

	<b>SUPPLIER APPLICATION FORM FOR SCHOOLS</b>	(official use) <b>ECAPE</b> ----- Form 1401
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This is an application to be registered- or update current information on the Eastern Cape Provincial Government's school database.

**All school information will be treated as strictly confidential.**

**Notice to all Departments:**

This document may be faxed to the applicant. The provincial Treasury will only issue a clearing certificate after the receipt of an original application form. No school will be taken onto our financial system (or may be considered for payment without such a clearance certificate or without the existence of a valid order

**Notice to all Schools:**

Please retain a copy of the document, for the future reference, in a safe place. The Eastern Cape Provincial Government reserves the right to decline any application. No payment to school will be considered without a valid supplier number. The Provincial Government also reserves the right to verify any information on this application form. The signatories to this document, must also initial and date at the bottom of all pages.

Completed application forms should be returned to the following addresses:

1. Department of Education  
Private Bag X0032  
Bhisho, 5608  
Fax (040)-6084679  
Tel: (040)6084442-3

(For office use)

**BAS SUPPLIER NO**

**LOGIS SUPPLIER NO.**

**Report Fraud and Corruption to email: [themba.fikavo@edu.ecprov.gov.za](mailto:themba.fikavo@edu.ecprov.gov.za) or phone 040 – 6084369/70**

**SECTION A: REASON FOR APPLICATION**

(Please mark only one selection with an “X”)

1. Register as a School to the Eastern Cape Government for the First Time ( all Sections)
2. Re-registration as a School to the Eastern Cape Government (All Sections)
3. Updating Banking Details Only (Complete Section D)
4. Updating School Information Only ( Complete Section B)
5. Updating SGB Information Only ( Complete Section B and C )
6. Archive Registration Only
7. Other (Specify)

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**SECTION B: SCHOOL INFORMATION**

Name of the school:----- (02)  
(Contracts/orders will be placed on this name and invoices must reflect it)

Registration name of the school: ----- (03)

EMIS number of the school ----- (04)

**Physical address of school:**

Building / complex name: ----- (05)

Street name and number: ----- (06)

Suburb : ----- (07) City : ----- (08)

Postal code: ----- Country: -----

**Postal address of school:** (This is the address to which all correspondence would be sent. If left blank, all correspondence would be sent to your physical address )

Postal address:-----City/Town:-----Code: -----

Telephone numbers of business: Code:-----Number:-----

Alternative number of business (Cell): Code:-----Number:-----

Fax number: Code:-----Number:-----

School Email: -----

The name of your accountant / bookkeeper / auditor and his/her contact phone number:

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**SECTION C: SCHOOL GOVERNING BODY DETAILS:**

Attach your own list if the space provided is small (**SECRETARY, CHAIRPERSON, SGB AND A PRINCIPAL**)

1. Surname, Full Name: -----

Position : -----;

Identity Number:-----Nationality-----

2. Surname, Full Name:-----

Position:-----;

Identity Number:-----Nationality:-----

3. Surname, Full Name:-----

Position:-----

Identity Number:-----Nationality:-----

4. Surname, Full Name:-----

Position:-----

Identity Number:-----Nationality-----

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**SECTION D: BANKING DETAILS:**

(Please provide the details to which any payments due are to be transferred.  
The bank MUST certify this form in the space provided)

**Current Banking Details:**  
**Please attach an original cancelled cheque.**  
Bank: \_\_\_\_\_ Branch Number/code \_\_\_\_\_  
Branch Location: \_\_\_\_\_  
Bank Account number: \_\_\_\_\_ Account Type \_\_\_\_\_  
Date the account was opened: \_\_\_\_\_  
Name of the account: \_\_\_\_\_  
Signatories Name/s, Surname/s, and ID number/s:  
\_\_\_\_\_  
\_\_\_\_\_

**Certificate from Bank:**  
I, (full names and surname)(Printed) \_\_\_\_\_ (Official Bank stamp)  
\_\_\_\_\_ an employee and  
authorized person / agent of (Bank Name) \_\_\_\_\_  
\_\_\_\_\_ (Branch Name) \_\_\_\_\_ and  
telephone number (Code, Number) \_\_\_\_\_ herewith  
certify that the “Current Banking Details” as provided in SECTION D above,  
as true and correct,  
Signed: \_\_\_\_\_

