



New loveLife Trust
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wierda valley, sandton, 2196
po box 45, parklands, 2121,
south africa
www.lovelife.org.za

SUPPLIER DATABASE REGISTRATION FORM

Dear Supplier,

This registration form is designed to assess your capability as a possible Supplier to the New loveLife Trust.

The registration form must be completed in FULL with no omitted/left out information. The form can be completed in two ways:

- Hand written (If hand written, it must be clearly eligible/readable. If not, the form will not be considered)

The following supporting documentation MUST be submitted with the completed registration form, if the supporting documents are not submitted, your application will not be considered. Certified copies will be acceptable. Documents must be arranged and marked as follows:

- **Annexure 1:** Company Profile
- **Annexure 2:** Company Registration Documents (CK documents etc)
- **Annexure 3:** Certified Copy of Identity Documents of directors/members/shareholders/partners
- **Annexure 4:** Valid Tax Clearance Certificate from SARS
- **Annexure 5:** Any other registration/accreditation/membership certificate pertaining to your industry (e.g. CIDB, electrical certification, roadworthiness for transport etc)
- **Annexure 6:** Valid (not expired) BBBEE certificate/sworn affidavit
- **Annexure 7:** Bank confirmation letter of your company's banking details (not older than 1 year)
- **Annexure 8:** Latest financial statements or report for the year

The fully completed registration form with the supporting documents must be emailed to procurement@lovelife.org.za or delivered to the address below:

- Submission address: The New loveLife Trust, 48 Wierda Road West, Wierda Valley, Sandton

All information submitted will be treated as confidential between New loveLife Trust and the Supplier.

Yours Sincerely

Supply Chain & Facilities Department

SUPPLIER DATABASE REGISTRATION FORM

It is imperative that suppliers read the form carefully, complete it in full and sign it. When completed, the document can be either hand-delivered or emailed to the above mentioned addresses:

1. Company Details

Name of Company: To be used in all contracts/order & invoices placed with New loveLife)	
Trading as Name:	
Type of Company: (Close Corporate, Private, Partnership, Sole Proprietor, etc.)	
Vat Registration Number:	
Income Tax Reference Number:	
BBBEE level: (attach certificate or sworn affidavit)	
Company Registration Number:	
Industry Classification:	
Supplier's main service or goods offering:	
Number of Branches/Offices:	
Numbers of Years in business:	
Website Address:	
Telephone Number/s:	
Fax Number:	
Postal Address:	
Physical Address:	
E-Mail Address:	

Contact Person:	
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Primary Contact	Name	Title	Direct Number	Phone	Email Address
Management					
Sales					
Finance for Account Queries					
Account Manager to be assigned to loveLife					

2. Regions in which supplier operates (tick where applicable and attach addresses of sites/branches) :

GAUTENG		KWAZULU NATAL	
NORTH WEST		WESTERN CAPE	
LIMPOPO		EASTERN CAPE	
MPUMALANGA		NORTHERN CAPE	
FREE STATE			

3. Contactable references (at least five):

Company	Contact Name	Phone Number	E-Mail Address

4. Financial Information

Banking Details (please attach a cancelled cheque or bank confirmation letter not older than a year)
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Bank Name:
Branch Code:
Branch:.....
Account Type:.....

Bank Account Number:.....
Name of Account Holder:.....

Declaration : I/We declare that will I/We not hold the New loveLife Trust liable for non-payment in the event of the bank account details supplied above not being correct.

.....
Initials and Surname Authorized Signature Date

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5. Quality Systems in place (please attach, if other, please specify):

ISO 9001	<input type="checkbox"/>	TOURISM STAR GRADING	<input type="checkbox"/>
ISO/TS 16949	<input type="checkbox"/>	SABS	<input type="checkbox"/>
QS 9000	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
ISO 14000	<input type="checkbox"/>	NONE	<input type="checkbox"/>

If None/Other Please Clarify:

6. Confirmation by Vendor:

I declare that all information supplied in this document is and all supporting documents provided are true and correct:

Name of person completing this form:
Position:
Signature:
Date: