



# APPLICATION FORMS FOR DATABASE REGISTRATION

## SMME

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**THE COMPLETED APPLICATION FORM MUST BE DELIVERED TO:**

**NEW GENERATION MINDSET OFFICE  
SHELL MUSEUM COMPLEX  
DA GAMA ROAD  
JEFFREYS BAY  
6330**

**ENQUIRIES: 042 – 293 0169**

**FOR OFFICIAL USE:**

**Name of Supplier:** .....

**Date captured:** .....

**Registration number:** .....

**Document verification date:** .....

## CHECKLIST: LIST OF COMPULSORY DOCUMENTS:

FOR OFFICE USE – CHECKLIST			
<b>COMPULSORY DOCUMENTS</b>	Company registration documents (CK 1 , CK 2 / CM documents / Trust documents / partnership agreement)		
	Valid original SARS Tax Clearance Certificate		
	Valid Certificates (any)	BBBEE (SANAS accredited)	
		Approved Registered Auditor by Independent Regulatory Board of Auditors (IRBA)	
		Letter from Accounting Officer if t/o ≤ R5m	
		Exempted Micro Enterprises (EME), with letter from the Accounting Officer confirming turnover of the business <R5m	
	Certified copies of ID documents of the Shareholder / members		
	Proof of address of the company (electricity account or letter from Council)		
<b>LIST OF REQUIRED DOCUMENTS</b>	CIDB Certificate (if applicable)		
	Valid VAT registration certificates		
	Certified proof of professional qualifications of specialized services (if applicable)		

**1. COMPANY DETAILS:**

BUSINESS DETAILS				
Trade Name (Per Registrar of Companies)				
Business Legal Name				
Company Registration Number				
SARS Tax Number				
VAT Registration Number				
BBBEE	Level			
	Expiry Date			
	Category (Select One Category)	Business Category	Annual Turnover	Tick
		Exempted Micro Enterprise( EME)	Less than R5m	
		Qualifying Small Enterprise (QSE)	Between R5m – R35m	
Generic Enterprise		Above R35m		
CIDB ( if applicable)		Registration Number		
		Grade		
Professional qualifications of specialized services:  ( Construction, Engineering, Training Institute, Legal Service, Security / and any other Accreditation)		Accreditation	Registration Certificates Reference	
		NHBRC		
		SACPVP		
		SETA		
		ECA (SA)		
		COID		
		ASATA		
		IATA		
		PSIRA		
Other				

**2. SHAREHOLDERS / DIRECTORS / MEMBERS:**

Name	Surname	ID Number	Equity %	Women √	Youth √	Black √

**3. COMMODITIES AND SERVICE PROVIDED:**

Appropriate commodities or services that your organization renders / provide  
(Provide core business of the company):

SECTOR CODE	SECTOR COMMODITY	SERVICE TYPE	PRODUCT
CoX1	Agriculture		
CoX2	Mining and Quarrying		
CoX3	Manufacturing		
CoX4	Electricity and Gas		
CoX5	Water		
CoX6	Construction		
CoX7	Retail, Motor Trade and Repair Services		
CoX8	Wholesale Trade, Commercial Agents & Allied Services		
CoX9	Catering, accommodation & other Trade		
CoX10	Transport, storage and Communications		
CoX11	Finance and Business Services		
CoX12	Community and Social		
CoX13	Personnel Services		

**4. PREVIOUS EXPERIENCE(S):**


## CONTACT DETAILS:

Title	
Name	
Surname	
ID Number	
Position (Designation)	
Telephone	
Mobile Number	
Email Address	
Website Address	
Physical Address	
Postal Address	
Suburb	
City / Town	
Postal Code	
Province	

## BANKING DETAILS:

Account Holder	
Banking account number	
Account Type	
Name of Banking Institution	
Branch name	
Branch code	
Town / City	

**Duly authorized to sign on behalf of the company:-**

<b>Signature:</b>	_____
<b>Name and surname:</b>	_____
<b>Date:</b>	_____