

# PROCUREMENT HANDBOOK



**east london idz**  
business streamlined



# BUSINESS STREAMLINED

The East London Industrial Development Zone SOC Ltd is the operator of the East London Industrial Development Zone (ELIDZ), a multi-million-rand infrastructure and bulk services development initiative by the Department of Trade and Industry (DTI) to attract export oriented investment into the city. The zone is located on the West Bank of East London, adjacent to the existing port and airport.

## VISION

World class Operator of a prestigious industrial complex where highly competitive organisations thrive on streamlined business benefits and stimulate sustainable regional economic growth.

## MISSION

To provide investor solutions and to attract and develop strategic industries that strengthen South Africa's global competitiveness through the development and operation of a thriving, specialized industrial complex.

The ELIDZ pursues its mission through the setting of programmes of action which seek to ensure the creation and delivery of:

- A suitable location for the establishment of strategic investments;
- Promotion and development of productive links between domestic and zone-based industries, to optimize use of existing infrastructure, generation of employment and creation of technology transfers; and
- Enablement of the beneficiation of local resources by resource-seeking industries.

The organization maintains four broad programmes in addressing these objectives. These are:

- Institutional Development and Corporate Administration;
- Zone Development (Infrastructure and Operations);
- Business Development and Investment Promotion; and
- Zone Management and Investor Servicing.

## ELIDZ VALUES AND BELIEFS

- We exceed customer expectations and display passion for delivering exceptional service.
- We embrace a challenging style that encourages creativity, free thought and calculated risk-taking in pursuit of ever-higher goals.
- As a team, which values each person's worth and dignity, we learn from each other and from our experiences.
- We accept responsibility with consequences and commit to fair application of the ELIDZ policies, without abuse or manipulation.
- We display transparency in the way we work, and communicate with honesty and integrity in all our relationships.
- We capitalize on diversity and co-operation across departmental boundaries and throughout the company, with our customers and our suppliers.
- We are committed to establishing benchmarked quality in everything we do.

## PROCUREMENT

The ELIDZ has established a procurement system with processes that are fair, transparent, equitable and cost-effective. We regard our suppliers as business partners. Service Providers' days shall be held to share information, discuss policy issues and address supplier concerns as a way of building win-win sustainable business relations.

The ELIDZ procurement policy assigned preference to transactions with Local Business (Buffalo City – Eastern Cape – South Africa), Small Businesses and Businesses that are contributing to Broad Based Black Economic Empowerment (BBBEE). Our procurement policy and strategic procurement targets for SMMEs and BEE demonstrate a commitment to socio-economic transformation.

## RATIONALE FOR EMPOWERMENT

- Economic advancement.
- Higher growth path is not possible without broad based empowerment.
- Skills, low levels of entrepreneurship and low income are major constraints to economic growth.
- Human and social dimension are important given historical legacy.

# REGISTRATION OF INTEREST TO PROVIDE GOODS AND SERVICES

By completing and submitting this form you hereby grant permission to the ELIDZ SOC Ltd to capture this data as part of its vendor database profile. Completion of this form does not in any way guarantee any contracts whatsoever, but said information will be included on the ELIDZ SOC Ltd vendor database.

## A. BUSINESS DETAILS

|                                                                                 |                              |                             |                                               |
|---------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------------|
| Registered Business Name                                                        | <input type="text"/>         |                             |                                               |
| Trading Name                                                                    | <input type="text"/>         |                             |                                               |
| Location                                                                        | <input type="text"/>         |                             |                                               |
| Subsidiary                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Holding Co. Name <input type="text"/> |
| Central Supplier Database (CSD) Registration number (MAAA Registration number): | <input type="text"/>         |                             |                                               |

## B. ADDRESS

### PHYSICAL

|                         |                      |             |                      |
|-------------------------|----------------------|-------------|----------------------|
| Building / Complex Name | <input type="text"/> | City / Town | <input type="text"/> |
| Street Name & Number    | <input type="text"/> | Province    | <input type="text"/> |
| Suburb                  | <input type="text"/> | Country     | <input type="text"/> |
|                         | <input type="text"/> | Postal Code | <input type="text"/> |

### POSTAL

|                    |                      |             |                      |
|--------------------|----------------------|-------------|----------------------|
| P.O. Box / Pvt Bag | <input type="text"/> | Province    | <input type="text"/> |
| City / Town        | <input type="text"/> | Country     | <input type="text"/> |
|                    | <input type="text"/> | Postal Code | <input type="text"/> |

## C. CONTACT DETAILS

### COMPANY DETAILS

|           |                      |
|-----------|----------------------|
| Area Code | <input type="text"/> |
| Telephone | <input type="text"/> |
| Facsimile | <input type="text"/> |
| Website   | <input type="text"/> |
| Email     | <input type="text"/> |

### CONTACT PERSONS DETAILS

|            |                      |
|------------|----------------------|
| First Name | <input type="text"/> |
| Surname    | <input type="text"/> |
| Position   | <input type="text"/> |
| Area Code  | <input type="text"/> |
| Telephone  | <input type="text"/> |
| Facsimile  | <input type="text"/> |
| Email      | <input type="text"/> |
| Cellular   | <input type="text"/> |

## D. BUSINESS OVERVIEW

|                                           |                                      |                                      |                                            |                              |                                    |                                |
|-------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------------|------------------------------|------------------------------------|--------------------------------|
| Type of Company:                          | <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Partnership | <input type="checkbox"/> Close Corporation | <input type="checkbox"/> Ltd | <input type="checkbox"/> (Pty) Ltd | <input type="checkbox"/> Other |
| If other (please specify)                 | <input type="text"/>                 |                                      |                                            |                              |                                    |                                |
| Main Industry of Business                 | <input type="text"/>                 |                                      |                                            |                              |                                    |                                |
| Type of Industry                          | <input type="text"/>                 |                                      |                                            |                              |                                    |                                |
| Professional Membership Details           | <input type="text"/>                 |                                      |                                            |                              |                                    |                                |
| (Organisations of which you are a member) | <input type="text"/>                 |                                      |                                            |                              |                                    |                                |

Please provide details of the services or products you offer

|    |
|----|
| 1. |
| 2. |
| 3. |

|                                      |                     |
|--------------------------------------|---------------------|
| Vat Registration No. (if applicable) |                     |
| Business Registration No. / ID No.   |                     |
| SARS Tax Registration No.            |                     |
| UIF Registration No.                 |                     |
| Skills Levy Registration No.         |                     |
| No. of Branches                      | No. of Subsidiaries |

**E. BACKGROUND**

|                                                           |  |               |  |
|-----------------------------------------------------------|--|---------------|--|
| Date of Establishment                                     |  |               |  |
| No. of active business years in Buffalo City Municipality |  | Eastern Cape  |  |
| No. of active business years in RSA                       |  | International |  |
| Main services performed in the last 5 years (please list) |  |               |  |
| 1.                                                        |  |               |  |
| 2.                                                        |  |               |  |
| 3.                                                        |  |               |  |

**F. REFERENCES**

| Name of Client | Contact Person | Contact Number |
|----------------|----------------|----------------|
|                |                |                |
|                |                |                |
|                |                |                |

| Joint Venture Partners (if applicable) | Joint Venture Contact Person | Joint Venture Contact Number |
|----------------------------------------|------------------------------|------------------------------|
|                                        |                              |                              |
|                                        |                              |                              |
|                                        |                              |                              |

**G. DECLARATION**

I understand that should my business be awarded a contract, the said contract offered will be subject to the information given on this form being correct.

Any misrepresentation of facts may lead to disqualifications. Should such misrepresentation be uncovered after commencement of contracted work, the ELIDZ reserves the right to terminate the contract and recover all payments made to the business.

Full Name:  Initials:

Please tick box to confirm that you have fully understood and agree with the above statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BROAD BASED BLACK ECONOMIC EMPOWERMENT (BBEE) STATUS

ELIDZ is committed to social transformation. The company targets SMMEs & BEE enterprises when procuring services and products from vendors. This is done in line with the Preferential Procurement Policy Framework Act (5 of 2000) and its regulations as aligned to the Broad-based Black Economic Empowerment Act (53 of 2003), as amended.

