

**Railway Safety Regulator**  
**Head Office : 2 Ernest Oppenheimer Avenue, Waterview Corner, Bruma, 2026**  
**Cape Town Satellite Office : 1 Adderley Street, 505 Paul Sauer Building,**  
**Cape Town, 8001**  
**E-mail: seforak@rsr.org.za**  
**Tel: (011) 417 0000**  
**Fax (011) 417 0069**

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## APPLICATION FOR REGISTRATION SUPPLIER DATABASE

### THIS FORM MUST BE COMPLETED AND SUBMITTED TO:

BY HAND: RAILWAY SAFETY REGULATOR  
SUPPLY CHAIN MANAGEMENT OFFICE  
**2 Ernest Oppenheimer Avenue**  
**Waterview Corner**  
**Bruma**

**For attention: The Supplier Database Administrator**  
**or**

BY MAIL: RAILWAY SAFETY REGULATOR  
SUPPLY CHAIN MANAGEMENT OFFICE  
P O Box 655  
Bruma  
2198

**For attention: The Supplier Database Administrator**

### ENQUIRIES:

The Supplier Database Administrator Tel 011 417 0000

- Annexure 1: SMME table**
- Annexure 2: Category / Commodity list**
- Annexure 3: Required Documentation Checklist**
- Annexure 4: Banking Information**
- Annexure 5: Proprietors/Shareholders/Partners/Sole Proprietors/Trustees/Owners**
- Annexure-6: Important Conditions pertaining to purchase order**
- Annexure 7: General Information & Definition**

**Kindly submit all relevant documentation requested in Annexure 3**

**Please put your initials on every page**

## SERVICE PROVIDER REGISTRATION FORM

All sections to be completed in **black ink**, submitted with an **original signature** commissioned by an authorized **Commissioner of Oaths**

### Company registration details

Company Name:	<input type="text"/>		
Trading Name	<input type="text"/>		
Reg.No:	<input type="text"/>	Vat No.:	<input type="text"/>
<small>e.g. 2004/140566/23</small>			
Income Tax No.:	<input type="text"/>	Number of full time employees:	<input type="text"/>

### Accreditation / Certification

*Cidb Number	<input type="text"/>	Prof.Reg.Date	<input type="text"/>		
*Contractor Grade	CE	GB	EE	SW	ME
<small>e.g. 5CE PE</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PE Status	Yes	No	<input type="text"/>		
**SAACE Reg. No./ other prof. reg. no.	<input type="text"/>				
<small>*Note: Cidb info. for contractors only</small>	<small>**Note: SAACE No. for professionals only</small>				

### Company Details

Website Address:			
Email Address:			
Telkom area code:	<input type="text"/>	e.g. 012,011 etc.	
Telephone No.	<input type="text"/>		Fax No: <input type="text"/>
Toll free No	<input type="text"/>		
Postal Address:	<input type="text"/>		
City / Town:	<input type="text"/>	Postal Code:	<input type="text"/>
Physical Address:	<input type="text"/>		
City / Town	<input type="text"/>	Postal Code:	<input type="text"/>

### Classification of Business: Please ✓ all the relevant boxes

ISO Listed	Importer	Services	Manufacturer	Repairer	Black owned	Distributor	Exporter	Sales
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### Supplier Grouping detail: (type of firm) Please ✓ the relevant box

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

**Contact Person Details**

Contact Person:-	Title: <input type="text"/>	First Name:	<input type="text"/>
Surname:	<input type="text"/>	ID No.:	<input type="text"/>
Cell No.:	<input type="text"/>	Work No.:	<input type="text"/>
Fax No.:	<input type="text"/>	Position:	<input type="text"/>
E-mail:	<input type="text"/>		

Please complete Annexure 5: List of Owners / Proprietors / Partners / Sole Proprietors / Trustees (page 10)

**HDI Ownership Status:**

Historically Disadvantage Individuals (HDI)	<input type="text"/>	% of ownership
Women Equity (WE)	<input type="text"/>	% of ownership
Disabled Individuals (DA)	<input type="text"/>	% of ownership

**SBD Goals Information:**

<b>Skills Empowerment</b>			<input type="text"/>	% of turnover
<b>Human Resources</b>			<input type="text"/>	% of turnover
<b>Upliftment of Communities</b>			<input type="text"/>	% of turnover
<b>Locality Province</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "Yes" please define:	
<b>Locality Region</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "Yes" please define:	
<b>Locality Municipal Area</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "Yes" please define:	
<b>Locality Rural Area</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "Yes" please define:	

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**SMME Status**

\* Please use the table per Annexure 1 (page 5) to determine the SMME status of your enterprise

\* Please ✓ the relevant box

- Micro
- Very Small
- Small

- Medium
- Large

**Business Information**

**Please indicate your appropriate sector with ✓**

- |                                |                          |                                |                          |
|--------------------------------|--------------------------|--------------------------------|--------------------------|
| Agriculture                    | <input type="checkbox"/> | Wholesale Trade, Commercial    | <input type="checkbox"/> |
| Mining and Quarrying           | <input type="checkbox"/> | Catering, Accommodation, Other | <input type="checkbox"/> |
| Manufacturing                  | <input type="checkbox"/> | Transport and Storage          | <input type="checkbox"/> |
| Electricity, Gas and Water     | <input type="checkbox"/> | Finance and Business Services  | <input type="checkbox"/> |
| Construction                   | <input type="checkbox"/> | Community, Social and Personal | <input type="checkbox"/> |
| Retail, Motor Trade and Repair | <input type="checkbox"/> |                                |                          |

## Declaration of any Conflict of Interest

Are you currently working as an employee in any organ of state? Yes  No

If "Yes", give details:

Have you worked in any organ of state for the past 12 months? Yes  No

If "Yes", give details:

Do you have any relative working for an organ of state? Yes  No

If "Yes", give details:

Do you have any close relationship with any official working in our establishment? Yes  No

If "Yes", give details:

Is there any other relevant information that you would like to disclose? Yes  No

If "Yes", give details:

Are you currently servicing on any structures of our establishment? Yes  No

If "Yes", give details:

Is there any other relevant information that you would like to disclose? Yes  No

If "Yes", give details:

## Declaration

**Verification of information supplied, including information relating to preferences that the Applicant or Business may apply for:**

I/we, the undersigned, who warrants that I/we are duly authorized to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledges that:

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
2. If the information supplied is found to be incorrect, then Railway Safety Regulator may, in addition to any remedies it may have:
  - (i) Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
  - (ii) Recover from the supplier/contractor for all costs, losses or damages incurred or sustained by Railway Safety Regulator as a result of breach of contract;
  - (iii) Cancel the contract and claim any damages which Railway Safety Regulator may suffer by favorable arrangements after such cancellation and/or;
  - (iv) De-register the supplier registered on the Supplier Database
3. A registered supplier MUST notify Supply Chain Management Office of any changes to information supplied on this form. Failure to do so may result in such a supplier being removed from the Supplier database and / or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

Signature of Authorized Representative

Name in Block Letters

<b>Commissioner of Oaths</b>	
Business Address	
Capacity	
Area	
Commissioner of Oaths Signature	Commissioner of Oaths Full Name

**Annexure 1 - SMME table**

**Values of following items dependent on most recent Financial Statement**

Item	Value
Total number of full time Employees	
Total Annual Turnover	R
Total Gross Asset Value	R

The following table must be completed to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996.