**Credit Order Instruction:**  
I / We (the signatories hereto) hereby request and authorize the Eastern Cape Provincial Government to pay any amounts which may accrue to me / us to the credit of my / our account with the mentioned bank (see SECTION D).  
I / We understand that the credit transfers hereby authorized will be processed by computer through a system known as the “ACB ELECCTRONIC TRANSFER SERVICES” AND I / We also understand that no additional advises of payment will be provided by my / our bank statement or any accompanying voucher ( This does not apply where it is not customary for banks to furnish bank statements)  
I / We understand that a payment advice will be supplied by the Province of the Eastern Cape in the normal way, and that it will indicate the date on which funds will be available in my / our account. I / We also understand that the payment for services rendered will be by way of electronic transfer only and no other methods of payment will be considered.  
The Province of the eastern Cape, by means of giving thirty (30) days notice, may cancel this authority by prepaid registered post.

**Previous Bank Information:**  
Bank: \_\_\_\_\_ Branch number/code \_\_\_\_\_  
Branch \_\_\_\_\_  
Location: \_\_\_\_\_ Bank \_\_\_\_\_  
Account number: \_\_\_\_\_ Account type: \_\_\_\_\_

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**Please attach certified copies of the following documents**

- ID documents of all members of SGB i.e cheque signatories/members/owners
- with a clear picture .

**The original copies of the following documents**

- Original cancelled cheque.

**PLEASE NOTE**

- **CERTIFICATE FROM BANK; THIS PORTION MUST BE COMPLETED SIGNED AND STAMPED BY THE BANK.**
- **NO TIPEX IS ALLOWED IN APPLICATION FORMS.**
- **AT LEAST TWO MEMBERS MUST SIGN IN PAGE 9.**
- **ALL BLANK SPACES SHOULD BE FILLED.**

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**Provide false or incorrect information in this application**

1. Promise, offer or give or attempt to promise, offer or give to an official, employee or any other related to the Eastern Cape Government any bribe, commission, gift, loan, advantage or any other consideration whatsoever.
2. fail to testify, or make their employees available to testify in any criminal, misconduct procedures against any government official of the Eastern Cape Government.
3. Fail to report in writing within 24-hours after any suspected misconduct by any government official of the EASTERN cape Provincial Government, including but not limited to attempts to bribe or commits any unethical behaviour to Provincial Treasury
4. Makes any statements to the media concerning the Eastern Cape Provincial Government or on information obtained whilst working for the Eastern Cape Provincial Government, without written authority from government.
5. Promotes or incites labour unrest amongst government officials on or off government property.
6. Is the direct or indirect cause of disciplinary or criminal action taken against any government official of the Eastern Cape Provincial Government
7. Cause racial conflict on any government property, or property occupied by government
8. Is in unauthorized possession of, or removes or attempt to remove any property belonging to or which is under the control of government, government officials, other suppliers or visitors of the Eastern Cape Provincial Government.
9. Is found guilty by a competent court, or has paid an admission of guilt, in respect of any criminal offence which can breach a necessary trust relationship between the Eastern Cape provincial Government and the supplier, or may offend the general public.
10. Prevent or obstruct any government official of the purpose of inspecting records or material relevant to the functions, duties, services, or products of the supplier to government.
11. Wilfully or negligently damages any government property, or directly or indirectly causes any loss of government assets
12. Makes a false statement or representation, which relates to or arises from its contractual duty to the Eastern Cape provincial Government
13. Falsifies any document or records which relates to its duties to the Eastern Cape Provincial Government
14. Builds up a history of poor performance to the Eastern Cape Provincial Government
15. Knowingly gives false evidence during criminal or departmental proceedings related to its contractual obligations to the Eastern Cape Provincial Government.
16. Has a bad credit history or track record with other suppliers or the Eastern Cape Provincial Government that could damage the trust relationship
17. Is in debt with the Receiver of Revenue or has a bad track record with the Receiver of Revenue
18. Fails to react to any written notices sent to it by certified post by Provincial Treasury or other Eastern Cape Provincial Departments
19. Fails to or has to comply with any conditions of an agreement or performs or has performed unsatisfactorily under an agreement with the Eastern Cape Provincial Government

**If there are any changes to the information supplied on this form, please inform the eastern Cape Provincial Government’s Supplier Management Section / Eastern Cape Provincial Treasury. Purchasing Office as soon as possible. Outdated information could lead to your company not being invited to tender or not receiving correct payment!**

**I / we, the undersigned, herewith certify that all of the above information is correct at the time of completion. I / we furthermore certify that I / we have the appropriate authority to furnish the above-mentioned information on behalf of our employer.**

Name:	Signature
Designation	Date

Name:	Signature
Designation:	Date

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