



PROJECT PROPOSAL FORM

IMPORTANT INFORMATION FOR ALL APPLICANTS

1. *Please read this form carefully for guidance on the relevant parts or aspects to complete.*
2. *All applicants for CETA Discretionary funding must complete relevant parts of this form.*
3. *This form must be completed electronically. Annexures, however, must be in hard copy and submitted as outlined in the CETA Request for Project Proposals.*
4. *The form must be completed in red – i.e. those parts filled in by you.*
5. *In all cases the relevant trade union or staff representative body, where such exists, must be involved in this project application.*
6. *Applicants are urged to please refer to the following documents to ensure absolute adherence to the compliance requirements and submission of the required information and documents:*

❖ *CETA Discretionary Grant Funding Criteria*

❖ *CETA 2011/2012 Strategic Plan*

7. *Where the application is made jointly by two or more entities:*

- *Each entity must complete Sections A and B.*

- *The relevant contractual agreement between/among the entities must be provided and labelled Annexure 1.*

- *A letter, labelled Annexure 2, and signed by all the entities, must indicate the primary entity to sign all documents pertaining to this application.*

- *If the entities do not have a common bank account a letter, signed by all the entities, must also confirm the primary entity referred to above as the one whose banking account will be used for purposes of the project. The letter must be labelled Annexure 3.*

SECTION A: COMPLIANCE AND EVIDENCE REQUIREMENTS

SECTION A MUST BE COMPLETED BY ALL APPLICANTS.

1. CONTACT DETAILS AND LEGAL STATUS OF APPLICANT

1.1 Legal Status

1.1.1 What is the legally registered name of your entity/company/organisation/institution?

.....

1.1.2 If different from above, what is the legally registered trading name of your entity/company/organisation/institution?

.....

1.1.3 Is your entity a Public Company Ltd; a Private Company (Pty) Ltd; a Close Corporation (CC); a Government/Public Institution; a Statutory Professional Body; a Sole Proprietor; a Partnership; a Trust; a Cooperative; a Voluntary Association; a Joint Venture; an NGO; or Other? If other, please specify.

.....

1.1.4 What is the registration number of your entity/company/organisation/institution?

.....

1.1.5 What is the income tax registration number of your entity/company/organisation/institution?

.....

Please provide proof in the form of a certified copy of your income tax registration certificate and label it **Annexure 4**.

1.1.6 Do you have a valid Tax Clearance Certificate?

.....

Please provide proof in the form of an original document and label it **Annexure 5**.

1.1.7 Do you have a valid Tax Exemption Certificate?

.....

Please provide proof in the form of an original document and label it **Annexure 6**.

1.1.8 Please provide certified copies of your entity's registration documents in hard copy and label them **Annexure 7**.

1.1.9 Do you have a valid BEE Certificate?

.....

Please provide proof in the form of a certified copy and label it **Annexure 8**.

1.1.10 Do you have an Occupational Health and Safety Policy?

.....

If yes, please provide proof in the form of a certified copy and label it **Annexure 9**.

1.2 Contact Details

1.2.1 What is the registered physical address of your entity? Please provide full details.

.....

1.2.2 What is the postal address of your entity? Please include postal code.

.....

1.2.3 What is the office telephone number of the entity?

.....

1.2.4 What is the fax number of the entity?

.....

1.2.5 What is the e-mail address of the entity?

.....

1.2.6 What is the website address of the entity?

.....

1.2.7 Who is the contact person? Please provide full names and surname.

.....

1.2.8 What is the cell phone number of the contact person?

.....

1.2.9 What is the position of the contact person in the entity?

.....

1.3 Ownership and Management

1.3.1 Please indicate the size (i.e. the number of people) of the company based on the following categories: 0 - 49; 50 – 149; 150+

.....

1.3.2 Please list the shareholders or members of your entity in the form of full names, surnames and ID numbers.

.....

1.3.3 Please indicate the racial group under which each of the shareholders or members listed in 1.3.2 above falls, e.g. African, Coloured, Indian, Chinese, White.

.....

1.3.4 Please indicate whether each of the shareholders or members listed in 1.3.2 above is male or female.

.....

1.3.5 Please indicate whether each of the shareholders or members listed in 1.3.2 above is a person with disability or a person without disability.

.....

1.3.6 Please list those shareholders or members who are younger than 35 years and indicate their specific individual ages.

.....

1.3.7 Please provide certified copies of the share certificates of each of the shareholders or members listed in 1.3.2 above and label each one of them **Annexure 10**.