Select the Sector and tick ✓ the appropriate blocks in Column 2, 3 and 4 next to your chosen sector

Column 1	Column 2 (tick applicable)				Column 3 (tick applicable)				Column 4 (tick applicable)			
Sectors in accordance with the standard Industrial Council	Total full time paid employees				Total Annual turnover (millions)				Total Gross asset value (property excluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4m	2m	0.4m	0.15m	4m	2m	0.4m	0.1m
Catering, Accommodation & other trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Community, Social and Personal	100	50	10	5	10m	5m	1m	0.15m	5m	2.5m	0.5m	0.1m
Construction	200	50	20	5	20m	5m	2m	0.15m	4m	1m	0.4m	0.1m
Electricity, Gas and Water	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5m	0.1m
Finance and Business Services	100	50	10	5	20m	10m	2m	0.15m	4m	2m	0.4m	0.1m
Manufacturing	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5	0.1m
Mining and Quarrying	200	50	20	5	30m	7.5m	3m	0.15m	18m	4.5m	1.8m	0.1m
Other Trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Retail, Motor Trade and Repair Services	100	50	10	5	30m	15m	3m	0.15m	5m	2.5m	0.5m	0.1m
Transport, Storage and Communications	100	50	10	5	20m	10m	2m	0.15m	5m	2.5m	0.5m	0.1m
Wholesale Trade, Commercial Agents, and Allied Services	100	50	10	5	50m	25m	5m	0.15m	8m	4m	0.5m	0.1m

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<b>Services</b>			
Accommodation		Fire Hydrants	Performance Management
Advertising/Public Relations		Food & Beverage	Printing/Photography/Graphic Design
Auto Repairs & Services		Funeral Services	Promotional Material
Auto Electrical and Hydraulic Repairs		Florist	Publishing
Bookkeepers		Garden Services	Real Estate
Carpet Cleaning		Handyman	Radio Publicity/TV Publicity
Catering/Vending/Food Supply		HV Fault Finding, Jointing & Terminations	Recruitment Agencies
Cleaning Services		Insurance/Employee Benefits	Safety & Security Services
Computer Supplies/Services		Interior/Industrial Design	Security & Access Control
Corporate Gifts/Corporate Clothing		IT Maintenance	Services HV&LV Switchgear/Transformers
Copywriting		IT Management	Site Cleaning
Courier Services		IT Networking	Solid Waste Disposal
Cleaning Equipment/Materials			Telecommunication
Data Backup Services & Software		IT Programming	Transport Services Goods
Data Capturing & Management Services			
Diesel & Petrol Engines		Laundry Service/Dry Cleaning	Transport Services Passengers
Debt Collection		Locksmith Services	Transportation Services
Distribution		Media Liaison	Travel Agencies
		Mailing/Courier Service	Timber Contractor
			Telephone & Data Line Maintenance
Document Binding Services		Municipal Services	Training & Development
Educational Services			Upholsterers
Entertainment		Office Maintenance	Web pages & Design
Exhibition Centres		Personnel Services	Wind Socks for the Aero dome
Fire Extinguishers & Refills		Pest Removal Services	Other (Specify)

<b>Professional Services</b>			
Accountants/Financial Advisory Services		EDMS Consultants	Pre-Employment Assessment Consultants
Architects		EAP Consultants	Project Managers
Attorneys/Legal Services		Economists	Quantity Surveyors
Archival Services Consultants		Industrial Relations Consultants	Statisticians
Business Information Management		Job Description Consultants	Internal Audit
Consulting Engineers (Geotechnical)		Land Surveyors	Forensic Audit Services
Consulting Engineers (Civil/Structure)		Legal Compliance Consultants	Training Providers
Consulting Engineers (Electrical)		Medical Practitioners	Translation Services
Consulting Engineers (Mechanical)		OHS Consultants	IT Audit
Consulting Engineers (Multidisciplinary)		Organization Development Consultants	Risk Management Services
Contractors			



### Annexure 3 - Required Documentation Checklist

Please ensure that all listed documentation below is attached (where applicable) to the registration form.

All documentation is to be provided in its original format and/or certified.

