



## **KWAZULU-NATAL PROVINCE**

**PUBLIC WORKS**  
REPUBLIC OF SOUTH AFRICA

### **ADVERTISEMENT OF FURNITURE MANUFACTURERS TO PARTICIPATE IN THE DEPARTMENT OF PUBLIC WORKS INCUBATION PROGRAMME**

The Department of Public Works subscribes to the principles of Radical Socio Economic Transformation. As part of departments contribution we will be implementing an Incubation Programme which is intended to benefit small and emerging enterprises.

Applications are invited from qualified and suitable beneficiaries to be included in the Departmental Incubation programme database within the KZN Province.

To benefit from this programme an applicant should be a bona fide Furniture Manufacturer already operating at a small scale or at their backyard.

The Department of Public Works hereby extend an invitation to all interested Emerging Furniture manufacturers for commercial use to submit applications to participate in the Incubation programme. Incubation involves trainings and skills development as a short-term intervention. Provision of business space, mentorship and access to markets as medium to long-term intervention.

Designated groups (Youth, Women, People with Disabilities and Military veterans) are encouraged to apply.

#### **THE FOLLOWING ARE REQUIREMENTS FOR INCLUSION ON THE DATABASE:**

- Application form obtainable on the Departmental website
- Well defined Company profile, experience, including pictures of your work, future orders and a letter of commitment that there is willingness to grow the business.
- Woodwork/Furniture manufacturing or production experience
- Certified Valid Copy of ID of owner (or shareholders if applicable)
- Certified proof of Business Address (Electricity bill/letter from Traditional Council)
- Confirmation that the business is an EME(exempted Micro Enterprise) Letter from accountant.
- Proof that the Entity has been in operation for a minimum period of 18 months and employs a minimum of 2 persons.
- Confirmation that the entity is not in receipt of any grant or funding from any other Government agency.
  
- Proof of Disability (where applicable)
- Proof of Military Force number (where applicable)

**VERY IMPORTANT:**

- The advert will be open to all emerging furniture manufacturers with emphasis on Youth, Women, People with Disabilities and Military Veterans Beneficiaries.
- The department will evaluate all applications received to determine responsiveness
- Information submitted will go through due diligence and site visits may be conducted should the due diligence necessitate this.
- The successful applicants will be integrated in the Department of Public Works incubation programme database, for a duration of 3 years.
- The incubation programme will be implemented in phases which will communicated to to the successful applicants
- Failure to produce any of the required documents will result in your company being disqualified from the programme.

Beneficiaries are therefore requested to drop their **APPLICATIONS** at the 191 Prince Alfred Street, Pietermaritzburg 3200 attention: Delisile Mncube, Director: Youth Women and People with Disabilities not later than Friday 20 November 2020.

#### **SCM ENQUIRIES: All Regional Offices and Head Office**

| <b>Name of Official</b> | <b>Office</b>       | <b>e-mail address</b>            | <b>Phone number</b> |
|-------------------------|---------------------|----------------------------------|---------------------|
| 1. North Coast Region   | Mr Mandla Nkosi     | mandla.nkosi@kznworks.gov.za     | 035 – 874 3317      |
| 2. Southern Region      | Mr Sifiso Buthelezi | sifiso.buthelezi@kznworks.gov.za | 033 - 897 1300      |
| 3. EThekweni Region     | Mr Njabulo Miya     | njabulo.miya@kznworks.gov.za     | 033 - 203 2231      |
| 4. Midlands Region      | Ms Gugu Mthethwa    | gugu.mthethwa@kznworks.gov.za    | 036 - 638 8275      |
| 5. Head Office          | Mr Sipho Hlengwa    | Sipho.hlengwa@kznworks.gov.za    | 033 – 260 3765      |

Application forms detailing all registration requirements can be downloaded on [www.kznworks.gov.za](http://www.kznworks.gov.za) under CONTRACTOR, and also are available for collection at the following offices (during working hours 07h30 to 15h45.)