1.3.8 Please list the directors of your entity in the form of full names, surnames and ID numbers.

.....

1.3.9 Please indicate the racial group under which each of the directors listed in 1.3.8 above falls, e.g. African, Coloured, Indian, Chinese, White.

.....

1.3.10 Please indicate whether each of the directors listed in 1.3.8 above is male or female.

.....

1.3.11 Please indicate whether each of the directors listed in 1.3.8 above is a person with disability or a person without disability.

.....

1.3.12 Please list those directors who are younger than 35 years and indicate their specific individual ages.

.....

1.3.13 Please list the managers of your entity in the form of full names, surnames and ID numbers.

.....

1.3.14 Please indicate the specific position held by each of the managers listed in 1.3.13 above.

.....

1.3.15 Please indicate the educational qualifications of each of the managers listed in 1.3.13 above.

.....

1.3.16 Please indicate the racial group under which each of the managers listed in 1.3.13 above falls, e.g. African, Coloured, Indian, Chinese, White.

.....

1.3.17 Please indicate whether each of the managers listed in 1.3.13 above is male or female.

.....

1.3.18 Please indicate whether each of the managers listed in 1.3.13 above is a person with disability or a person without disability.

.....

1.3.19 Please list those managers who are younger than 35 years and indicate their specific individual ages.

.....

2. BUSINESS PREMISES (i.e. where office is situated)

2.1 Are your business premises (i.e. your registered address) owned by you, leased, or other? Please provide documentary proof and label it **Annexure 11**.

.....

If other, please explain and provide documentary proof labelled **Annexure 11**.

2.3 Are you conducting your business at the registered address?

.....

If not, indicate the physical address from which you conduct it and provide the relevant agreement pertaining to your use of the premises. Label the agreement **Annexure 12**.

2.4 Are the business premises in a residential area, an industrial area or other?

.....

If other, please explain.

3. ENTITY'S SETA-RELATED STATUS

3.1 Are you a private training provider; a public training provider; a workplace; or other?

.....

If other, please specify.

3.2 Are you currently accredited by any SETA?

.....

If yes, which SETA?

3.3 If accredited, is your accreditation status full or provisional?

.....

3.4 If accredited, whether fully or provisionally, what is your accreditation number?

.....

3.5 From what date to what other date is your accreditation valid?

.....

3.6 Please provide a certified copy of your accreditation certificate and label it **Annexure 13**.

3.7 Please provide the full names and details of your entity's Skills Development Facilitator (SDF).

.....

3.8 Are you a SETA levy payer?

.....

3.9 If yes, which SETA are you paying a levy to, and what is your SDL Number?

.....

3.10 If you are a CETA levy payer, please indicate the date of your WSP/ATR submission.

.....

3.11 How long has your business been running?

.....

4. FINANCIAL STATUS

4.1 Are you solvent?

.....

If yes, please provide evidence or proof in the form of a letter or other from a registered accountant and label it **Annexure14**.

4.2 If you have been in existence for a year or more, please provide the following:

4.3.1 Certified copy of audited financial statements, labelled **Annexure 15**.

4.3.2 Certified copy of balance sheet, labelled **Annexure 16**.

4.3.3 Projected cash flow, labelled **Annexure 17**.

4.4 If you are an emerging entity (i.e. new or less than a year old), please provide the following:

4.4.1 Financial statements, labelled **Annexure 15**.

4.4.2 Balance sheet, labelled **Annexure 16**.

4.4.3 Projected cash flow, labelled **Annexure 17**.

SECTION B. APPLICANT'S PROJECT PERFORMANCE TRACK RECORD

SECTION B MUST BE COMPLETED BY ALL APPLICANTS

1. PROJECTS RUN AND/OR MANAGED

1.1 Please list construction-related projects the entity has run and/or managed in the last five years.

.....

1.2 What was your entity's exact role in the projects?

.....

1.3 Please provide the full names, surnames, designations and contact details of the people your entity reported to with regards to the delivery of the projects.

.....

1.4 Please indicate the value, in rand terms, of the projects.

.....

1.5 Were all the projects completed within contractual timeframes?

.....

1.6 If some or all were not completed within contractual timeframes, please give reasons for the non-timely completion in each case.

.....

1.7 If the projects involved some skills development, please indicate the applicable learning pathways (i.e. learnership, short skills programme, apprenticeships, internships, etc.)

.....

1.8 How many learners were involved per project?

.....

1.9 How many of the learners in 1.8 above completed the training and were certificated?

.....

SECTION C. PROPOSED PROJECT

No. 1 OF THIS SECTION MUST BE COMPLETED BY APPLICANTS FOR PROJECTS ON LEARNING PATHWAYS ONLY.

No. 2 OF THIS SECTION MUST BE COMPLETED BY APPLICANTS FOR PROJECTS OTHER THAN LEARNING PATHWAYS ONLY.

NB: For this section each applicant should submit a separate application for each proposed project.

1. PROPOSED PROJECTS ON LEARNING PATHWAYS (Applicants for projects other than learning pathways are referred to 2 in this Section)

1.1 Project Details

1.1.1 What is the proposed name of the project?

.....

1.1.2 What CETA strategic objectives is the proposed project intended to address?

.....

1.1.3 Where is the proposed project going to be implemented?

.....

1.1.4 Is the area referred to in 1.1.3 above rural, peri-urban or urban?

.....

1.1.5 In which Province is the proposed project?

.....

1.1.6 What is the proposed learning pathway – (e.g. learnership, short skills programme, apprenticeship, trade testing, workplace experience, RPL, etc.)

.....

1.1.7 What will the learning pathway lead to? (e.g. full qualification certificate, degree or diploma; short skills programme certificate; professional registration; etc.)

.....

1.1.8 How long will the project take? Please indicate the number of weeks or months.

.....

1.1.9 How many learners will benefit from the project?

.....

1.1.10 How many of the learners will come from people already employed (i.e. 18.1 learners)?

.....

1.1.11 How many of the learners will come from people who are currently unemployed (i.e. 18.2 learners)?

.....

1.1.12 Indicate the proposed male/female ratio in relation to the learners.

.....

1.1.13 Indicate the targeted age group of the learners.

.....

1.1.14 Please provide a detailed exposition of how learners will be recruited.

.....

1.1.15 Please provide a detailed exposition of the exit strategy (i.e. gainful employment for the learners, if any). Please provide any relevant proof in this regard.

.....

1.1.16 Please provide a full CV of the proposed Project Manager and label it **Annexure 18**.

.....

1.1.17 If the proposed Project Manager is not the same as the contact person in 1.2.7 above, please provide the contact details of the proposed Project Manager as follows:

- Name and Surname:
- Telephone number:
- Cellphone number:
- Fax number:
- Email address:

NB:

Applicants for learnerships must complete the table below.

Applicants for short skills programmes must use the tables in the CETA Request for Project Proposals and substitute them for the table below.

Applicants for all other learning pathways must devise their own tables or equivalent and substitute them for the table below.

Proposed Learning Pathway:

Name of Qualification (if applicable):

SAQA Registration Number of Qualification (if applicable):

NOTE:

Please add more rows where necessary

All fundamental and core unit standards should be indicated with an “F” for fundamentals and “C” for core in brackets.

For all electives just write “electives” in the “relevant unit standards” column and fill in the total number of credits collectively required in the “number of credits” column.

Relevant Unit Standards	Unit Standard ID	Number of Credits
TOTAL NUMBER OF CREDITS		

1.2 Theoretical Training and Learning Aspects – Proposed Training Provider

NB: *Where the applicant and the proposed training provider are two different entities, please provide the relevant contractual agreement between the entities and label it Annexure 19.*

Where two or more training providers are proposed, information required in this part of the form must be provided in respect of each training provider.

1.2.2 Legal Status of Proposed Training Provider

1.2.2.1 What is the legally registered name of the proposed training provider?

.....

1.2.1.2 What is the trading name of the proposed training provider?

.....

1.2.1.3 Is the proposed training provider a Public Company Ltd; a Private Company (Pty) Ltd; a Close Corporation (CC); a Government/Public Institution; a Statutory Professional Body; a Sole Proprietor; a Partnership; a Trust; a Cooperative; a Voluntary Association; a Joint Venture; an NGO; or Other?

.....

1.2.1.4 If other, please specify.

.....

1.2.1.5 What is the registration number of the proposed training provider?

.....

1.2.1.6 What is the income tax registration number of the proposed training provider (Please provide proof in the form of a certified copy of an income tax registration certificate and label it **Annexure 20**).

.....

1.2.1.7 Does the proposed training provider have a valid Tax Clearance Certificate?
(Please provide proof in the form of an original copy and label it **Annexure 21**).

.....

1.2.1.8 Does the proposed training provider have a valid Tax Exemption Certificate?
(Please provide proof in the form of an original copy and label it **Annexure 22**).

.....

1.2.1.9 Please provide certified copies of the proposed training provider’s registration documents in hard copy and label them **Annexure 23**.

1.2.1.10 Does the proposed training provider have an Occupational Health and Safety Policy?

.....

1.2.1.11 If yes, please provide proof in the form of a certified copy and label it **Annexure 24**.

.....

1.2.1.12 Does the training provider have a Public Liability Insurance?

.....

1.2.1.13 If yes, please provide proof in the form of a certified copy and label it **Annexure 25.**

1.2.2 Accreditation Status of Proposed Training Provider

1.2.2.1 Is the proposed training provider currently accredited by any SETA? If yes, which SETA?

.....

1.2.2.2 If the proposed training provider is accredited by a SETA other than the Construction SETA, please provide a certified copy of relevant Extension of Scope and label it as **Annexure 26.**

1.2.2.3 If the proposed training provider is accredited, is its accreditation status full or provisional?

.....

1.2.2.4 If the proposed training provider is accredited, what is its accreditation number?

.....

1.2.2.5 From what date to what other date is the proposed training provider's accreditation valid?

.....

1.2.2.6 Please provide a certified copy of the proposed training provider's accreditation certificate and label it **Annexure 27**.

1.2.2.7 For how long has the proposed training provider been in business?

.....

1.2.3 Contact Details of the Proposed Training Provider

1.2.3.1 What is the registered physical address of the proposed training provider?
(Please provide full details)

.....

1.2.3.2 What is the postal address of the proposed training provider? (Please include postal code)

.....

1.2.3.3 What is the office telephone number of the proposed training provider?

.....

1.2.3.4 What is the fax number of the proposed training provider?

.....

1.2.3.5 What is the e-mail address of the proposed training provider?

.....

1.2.3.6 What is the website address of the proposed training provider?

.....

1.2.3.7 Who is the contact person at the proposed training provider?

.....

1.2.3.8 What is the cell phone number of the contact person in .1.2.3.7 above?

.....

1.2.3.9 What is the position of the contact person in.1.2.3.7 above?

.....

1.2.4 Ownership and Management of the Proposed Training Provider

1.2.4.1 Please indicate the size (i.e. the number of people) of the proposed training provider based on the following categories: 0 – 5; 6 – 10; 11 – 20; 21 – 50; 50+.

.....

1.2.4.2 Please list the shareholders of the proposed training provider in the form of full names, surnames and ID numbers.

.....

1.2.4.3 Please indicate the racial group under which each of the shareholders listed in 1.2.4.2 above falls, e.g. African, Coloured, Indian, Chinese, White.

.....

1.2.4.4 Please indicate whether each of the shareholders listed in 1.2.4.2 above is male or female.

.....

1.2.4.5 Please indicate whether each of the shareholders listed in 1.2.4.2 above is a person with disability or a person without disability.

.....

1.2.4.6 Please list those shareholders, in 1.2.4.2 above, who are younger than 35 years and indicate their specific individual ages.

.....

1.2.4.7 Please provide certified copies of the share certificates of each of the shareholders listed in 1.2.4.2 above and label each one of them **Annexure 28**.

1.2.4.8 Please list the directors of the proposed training provider entity in the form of full names, surnames and ID numbers.

.....

1.2.4.9 Please indicate the racial group under which each of the directors listed in 1.2.4.8 above falls, e.g. African, Coloured, Indian, Chinese, White.

.....

1.2.4.10 Please indicate whether each of the directors listed in 1.2.4.8 above is male or female.

.....

1.2.4.11 Please indicate whether each of the directors listed in 1.2.4.8 above is a person with disability or a person without disability.

.....

1.2.4.12 Please list those directors, in 1.2.4.8 above, who are younger than 35 years and indicate their specific individual ages.

.....

1.2.4.13 Please list the managers in the proposed training provider in the form of full names, surnames and ID numbers.

.....

1.2.4.14 Please indicate the specific position held by each of the managers listed in 1.2.4.13 above.

.....

1.2.4.15 Please indicate the educational qualifications of each of the managers listed in 1.2.4.13 above.

.....

1.2.4.16 Please indicate the racial group under which each of the managers listed in 1.2.4.13 above falls, e.g. African, Coloured, Indian, Chinese, White.

.....

1.2.4.17 Please indicate whether each of the managers listed in 1.2.4.13 above is male or female.

.....

1.2.4.18 Please indicate whether each of the managers listed in 1.2.4.13 above is a person with disability or a person without disability.

.....