Please ✓ submitted documents

Document Name	Attached
Original Valid Tax Clearance Certificate / VAT Registration	<input type="checkbox"/>
Certified Copy of Company Registration Certificate	<input type="checkbox"/>
Company Profile (max 3 pages)	<input type="checkbox"/>
Certified Copies of Director's ID's	<input type="checkbox"/>
Certified Copy of Accreditation Certificates	<input type="checkbox"/>
Cancelled Cheque / Verification Letter of Bank	<input type="checkbox"/>
Any relevant independent agency ratings / industrial endorsement	<input type="checkbox"/>
Proof of Disability (Doctor's Letter)	<input type="checkbox"/>
SANS/SABS certificate	<input type="checkbox"/>
Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

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<b>Captured by:</b>	<input type="text"/>		
<b>Date:</b>	<input type="text"/>	<b>New</b> <input type="checkbox"/>	<b>Update</b> <input type="checkbox"/>
<b>Status:</b>	<b>Approved</b> <input type="checkbox"/> <b>Declined</b> <input type="checkbox"/> <b>Awaiting Approval</b> <input type="checkbox"/>		
<b>Done VAT Checked:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<input type="text" value="Reason if 'No':"/>
<b>Send Summary Report</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<input type="text" value="Reason if 'No':"/>

**Annexure 4 - Banking Information**

<p>AFFIX OFFICIAL BANK STAMP HERE</p>	<b>Bank Name:</b>	<input type="text"/>
	<b>Bank Location:</b>	<input type="text"/>
	<b>Branch Name:</b>	<input type="text"/>
	<b>Branch Code:</b>	<input type="text"/>
	<b>Account Holder:</b>	<input type="text"/>
	<b>Account Number:</b>	<input type="text"/>
	<b>Account Type:</b>	<input type="text"/>
	<b>Bank Official Name:</b>	<input type="text"/>
	<b>Designation:</b>	<input type="text"/>
	<b>Signature:</b>	<input type="text"/>
<b>Reference Number / Description to be used:</b>	<input type="text"/>	

**Cancelled cheque**

AFFIX A  
CANCELLED  
CHEQUE HERE



**Annexure 6- Important Conditions pertaining to purchase orders**

6.1 The supplier shall not execute any work without an official order number from RSR. The order number must appear on all delivery notes and invoices.

6.2. Invoices without order numbers are seen as private agreements with individuals and will be returned to the supplier.

6.3. RSR has the right to cancel an order in the event where goods or service are not delivered within the stipulated period.

6.4. The supplier shall bear the risk of goods being damaged, lost, or destroyed, until delivery to RSR is effected and receipt thereof is acknowledged.

6.5. All goods must be new and of the best quality. Goods shall be subject to the approval by RSR. Should the supplier be unable to fulfill its obligation in terms of the order, it shall advise RSR to this effect in writing, in which case RSR reserves the right to cancel the order and purchase the goods from another supplier.

6.6. Terms of payment are within 30 days from the date of receipt of the invoice.

## **Annexure 7 – General information & Definitions**

**HDI Ownership Status:** Please read notes below very carefully

### **Instructions and Definitions:**

#### **Legislation:**

- Procedures are set out in the **Accounting Officers Procurement Procedures (AOPP)**.as referred to in the **Public Finance Management Act, 1999** (Act 1 of 1999)(PFMA), to give all prospective suppliers an equal opportunity to submit quotations to a State Department.

#### **Terminology:**

- **RSR: Railway Safety Regulator**
- **Commodities:**  
The commodities the company wishes to be registered for as a supplier. Please define your principal business to a maximum of five (5) commodities.
- **Trade Names:**  
The trade names that the company own or distribute, which you wish to be registered for.
- **Owned:**  
Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Historically Disadvantaged Individuals (HDI):**  
For the purpose of registering as a supplier for the Department, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Historically Disadvantaged

Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.

- **Women:**  
A female person who is a SA citizen.
  
- **Disability:**  
In respect of a person, a permanent of physical, intellectual, or sensory function, which result in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.
- **Establishment of HDI / Women Equity Ownership in a enterprise:**  
Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.
- **Fronting:**  
Companies with no Black Economic Empowerment (BEE) status illegally claiming to be headed by previously disadvantaged individuals\* and claim false BEE credentials in order to win tenders/contracts.