**Closing Time and Date: 20 November 2020**

#### **ADVERTISEMENT**

**The above requested service will be advertised in the following media:**

- **The Departmental Notice Board**
- **Government Tender Bulletin**
- **The Mercury**
- **Isolezwe**



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REPUBLIC OF SOUTH AFRICA

### FURNITURE MANUFACTURERS INCUBATION PROGRAMME

**NO FAXED OR EMAILED COPIES WILL BE ACCEPTED**

|                         |                |           |
|-------------------------|----------------|-----------|
| SUPPLIER NAME           |                |           |
| REGISTRATION<br>NUMBER  |                |           |
| FOR OFFICIAL USE (ONLY) |                |           |
| CAPTURED BY             | Name & Surname | Signature |
| APPROVED BY             | Name & Surname | Signature |

## KWAZULU NATAL DEPARTMENT OF PUBLIC WORKS

### FURNITURE MANUFACTURERS INCUBATION PROGRAMME CHECKLIST

| THE FOLLOWING DOCUMENTS MUST BE ATTACHED   | Y | N | N/A | OFFICE USE |
|--|---|---|-----|------------|
| ▪ Application form   |   |   |     |            |
| ▪ Well defined Company profile with pictures of work                                     |   |   |     |            |
| ▪ Certified Valid Copy of ID of owner (or shareholder if applicable)                     |   |   |     |            |
| ▪ Certified proof of Business Address (Electricity bill/letter from Traditional Council) |   |   |     |            |
| ▪ Proof of Disability (where applicable)   |   |   |     |            |
| ▪ Proof of Military Force number (where applicable)                                      |   |   |     |            |
| ▪ Completed declaration forms (SBD 4, SBD 8, and SBD 9)                                  |   |   |     |            |

#### VERY IMPORTANT:

- The advert will be open to all contractors with emphasis on Youth, Women, People with Disabilities and Military Veterans Beneficiaries will be admitted.
- Verify the information submitted
- Conduct a detailed risk assessment on all applications received
- The beneficiaries can **only belong** to one District where the company is based.
- The successful applicants will be integrated in the Department of Public Works incubation database, for a duration of 3 years.
- Only Military Veterans who are registered on the National Military Veteran's database will be admitted.
- Only Beneficiaries who submit the proof of permanent disability from the registered medical practitioner will be admitted under the people with disabilities category.
- Failure to produce any of the statutory documents will result in your company being disqualified from the programme.

**Failure to conform to the above requirements will lead to elimination.**

### ADMISSION REQUIREMENTS

- Application form
- Well defined Company profile with pictures of your work
- Woodwork/Furniture manufacturing or production experience
- Certified Valid Copy of ID of owner (shareholder if applicable)
- Certified proof of Business Address (Electricity bill/letter from Traditional Council)
- Proof of Disability (where applicable)
- Proof of Military Force number (where applicable)
- Completed declaration forms (SBD 4, SBD 8, and SBD 9)

### FOR OFFICIAL USE (ONLY)

I acknowledge that this form has been checked by me, and that all the required information and documents have been furnished accordingly

**Name**

**Surname**

**Signature**

**Date**

## SECTION A: INTRODUCTION, GUIDELINE & KEY POINTS TO REMEMBER

1. ALL BENEFICIARIES ARE ADVISED THAT ONLY ORIGINAL DPW FURNITURE MANUFACTURERS INCUBATION PROGRAMME FORM WILL BE PROCESSED. ANY DOCUMENT THAT HAS BEEN RETYPED OR REDRAFTED WILL BE DISREGARDED AND RETURNED TO APPLICANT.
2. IT IS IMPERATIVE THAT ALL SUPPORTING DOCUMENTS WITH AN ORIGINAL SIGNATURE BE SUBMITTED.
3. APPLICATIONS WITH COPIED SIGNATURES WILL NOT BE CONSIDERED.
4. BENEFICIARIES PROVIDING INCORRECT INFORMATION OR FRAUDULENT INFORMATION IN THEIR FORMS WILL BE DISQUALIFIED .
5. ANY ALTERATIONS MADE BY THE BENEFICIARIES, TO ITS OWN INFORMATION INSERTED ON THIS DOCUMENT MUST BE INITIALED BY THE APPLICANT.
6. THE DEPARTMENT WILL ONLY ADMIT MILITARY VETERANS WHO ARE REGISTERED ON THE NATIONAL MILITARY VETERANS DATABASE.
7. THE DEPARTMENT WILL ONLY ADMIT PEOPLE WITH DISABILITY WHO PROVIDE THE PROOF OF DISABILITY.
8. IT IS THE BENEFICIARIES RESPONSIBILITY TO ENSURE THAT THE DEPARTMENT HAS THE CORRECT AND VALID INFORMATION AT ALL TIMES