1.2.4.19 Please list those managers, in 1.2.4.13 above, who are younger than 35 years and indicate their specific individual ages.

.....

1.2.5 Business Premises of the Proposed Training Provider (i.e. Where Office is Situated)

1.2.5.1 Are the business premises (i.e. the registered physical address) of the proposed training provider owned by the training provider, leased, or other? (Please provide documentary proof and label it **Annexure 29**).

.....

1.2.5.2 If other, please explain and provide documentary proof and label it **Annexure 30**.

1.2.5.3 Is the proposed training provider conducting its business at the registered address?

.....

If not, provide the physical address from which it conducts it and the relevant agreement pertaining to its usage of the premises. Label the agreement **Annexure 31**.

1.2.5.4 Are the business premises of the proposed training provider in a residential area, an industrial area or other? If other, please explain.

.....

1.2.5.5 If the proposed training provider conducts actual training in premises other than those referred to in 1.2.5.1 above, the relevant lease or other agreement must be provided and labelled **Annexure 32**.

1.2.5.6 Will the theoretical training pertaining to this application take place in the premises referred to in 1.2.5.1 or 1.2.5.5 above?

.....

1.2.6 Proposed Training Provider’s SETA-Related Work Experience

1.2.6.1 Please list accredited training, including the learning pathways, the proposed training provider has conducted in the last five years.

.....

1.2.6.2 Please provide the full names, surnames, designations and contact details of the people the proposed training provider reported to with regard to the training referred to in 1.2.6.1 above.

.....

1.2.6.3 Please indicate the value, in rand terms, of the training projects referred to in 1.2.6.1 above.

.....

1.2.6.4 Was the training referred to in 1.2.6.1 above completed within contractual timeframes?

.....

1.2.6.5 If some or all of the training referred to in 1.2.6.1 above was not completed within contractual timeframes, please give reasons for the non-timely completion in each case.

.....

1.2.6.6 How many learners were involved in each training project referred to in 1.2.6.1 above?

.....

1.2.6.7 How many of the learners in each of the training projects referred to in 1.2.6.1 above completed the training and were certificated?

.....

1.2.7 Financial Status of the Proposed Training Provider

1.2.7.1 Is the proposed training provider solvent?

.....

1.2.7.2 If yes, please provide evidence or proof in the form of a letter or other from a registered accountant and label it **Annexure 33**.

.....

1.2.7.3 If the proposed training provider has been in existence for a year or more, please provide the following:

1.2.7.3.1 Certified copy of audited financial statements, labelled **Annexure 34**.

1.2.7.3.2 Certified copy of balance sheet, labelled **Annexure 35**.

1.2.7.3.3 Projected cash flow, labelled **Annexure 36**.

1.2.7.4 If the proposed training provider is an emerging entity (i.e. new or less than a year old), please provide the following:

1.2.7.4.1 Financial statements, labelled **Annexure 34**.

1.2.7.4.2 Balance sheet, labelled **Annexure 35**.

1.2.7.4.3 Projected cash flow, labelled **Annexure 36**.

1.2.8 Relevant Human Resources of the Proposed Training Provider

1.2.8.1 Please provide a list and CVs of the proposed facilitators. Each CV should be labelled **Annexure 37**.

1.2.8.2 Please provide the full names and registration details of the proposed assessors. Please provide the CV of each assessor and label it **Annexure 38**.

1.2.8.3 Please provide the full names and registration details of the proposed internal moderators. Please provide the CV of each internal moderator and label it **Annexure 39**.

1.2.8.4 Please provide the relevant contractual agreements the proposed training provider has with the proposed facilitators, assessors and internal moderators. Each contractual agreement should be labelled **Annexure 40**.

1.3 Practical and Experiential Training and Learning Aspects – Proposed Workplace

1.3.1 Please provide the physical address of the proposed workplace.

.....

1.3.2 Please indicate the specific experiential work the learners will undertake.

.....

1.3.3 If the proposed workplace relates to a construction contract, please provide the relevant agreement between your entity and the entity with which you have entered into that contract. The agreement should be labelled **Annexure 41**.

1.3.4 Please provide the full names, CV and certified copies of the qualifications of the proposed mentor/s. Each CV should be labelled **Annexure 42**.

