

## INSETA SUPPLIER REGISTRATION FORM

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### TO BE COMPLETED BY POTENTIAL SERVICE PROVIDERS SEEKING REGISTRATION ON THE INSETA SUPPLIER DATABASE

#### Notes:

1. This registration form is to be completed by applicant seeking registration in full. If you are unable to complete specific sections or not be prepared to divulge certain information required, kindly advise reasons in a covering letter when returning this registration form. Failure to comply may result in the application not being considered.
2. If called upon arrangements must be made for officials of INSETA to inspect the company's premises and documents to assess the technical competency before the company is accepted.
3. A company profile must accompany the registration form but will not be accepted as a substitute for the application form – all fields on the application form must be completed.
4. It should be noted that if any information supplied be found to be incorrect, INSETA reserves the right to exclude the supplier from the Supplier Database at any time prior to or after acceptance.
5. Completed documents should be posted, couriered or hand-delivered to:

**The Insurance Sector Education and Training Authority  
37 Empire Road, Ground Floor  
Parktown  
Johannesburg  
2017**

6. It should be noted that the INSETA reserves the right to accept or reject any application without being obliged to give reasons in this respect.
7. It is the responsibility of the supplier to inform the INSETA of any changes in respect of the company's details.
8. No wording or information on this original document is allowed to be amended/deleted as it will invalidate the application.
9. Information provided will be treated as confidential.
10. Thank you for your interest in being listed on the INSETA supplier Database.

**For official Use Only**

Supplier Code: \_\_\_\_\_

BBBEE %: \_\_\_\_\_

Captured by: \_\_\_\_\_

Approved by: \_\_\_\_\_

**1. COMPANY/SUPPLIER DETAILS**

<b>Legal name of company:</b>	
<b>Trading name of company:</b>	
<b>CSD Registration number</b>	
<b>Vat registration Number:</b>	
<b>Company Registration Number:</b>	
<b>Type of company (EME, QSE or Generic)</b>	

## 2. ADDRESS DETAILS

### Postal address of company (Compulsory)


### Physical address of company (Compulsory)


## 3. CONTACT DETAILS

### Business Telephone

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### Home Telephone

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### Fax Number

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### Cellphone Number

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### Web Address

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### Email Address

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**Main Contact Person in your organization**

Name	
Company Position	
Cell Phone Number	
Fax Number	
Email Address	

**Contact Person responsible for sales in your organization**

Name	
Company Position	
Cell Phone Number	
Fax Number	
Email Address	

**4. BANKING DETAILS**

**Banking details of the supplier (Bank Confirmation letter must accompany the application form)**

Bank Name	
Branch Name	
Branch Code	
Account Holder	
Bank Account Number	
Account Type	

**5. COMPANY OWNERSHIP**

Suppliers are required to submit a certified copy of a BBBEE certificate or the original BBBEE certificate issued by a SANAS approved certification agency to be allocated BBBEE points.

Suppliers will not be awarded points for B-BBEE status level if it is indicated in the bid documents that such a bidder intends sub-contracting more than 25% of the value of the contract to any other enterprise that does not qualify for at least the points that such a bidder qualifies for, unless the intended subcontractor is an EME that has the capability and ability to execute the sub-contract.

Suppliers awarded a contract may not sub-contract more than 25% of the value of the contract to any other enterprise that does not have an equal or higher B-BBEE status level than the person concerned, unless the contract is sub-contracted to an EME that has the capability and ability to execute the sub-contract.

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	16
4	12
5	8
6	6
7	4
8	2
Non-Compliant Contributor	0

**NAMES OF ALL OWNERS, DIRECTORS, SHAREHOLDER AND/OR MEMBERS AND THEIR RESPECTIVE DESIGNATIONS**

Names of Owners and Members	Designation	Identity Number

Attach CSD Summary report

**6. LIST OF COMMODITIES**

No	Category of goods or services	Tick the X
1.	legal services (Labour, commercial law, Collection and litigation "Magistrate and High Court)	
2.	Strategy facilitation	
3.	In house training providers (e.g. Public sector procurement, HRM Etc.	
4.	Temporary staff supply service	
5.	Promotional material supply	

Working No	Category of goods or services	Tick the X
6.	Shuttle services	
7.	Employment reference checks services	
8.	In house Management Development	
9.	Computer hard ware suppliers – leasing	
10.	Computer hard ware suppliers – out-right purchase	
11.	Advertising	
12.	IT & Related Services	
13.	Printing and Related Services	
14.	Professional Services: Forensic Investigations	
15.	Professional Service: Conferences and Seminars	
16.	Security Services	
17.	Storage, Records Management & Related Services	
18.	Supply of furniture & equipment	
19.	Events Related Services	
20.	Hotel and accommodation services	
21.	Events catering services	
22.	Professional bodies in the Insurance Sector	
23.	Accredited Training providers in the insurance sector	
24.	Employment competency assessment services (National Footprint)	
	Companies specialising in the following fields: <ul style="list-style-type: none"> <li>• Human Resource Management (HRM) Services</li> <li>• Public sector Supply Chain Management (SCM) Services</li> <li>• Public Sector Financial Management services</li> <li>• Information Technology Services (IT)</li> <li>• Public Relation (PR) &amp; Marketing Services.</li> </ul>	
25.	Facilities support	
25.1	Maintenance Electrician, plumbing, dry walling and partitioning	
25.2	Lock smiths	
25.3	Network cabling	
25.4	Office cleaning	
25.5	Supply of groceries, Consumables and cleaning material	
25.6	Health and safety audits	
25.7	Courier service	

Choose a maximum of three (3) categories of goods and/or services you want to be listed under; you may list categories of goods/services that are not listed in the database registration form


**Provide at least three references related to your business (if applicable)**

Client	Contact Person	Contact Number	e-mail address	Contract Value

I,..... (Print name) hereby certify that the information, facts and representatives are correct and that I am duly authorised to sign on behalf of the company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please attach the following documents:**

Tick with X	<ul style="list-style-type: none"> <li>CSD Number (with a summary)</li> </ul>
	<ul style="list-style-type: none"> <li>Broad-Based Black Economic Empowerment Certificate certified as true copy of the original (if applicable)</li> </ul>
	<ul style="list-style-type: none"> <li>Company Profile</li> </ul>
	<ul style="list-style-type: none"> <li>Copy of ID(s) of owners or Directors</li> </ul>
	<ul style="list-style-type: none"> <li>Reference letters to the service you are offering.</li> </ul>
	<ul style="list-style-type: none"> <li>SBD 4</li> </ul>
	<ul style="list-style-type: none"> <li>SBD 8</li> </ul>
	<ul style="list-style-type: none"> <li>SBD 9</li> </ul>