

## SEDA - REGISTRATION / ASSESSMENT OF SERVICE PROVIDERS

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### Preamble

Please refer to the guidelines / purpose at the start of each section when completing this form.

Where insufficient room is provided for your answers, please expand the space allocated or provide attachments.

Service Providers must identify any information they provide in their applications that they would like to be treated as confidential (mark these parts "confidential").

This document may be submitted in either hard copy or electronic format (Microsoft Word or another compatible program is preferred). If provided in hard copy, the original must be signed, dated and accompanied by one copy. If the submission is in electronic format, Service Providers must supply a signed and dated hard copy declaration (this page and the next one) that the electronic format is complete, correct and duly authorised. An electronic submission will not be processed until this declaration has been received.

Write into Adobe Acrobat; this will convert the submission to a pdf file and so protect the integrity of the data.

**Please note that:**

- 1. A completed form does not constitute an agreement or contractual obligation between seda and the Service Provider.**
- 2. seda will follow-up on references provided by the Service Provider, verify CIPRO registration if applicable, listing with National Treasury Supply Chain Management as company, directors or persons restricted to do business with the public sector.**

### **DECLARATION by Service Provider:**

*I hereby state that the information contained in this document is true and complete.*

<b>Related Party Transactions:</b>	Are you a relative or close friend of any employee of <b>seda</b> ?	
	<b>No</b>	<b>Yes</b>
	If yes, please provide the following details:	
	<b>seda</b> employee name:	
	Relationship:	
<b>Signature of duly authorised person</b>		
<b>Printed name of signatory</b>		

<b>Position of authority</b>	
<b>Address:</b>	
<b>Phone: w: a/h: cell:</b>	
<b>E-mail:</b>	
<b>Date:</b>	

### Attachments

Please attach the following documents when returning this registration form and initial where provided:

Required for Question	Document to be Attached	Provided YES/NO/NA	Initial
A1	Valid Tax Clearance Certificate		
A1	Copy of VAT Registration (if applicable)		
A1, A2, A3	Certificate of incorporation together with a list of shareholders and their interest		
A2, A3	Business Profile		
A2, A3, B2.3	Organogram		
B3.1, B3, D, E	Brief CVs of directors, senior management and key staff members		
B1.2, D2	Policy detailing the procedure for handling customer complains		
B1.2, D2	Proof of customer satisfaction/rating or letter of confirmation stating satisfaction from customers for services rendered and referencing purposes.		
B3.4	For any services that your company offers please provide proof of accreditation or affiliation to a relevant body e.g. ISO 9000 certificate.		
For Payment Purposes	Letter from the bank to certify bank account details		

**A. IDENTIFICATION AND CONTACT INFORMATION**

The information requested in this section identifies the organisation and provides **seda** and potential users / clients with the contact and company details.

**1. STATUTORY COMPLIANCE**

Legal name of organisation:				
Short name or trading name:				
<b>Company registration No.:</b>				
<b>VAT registration No.:</b>				
<b>Tax clearance (SARS):</b>	YES ( <i>Attach Certificate</i> )		NO	
Physical address:				
Postal address:				
Website:				
<b>Nominated contact:</b>				
Title ( <i>Dr, Mr, Mrs, Ms, etc.</i> )		Position		
Surname:				
First names:				
Phone:		Fax		
E-mail:		Cell		

**2. BEE COMPONENT**

SP to attach documentary proof and organogram

a) Ownership	%
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b) Management	%
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**3. PREVIOUSLY DISADVANTAGED (WOMEN)**

SP to attach documentary proof and organogram

a) Ownership	%
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b) Management	%
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## B. COMPANY INFORMATION

The Company Information requested in this section is required to establish whether or not a SP has the organisational, structural, managerial and financial capacity to provide **sustainable** Services.

### 1. CUSTOMER BASE

#### 1.1 Number of Customers serviced:

Indicate the number of customers to which your organisation provided services in the last three years.

- a) If less than 5 customers
- b) From 5 to 15
- c) From 16 to 20
- d) Above 20

Answer (e.g. a, b,.. etc)

#### 1.2 List of Major Customers and Projects:

List at least **three** major customers and projects in the last 3 years.

**NB: seda** will conduct a random check to verify information provided. This information could be obtained through a telephonic survey.