1.4 Financial Aspects

Applicants for proposed projects on learning pathways must provide a detailed budget inclusive of the following categories and label it **Annexure 43**:

- Learner stipends (if applicable) (indicate amount per learner per month)
- Learning materials
- Facilitators (indicate amount per facilitator per month)
- Assessors (indicate amount per assessor per month)
- Internal moderators (indicate amount per internal moderator per month)
- Workplace mentors (indicate amount per workplace mentor per month)
- Tools (provide a detailed breakdown)
- Protective clothing (provide a detailed breakdown)
- Other (please specify)

2. PROJECT PROPOSAL FOR PROPOSED PROJECTS OTHER THAN LEARNING PATHWAYS (Not to be completed by applicants for Learning Pathways)

Applicants for projects other than learning pathways must complete the following in respect of their proposed projects:

Proposed Name of the Project

.....

Project Rationale and Objectives

.....

Project Beneficiaries and Roleplayers

.....

Project Deliverables, Activities and Implementation Plan (incl. timeframes)

.....

Project Results

.....

Project Risks, Constraints and their Mitigation

.....

Other Matters

Detailed Project Budget:

SECTION D: APPLICANT'S BANKING DETAILS AND RELEVANT DECLARATIONS

SECTION D MUST BE COMPLETED BY ALL APPLICANTS

1. BANKING DETAILS

Please complete the following and, as proof, submit an original stamped letter from your bank confirming the existence of your banking account. The letter must be labelled Annexure 44.

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

2. DECLARATION OF INTEREST

Any legal person, including persons having a relationship or kinship, including a blood relationship, with persons employed by the CETA (including Board Members), may make an offer or offers in terms of any proposals requested or invited by the CETA and for which this project proposal form needs to be completed.

In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons employed by

the CETA, it is required that the following person/s or entities declare their position in relation to people employed by the CETA:

- Bidder/s' representative
- Bidder/s' shareholder/s
- Bidder/s' director/s
- Bidder/s' management staff
- Shareholder/s of other entities associated with the bid
- Director/s of other entities associated with the bid
- Management staff of other entities associated with the bid

In order to give effect to the above, the following questionnaire must be completed by each of the above people. Hard copies thereof must be submitted, with each one labelled **Annexure 45**.



ANNEXURE 45

DECLARATION OF INTEREST QUESTIONNAIRE

1. Please write your full names and surname (as reflected in your ID):

.....

2. Please write your ID Number:

.....

3. Please complete the following questionnaire:

Name of Applicant or Person Connected with the Proposal	Position in Bidding Entity or Proposed Role in the Proposed Project (e.g. Training Provider)	ID No	Personal Tax Reference Number	Name of Relevant CETA Staff or Board Member with which the Applicant or Other Person Connected with the Proposal has a Relationship	Nature of Relationship with CETA Staff or Board Member

4. Are you presently employed by the state or any other public institution, including SETAs – Yes or No?

.....

NB: "State or any other public institution" means –

- *Any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);*
- *Any municipality or municipal entity;*
- *Provincial legislature;*
- *National Assembly or the National Council of Provinces; or*
- *Parliament.*

4.1 If so, furnish the following particulars:

4.1.1 Name of state or other public institution at which you are employed:

.....

4.1.2 Position occupied in the state or other public institution:

.....

4.1.3 If you are presently employed by the state or other public institution, did you obtain the appropriate authority to undertake remunerative work outside your employment – Yes or No?

.....

4.1.4 If yes, please provide proof of such authority and label it **Annexure 46**.

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid).

4.1.5 If no, furnish reasons for non-submission of such proof:

.....
.....
.....

5. Did you or your spouse conduct business with the state in the previous twelve months?

5.1 If so, furnish particulars:

.....
.....
.....

5.2 Do you have any interest in any other related companies whether or not they are bidding for this contract?

5.2.1 If so, furnish particulars:

.....
.....
.....

6. Declaration

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS ABOVE IS CORRECT.

I ACCEPT THAT THE CETA MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....

Signature

.....

Date

.....

Position

.....

Name of bidder

3. APPLICANT'S DECLARATION (TO BE SIGNED BY THE BIDDER AND THE RELEVANT TRADE UNION).

NB: A hard copy of this declaration must be submitted together with the application.

I/We the undersigned hereby declare and certify that:

- The information provided in this application is factually correct in all material respects.
- I/We are duly authorized to sign this application on behalf of the applicant/s.
- As (a) levy-paying entity (entities) we are up to date with our levy payments. Please write N/A if not applicable.
- This application is supported by both management and employees of the applicant/s (Trade union or employee representative to sign).

Applicant/s' Representative:

Full Name: _____

Designation: _____

Signature: _____ Date: _____

Employee Representative:

Full Name: _____

Position in Union: _____

Signature: _____ Date: _____