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# TRANSNET ED HUB

## APPLICATION FORM FOR MEMBERSHIP



### (Part A) BASIC INFORMATION

Full Legal Organization Name		Organization Website	
Trading Name (If different)		Organisation Registration Number	
VAT Registration Number		*Name & Surname	
Date of Registration		Designation	
B-BBEE Recognition Level		*Phone Number	
		*Educational Level	
*Employment Status		*Age	
*Race		*Any Disability? (Yes/ No)	
*Gender		*E-Mail Address	
Business Physical Address		Postal Address	
*Street Name and No		*Street Name and No/ Box No.	
*City		*City	
*Province		*Province	
*Code		*Postal Code	

### (Part B) BUSINESS OPERATIONS

*Description of Core Business		*Are you a supplier or have you supplied to Transnet in the last five years?	
Standardised Industry Code (SIC) code		If yes, please indicate Vendor Number	
		*Provider of: GOODS/SERVICES/BOTH (please indicate where applicable)	
Annual Turnover		*Do you or any member of your organisation have a criminal record from the past five years?	
*Province of Operation		Has your organisation previously been blacklisted by other Government Departments or State Owned Entities? (Yes/No)	
Quality Standards e.g. ISO9001		Please fill out information on Black Ownership below:	
*Brief Description of Business  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		*Percentage of Black Ownership	
		*Percentage of Black Woman Ownership	
		*Percentage of Black Youth Ownership	
		*Percentage of Ownership in the hands of Black People Living with Disabilities	
		Total Number of Employees	
		Total Number of Black Employees	
		Total Number of Black Female Employees	
		Total Number of Black Employees who have a disability	
	Total Number of Black Youth (Ages 18 - 35) Employees		
	Total Number of White employees		

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**OPTIONS (Maximum of two members per organisation as indicated below)**

<b>*Please tick below and let us know who referred you</b>	<b>Business Support Desired (Please indicate)</b>	<b>(Yes/No)</b>
Television	Procurement Opportunities	
Walk-in	Financial Aid	
News Paper	Business Development and Training	
Presentations	Business registration	
Radio	TAX, PAYE, etc. other related services	
Word of Mouth	B-BBEE Verification or related information	
Previous Client	Other ( Please specify below)	
Workshops		
Local Municipality Office		
Banners		
Advertising		
Expo		

**(Part D) DOCUMENT CHECKLIST**

**Please attach the following documents to the Application Form All documents to be stamped by Commissioner of Oaths**

	<b>Tick</b>	<b>Comment</b>
Company Registration Document		
Tax Clearance Certificate		
VAT Certificate		
B-BBEE Certificate / EME Letter		
ID documents of Company Representatives		
Annual Financial Statements/ Confirmation Letter		
Company Profile		
Share Certificate		
Company Letterhead		
Organisation Chart		
Job Descriptions of key personnel		
CV's of key personnel		
Minutes (board & management meetings)		
Operating License/Lease		

**Please read and sign the attached Suppliers Code of Conduct for participation in the ED Hub**

**\*I, \_\_\_\_\_ (Insert full name), of ID No. \_\_\_\_\_, being duly authorised to represent \_\_\_\_\_ (Insert Business Name), Business Registration No. \_\_\_\_\_, hereby declare that the information provided in this application form and the attached documents are true and correct.**

<b>*Signature:</b>	<b>Date:</b>	<b>Witness:</b>	<b>Date:</b>
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**(Part F) For Office Use Only**

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