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Enterprise registration number:

Income tax number:

VAT number:

Business address:

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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.

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Initials and Surname

.....
Authorized Signature

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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: