



**KWAZULU NATAL NATURE CONSERVATION SERVICES**

Trading as

**EZEMVELO KZN WILDLIFE**

**APPLICATION FOR REGISTRATION ON THE EZEMVELO KZN WILDLIFE**

**PROCUREMENT DATABASE**

**(SUPPLIER/ CONTRACTOR/ SERVICE PROVIDER)**

**FOR OFFICE USE**

ENTERPRISE CODE  Date Register

**1. ORGANISATION DETAILS**

Name of Enterprise

Trading Name

Postal Address

Town/City/Suburb

Postal Code

Province

Physical Address

Town/City/Suburb

Postal Code

Province

Tel. Number

Fax Number

Website Address

**2. TYPE OF ENTERPRISE (Tick appropriate box)**

1. Partnership  2. One person – Sole Trader  3. Close Corporation

4. Public Company  5. Pty Limited  6. Trust  7. Cooperative

Enterprise Registration Number

Enterprise Income Tax Reference Number

Is a certified copy of tax clearance certificate attached ? YES  NO

Certificate Expiry Date  dd/mm/yyyy

VAT Registration Number

**3. ENTERPRISE ESTABLISHMENT**

Date Company Established  Number of Employees

Annual Turnover

Did the Enterprise exist under a previous name? YES  NO

If Yes:

- What was its previous name ?

- Why did it change ?

List the previous owners/partners/directors:

Initials	Surname	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. DETAILS OF TRADE ASSOCIATION**

Is your enterprise affiliated with any associations or professional bodies? YES  NO

If Yes, Provide details:

**5. CONTACT PERSON**

Surname

Name

ID Number  Job Title

Tel Number

Cell Number

E-mail address

**6. BANK DETAILS**

Name of bank  Branch Name

Branch Code  Account Number

Type of Account: Saving  Cheque  Other (specify)

Date Account was opened :

**7. BRANCH INFORMATION (Please print here, No referral to other documents)**  
**Please copy this page if you have more than one branch and fill for each of your branches.**

Branch Name	<input type="text"/>			
Trading Name	<input type="text"/>			
Postal Address	<input type="text"/>			
Town/City/Suburb	<input type="text"/>		Postal Code	<input type="text"/>
Province	<input type="text"/>			
Physical Address	<input type="text"/>			
Town/City/Suburb	<input type="text"/>		Postal Code	<input type="text"/>
Province	<input type="text"/>			
Tel. Number	<input type="text"/>	<input type="text"/>		
Fax Number	<input type="text"/>	<input type="text"/>		
Enterprise Registration Number	<input type="text"/>			
Enterprise Income Tax Reference Number	<input type="text"/>			
Is a certified copy of tax clearance certificate attached ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Certificate Expiry Date	<input type="text"/>	dd/mm/yyyy		
VAT Registration Number	<input type="text"/>			

**8. CONTACT PERSON**

Surname	<input type="text"/>		
Name	<input type="text"/>		
ID Number	<input type="text"/>	Job Title	<input type="text"/>
Tel Number	<input type="text"/>	<input type="text"/>	
Cell Number	<input type="text"/>		
E-mail address	<input type="text"/>		

**9. BANK DETAILS**

Name of bank	<input type="text"/>	Branch Name	<input type="text"/>
Branch Code	<input type="text"/>	Account Number	<input type="text"/>
Type of Account:	Saving <input type="checkbox"/>	Cheque <input type="checkbox"/>	Other (specify) <input type="text"/>
Date Account was opened :	<input type="text"/>		

## 10. SERVICES RENDERED

List Business activities, **in point form** ( Please supply comprehensive description e.g. Catering ( food supply or material hire), fencing, fencing material ) for ease of capturing.


## 11. REFERENCES

Description of service	Contract Amount	Company	Contact Person and Number

## 12. OWNERSHIP STRUCTURE

(Please tick the relevant one)

Traditional White Company	
Black Company (50.1% - 100% black owned)	
Black Empowered Company (25.1% – 50% black owned)	
Black Influenced Company (5% - 25%)	
Engendered Company (30% owned and managed by black women)	

## 13. DOCUMENTS REQUIRED

Pre-requisites	
Company/ Close Corporation Registration Certificate	
VAT Registration Certificate	
Tax Clearance Certificate	
Full Detail Company Profile	
Shareholders Certificates for Private Companies	
Copy of cancelled Cheque	

**14. OWNERSHIP PERCENTAGE ( if more than four people, please copy this page). We need this printed on this sheet, No referrals to other documents.**

	Owner No:	Owner No:	Owner No:	Owner No:
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postal Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postal Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ownership Percentage	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Race	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>
	Indian <input type="checkbox"/>	White <input type="checkbox"/>	Indian <input type="checkbox"/>	White <input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
If Handicapped, Give details	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EZEMVELO KZN WILDLIFE**

**DECLARATION**

I, \_\_\_\_\_ (Print name), in my capacity as a \_\_\_\_\_ (owner, Manager, etc), do warrant that I am authorised to do so and declare that all the information provided in the application to be registered to a database is true and correct

Signed on: \_\_\_\_\_

At: \_\_\_\_\_ (Place)

Signature: \_\_\_\_\_