## Definition of Terms

### Black People: Means African, Coloured, Indian or Chinese persons who are natural persons and

- Are citizens of the Republic of South Africa by birth or descent; or
- Are citizens of the Republic of South Africa by naturalization before the commencement date of the Constitution of the Republic of South Africa Act of 1993; or
- Became citizens of the Republic of South Africa after the commencement date of the Constitution of the Republic of South Africa Act of 1993, but who, for the Apartheid policy that had been in place prior to that date, would have been entitled to acquire citizenship by naturalization prior to that date.

### Broad Based Black Economic Empowerment: this means the economic empowerment of all black people through diverse but integrated socio-economic strategies that include:

- Increase the number of black people that manage, own and control enterprises and productive assets;
- Facilitating ownership & management of enterprises & productive assets by communities, workers, cooperatives & other collective enterprises;
- Human resources and skills development; achieving equitable representation in all occupational categories and levels in the workshop;
- Preferential procurement; and
- Investment in enterprises that are owned or managed by black people

**Disability:** The definition of persons with disabilities as contained in the employment act is used. It means employees who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment. The total number of employees with disabilities (irrespective of race or gender) is expressed as a percentage of the total number of employees (irrespective of race or gender) in all levels of the organisation.

## B-BBEE Rating

Please tick next to your B-BBEE Level and attach your accredited B-BBEE certificate

| Criteria & BBBEE Rating             | Please Tick              |
|-------------------------------------|--------------------------|
| Level 1 contributor: 100% and above | <input type="checkbox"/> |
| Level 2 contributor: 85 – 100%      | <input type="checkbox"/> |
| Level 3 contributor: 75 - 85%       | <input type="checkbox"/> |
| Level 4 contributor: 65 - 75%       | <input type="checkbox"/> |
| Level 5 contributor: 55 - 65%       | <input type="checkbox"/> |
| Level 6 contributor: 45 - 55%       | <input type="checkbox"/> |
| Level 7 contributor: 40 - 45%       | <input type="checkbox"/> |
| Level 8 contributor: 30 - 40%       | <input type="checkbox"/> |
| Non-Compliant                       | <input type="checkbox"/> |

Companies with annual turnover less than R10 million to submit an account or SARS letter confirming turnover.

## Turnover

State company latest annual turnover

## Additional Information

1.1.1 Ownership held by black shareholders

(% of total shares)

1.1.2 Ownership held by black female shareholders

(% of total shares)

# DISCLOSURE OF INTEREST

## Conflict of interest includes:

- Direct or indirect ownership by ELIDZ employees or members of the board and its committees, their spouses or immediate family in a contractor or supplier (service provider) which is, or intends to do business with the ELIDZ;
- The ELIDZ employees or members of the board and its committees, their spouses or immediate family serving as an officer, director, employee, committee member, agent, representative or consultant, to any current supplier or to any other organization that does business with ELIDZ;
- ELIDZ employees or members of the board and its committees, their spouses or immediate family receiving fees, commissions or other compensations from suppliers or service providers; and
- ELIDZ employees or members of the board and its committees, their spouses or immediate family, receiving gifts, hospitalities, entertainment or other courtesies from suppliers or potential suppliers;
- Amounts received by the ELIDZ employees or members of the board and its committees, their spouses or immediate family that are more than R1000 in the form of fees, donations, gifts, must be disclosed.

## DISCLOSURE FORM:

Are any of the directors / members / shareholders of the company employed by a State / Public Entity or Municipality?

No  Yes  (if yes, complete the following)

| Name of Person | Position Occupied | Entity Name |
|----------------|-------------------|-------------|
|                |                   |             |
|                |                   |             |
|                |                   |             |

Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the East London IDZ and who may be involved with the evaluation and or adjudication?

No  Yes  (if yes, complete the following)

| Name of Person | Position Occupied | Nature of Relationship |
|----------------|-------------------|------------------------|
|                |                   |                        |
|                |                   |                        |
|                |                   |                        |

Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between the bidder and any person employed by the East London IDZ who may be involved with the evaluation and or adjudication?

No  Yes  (if yes, complete the following)

| Name of Person | Position Occupied | Nature of Relationship |
|----------------|-------------------|------------------------|
|                |                   |                        |
|                |                   |                        |
|                |                   |                        |

Do ELIDZ members of the board or board committees, employees, their spouses or immediate family have any direct / indirect interest in your company?

No  Yes  (if yes, complete the following)

| Name of Person | Nature of Relationship | Extent of Financial Interest |
|----------------|------------------------|------------------------------|
|                |                        |                              |
|                |                        |                              |
|                |                        |                              |

Do ELIDZ members of the board, committees, employees, their spouses or immediate family currently serve as an officer, director, partner, employee, committee member, agent, representative, or consultant to your company?

No  Yes  (if yes, complete the following)

| Name of Person | Current Position | No. of Years | Remuneration Received |
|----------------|------------------|--------------|-----------------------|
|                |                  |              |                       |
|                |                  |              |                       |
|                |                  |              |                       |

Have ELIDZ members of the board, committees, employees, their spouses or immediate family received any fees, commissions or other compensations from your company within the last year?

No  Yes  (if yes, complete the following)

| Name of Person | Nature of Benefit | Approximate Value |
|----------------|-------------------|-------------------|
|                |                   |                   |
|                |                   |                   |
|                |                   |                   |

Have ELIDZ members of the board, committees, employees, their spouses or immediate family received any sponsorship from your company within the last year?

No  Yes  (if yes, complete the following)

| Source of Assistance / Sponsorship | Description of Assistance / Sponsorship | Value of Assistance / Sponsorship |
|------------------------------------|-----------------------------------------|-----------------------------------|
|                                    |                                         |                                   |
|                                    |                                         |                                   |
|                                    |                                         |                                   |

Have ELIDZ members of the board, committees, employees, their spouses or immediate family received any gifts, hospitalities, entertainment or any other such gratuities from your company within the last year?

No  Yes  (if yes, complete the following)

| Name of Person | Type of Gratuity | Approximate Value |
|----------------|------------------|-------------------|
|                |                  |                   |
|                |                  |                   |
|                |                  |                   |

I \_\_\_\_\_ understand that should my business be awarded a contract, said contract offered, will be subject to the information given on this form being correct.

Failure to disclose Conflict of interest information amounts to misrepresentation. Should any misrepresentation be uncovered after commencement of contracted work, the ELIDZ reserves the right to terminate the contract and recover all payments made to the business.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BBBEE CLASSIFICATION FORM

This Guide is intended to assist Accounting Officers and Accounting Authorities with the implementation of the Preferential Procurement Regulations, 2017 issued in terms of section 5 of the Preferential Procurement Policy Framework Act, Act Number 5 of 2000 (PPPFA).

**Name of Company**

**Company Registration Number**

**CSD Registration Number**

**BBBEE Level:**

**Black Ownership:**

%

**Black Women Ownership:**

%

**Black Youth Ownership:**

%

**Military Veteran Ownership:**

%

**People with Disabilities:**

%

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**Declaration:**

I, the undersigned (full name) \_\_\_\_\_ certify that the information furnished on this declaration form is true and correct.

I accept that, in addition to cancellation of a contract, action may be taken against me should this declaration prove to be false.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Name of Bidder:** \_\_\_\_\_



# CHECKLIST

Please submit the following documents as an attachment to this handbook

| Documents Required |                                                                          | Please tick |
|--------------------|--------------------------------------------------------------------------|-------------|
| 1.                 | Certified Copies of ID (owner / manager)                                 |             |
| 2.                 | Business Profile                                                         |             |
| 3.                 | Accredited B-BBEE or Certified copy of original                          |             |
| 4.                 | Valid TAX Clearance Certificate                                          |             |
| 5.                 | Company Registration Documents                                           |             |
| 6.                 | Letter from an Accountant confirming Annual Turnover for EMES            |             |
| 7.                 | EMES - Sworn Affidavit confirming B-BEE management split of company      |             |
| 8.                 | Banking details - Bank letter and company letter stating banking details |             |
| 9.                 | Central Supplier Database (CSD) registration summary report              |             |



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