	Customer Name	Project Description	Contact Person and Number
1			
2			
3			
4			

**(NB: Attach proof of customer satisfaction or letter of confirmation from customer)**

### 2. PHYSICAL STRUCTURE

#### 2.1 Premises / facilities:

Indicate where your business facilities are located

- a) Office outside the Province
- b) Office outside district but within the Province
- c) Office located within the district Municipality

Answer

Please indicate the geographical areas your company will be able to cover:

GEOGRAPHICAL AREA	✓
All provinces	
Only the following provinces ( <i>Please list if applicable</i> ):	
•	
•	
•	
•	
•	
•	
Outside the district but within the Province	
The district Municipality area only	

**2.2 Equipment / Physical Assets:**

Indicate which of the following is applicable to your business:

- a) Only telephone and fax
- b) Modern office equipment (e.g. computers / email facility)
- c) Vehicle and all of the above

**Answer**

Please give a brief description:

**2.3 Organization's Staff:**

Provide a profile of your organisation's staff (attach organogram).

- a) Management
- b) Admin. / Support Staff
- c) Service provision/Production staff

	No. of Staff
<b>TOTAL</b>	

**2.4 Period of operation of the organization:**

How long has your organisation been operating?

- a) Less than 1 year
- b) Between 1 to 3 years
- c) Between 3 to 7 years
- d) More than 7 years

**Answer**

**2.5 Does the organization operate full time?**

Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>
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### 3. MANAGEMENT CAPABILITY

#### 3.1 Relevant Collective Management Experience:

Please identify the management members and their individual **management experience** relevant to the provision of the services offered in this registration / assessment.

Name of Management Member	Relevant Experience	Years of Experience
<b>TOTAL</b>		

#### 3.2 Criminal convictions, charges pending or other breaches of professional society rules:

Does any member of your management team have any criminal conviction, charges pending or other serious breaches of professional conduct that are relevant to the provision of the services offered in this registration / assessment?

- a) YES: there are currently convictions, charges and/or breaches
- b) YES: there were more than 3 years ago and did not reoccur since then
- c) NO

Answer

If 'Yes', please give details:

#### 3.3 Key operational staff with at least 3 years of relevant individual experience in the services to be provided:

Please identify the key operational staff and their individual **experience relevant to the provision of the services offered** in this registration / assessment.

Name of Management Member	Relevant experience	Years of Experience
<b>TOTAL</b>		

**3.4 Is your company currently accredited with an applicable industry/professional body?**

To be supported by proof of accreditation.

- a) Not accredited / certified / registered to any System
- b) Not yet accredited but in the process
- c) Accredited to one System
- d) Accredited to 2 or more Systems

**Answer**

If 'yes', please provide details (which one(s), and for how long).

Accredited to	No of Years Accredited

## C. DESCRIPTION OF SERVICES PROVIDED

The company information requested in this section is required to establish the range of services offered by your company, as well as the industry sectors and geographical areas within which services will be provided.

### 1. RANGE OF SERVICES OFFERED

Indicate the range of services previously / currently offered by your company:

**Choose only five disciplines.**

		SERVICE	✓
1.1	Finance and Legal	1.1.1 Accounting, Payments systems	
		1.1.2 Cash flow projections, Financial planning & budgets, Insurance	
		1.1.3 Business plan development ( <i>incl. applications for funding</i> )	
		1.1.4 Costing/Controls – Inventory, Taxation	
		1.1.5 Debt collection and counselling	
		1.1.6 Purchasing & procurement management	
		1.1.7 Patents & trade marks, Mergers & acquisitions	
		1.1.8 Legal ( <i>incl. Company Law</i> ), Company formations	
		1.1.9 Due diligence	
1.2	Human Resources Development	1.2.1 Training ( <i>e.g. financial, marketing, technical, quality, export, management</i> )	
		1.2.2 Mentorship	
		1.2.3 Employment ,Recruitment, Payrolls	
		1.2.4 Labour Law and industrial relations	
		1.2.5 Black Economic Empowerment (BEE)	
		1.2.6 Skills development planning ( <i>e.g. competency assessments, training plans, skills gaps</i> )	
		1.2.7 HR policies & procedures ( <i>e.g. performance management, disciplinary procedures, remuneration policies</i> )	
1.3	Productivity/ Technology	1.3.1 Product development ( <i>e.g. R&amp;D, prototypes, ergonomic assessments</i> )	
		1.3.2 Manufacturing processes, production & operational management	
		1.3.3 Process development ( <i>e.g. factory layout work study, PPC, productivity improvement, problem-solving techniques</i> )	
		1.3.4 Information & Communications Technology (ICT) ( <i>e.g. IT strategies, ERP systems, MRP systems, ICT process control</i> )	
1.4	Marketing	1.4.1 Marketing plans/Strategy/Research	
		1.4.2 Signage, Branding, Sales & merchandising	
		1.4.3 Promotional material ( <i>e.g. brochures/flyers, CD ROMs</i> )	
		1.4.4 E-marketing ( <i>e.g. website development, E-commerce, CRM</i> )	
		1.4.5 Trade exhibitions, Advertising, Public relations	
		1.4.6 Export & import procedures	
		1.4.7 Market facilitation ( <i>e.g. tender advice, business linkages</i> )	
1.5	Quality	1.5.1 QMS implementation	
		1.5.2 Project management	
		1.5.3 QMS certification	
		1.5.4 Product certification/testing ( <i>e.g. testing / certification, CE mark, GMP</i> )	
1.6	Other	1.6.1 General management	
		1.6.2 Office administration	



**2. FIVE MAIN ACTIVITY SECTORS WHICH SP CAN SUPPORT**

Indicate the **five** main activity sectors that your company's skills / knowledge can support

SECTOR		✓
1	Agriculture, hunting, forestry and fishing	
2	Mining and quarrying	
3	Manufacturing	
4	Electricity, water and gas production and distribution	
5	Construction	
6	Wholesale and retail trade, repair of motor vehicles and household goods, hotels & restaurants	
7	Transport, communication and travel	
8	Financial intermediation, insurance, real estate and business services	
9	Personal, community and social services	

Provide additional details if considered relevant.

**D. SERVICE PROVIDER'S OPERATIONAL AND TECHNICAL CAPABILITIES**

*The information being requested in this section is required to provide evidence that Service Providers are likely to have the operational and technical capability to further establish and/or sustain a business.*

**1. SOURCE OF TECHNICAL EXPERTISE**

From where do you source your technical expertise?

- a) Technical Expertise is outsourced
- b) Technical Expertise developed in-house
- c) Combination of in-house and outsourcing
- d) In-house development is reinforced by strategic partnerships

Answer

If partially or wholly outsourced, please provide details.

**2. CUSTOMER RELATIONS /COMPLAINTS HANDLING**

Do you have a documented system for effectively evaluating customer satisfaction with your services?

If 'Yes', provide details or attach copy of procedure and the proof of customer rating.

- a) No system – Don't know exactly
- b) No system but have an idea, based on Customer Complaints
- c) Informal system – ask Customer how they feel about the services
- d) Documented Formal System (e.g, proof provided)In-house development reinforced by strategic partnerships

Answer

**E. EDUCATION; TRAINING AND EXPERIENCE HISTORY**

The information being requested in this section is required to provide evidence of the Service Provider's technical history and/or the Operations Manager's history in terms of education, training and experience. This section should be completed for each of these management members.

(Note: All four columns in this section are to be completed.)

**1. GENERAL EDUCATION**

Name:

Position:

<i>School or College</i>			
From	To	Educational Establishment	Major Subjects

  

<i>University, College, etc.</i>			
From	To	Educational Institution	Course / Main Subjects

**2. CERTIFIED TRAINING COURSES / PROFESSIONAL DEVELOPMENT**

<i>Short Courses / Skills Programmes</i>			
From	To	Title of Course / Training Scheme, etc.	Institution

**3. PRACTICAL / COMMERCIAL EXPERIENCE**

<i>(Enter in chronological order starting from most recent experience.)</i>			
From – To	Position	Name of Organisation	Details of Experience

**FOR OFFICIAL USE ONLY**

REGISTRATION / ASSESSMENT RATING				
OVERALL RATING	APPROVED FOR LISTING		NOT APPROVED	
ASSESSED BY				
ASSESSOR'S SIGNATURE				
EC CHAIR PERSON'S NAME				
EC CHAIR PERSON'S SIGNATURE				
DATE				

***NB: Assessor to attach SP Customer Verifications***