## DEPARTMENT OF PUBLIC WORKS: DISTRICT MUNICIPALITIES (Choose One)

|  |
|--|
| <b>MIDLANDS REGION – MUNICIPALITIES</b>    |
| UThukela District Municipality             |
| UMzinyathi District Municipality           |
| Amajuba District Municipality              |
| <b>NORTH COAST REGION – MUNICIPALITIES</b> |
| Zululand District Municipality             |
| UThungulu District Municipality            |
| UMkhanyakude District Municipality         |
| <b>SOUTHERN REGION – MUNICIPALITIES</b>    |
| UMgungundlovu District Municipality        |
| Harry Gwala District Municipality          |
| UGU District Municipality                  |
| <b>ETHEKWINI REGION – MUNICIPALITIES</b>   |
| EThekweni District Municipality            |
| ILembe District Municipality               |

## SECTION B: COMPANY INFORMATION

| 1. Business Particulars**   |                                     |                           |
|---|-------------------------------------|---------------------------|
| Name of Business as per CIPC  |                                     |                           |
| Trading As  |                                     |                           |
| Registration Number   |                                     |                           |
| Type of Business  | One Person Business/Sole Proprietor | Partnership               |
|   | Close Corporation                   | Private Company (Pty) Ltd |
|   | Other (Specify)                     |                           |
| Physical Address of where the company is based. (This will be used to allocate the contractor a District Forum). Attach the proof of address. |                                     |                           |
| Building  |                                     |                           |
| Street Name   |                                     |                           |
| Town/Local Municipality   |                                     |                           |
| District Municipality<br>(Choose one on DPW District Municipality on page 3)  |                                     |                           |
| Ward Number   |                                     |                           |
| Region DPWP as per map attached   |                                     |                           |
| Province  |                                     | Postal Code:              |
| Postal Address of the company   |                                     |                           |
| Postal Address  |                                     | Postal Code:              |
| Telephone Number  |                                     | Fax Number:               |
| Email Address   |                                     |                           |
| Cellular Phone Number   |                                     | Alternate Number:         |

| Contact Person  |                      |             |
|---|----------------------|-------------|
| Initials  |                      | First Name: |
| Surname   |                      | Position:   |
| Preferred Method of Correspondence  | Post<br>SMS<br>Email | Language:   |
| 2. A brief on the Woodwork/Furniture manufacturing or production experience |                      |             |
|   |                      |             |



**GUIDELINES AND VERIFICATION OF INFORMATION**

This form is specifically designed for the registration of emerging beneficiaries on the **FURNITURE MANUFACTURERS INCUBATION PROGRAMME** of the Department of Public Works KZN. In order to ensure that the information supplied is legitimate, it is imperative that the guidelines stated herein are adhered to and that the information supplied is warranted as true before the **COMMISSIONER OF OATH**



**DECLARATION/AFFIDAVIT:**

**I/WE THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE BUSINESS/COMPANY, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT (ECDP APPLICATION FORM) INCLUDING SUPPORTING DOCUMENTATION, EITHER AS PROOF OR ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE.**

Beneficiaries providing incomplete and incorrect (fraudulently or otherwise) information will be disqualified from the registration and the Department of Public Works KZN reserves the right to take legal action against such a company (as registered entity or the undersigned as a legal entity) for any financial prejudice that the Department may suffer as a result of that action.

Only documents with an ORIGINAL signature must be submitted AND all changes made in this form must be initialed.

**SIGNED ON THIS .....DAY OF .....20.....IN.....**

**BEFORE THE COMMISSIONER OF OATHS**

.....  
**SIGNATURE OF THE AUTHORISED REPRESENTATIVE**

**PUBLIC WORKS FURNITURE MANUFACTURERS INCUBATION PROGRAMME**

|  |                   |
|--|-------------------|
| Signed and affirmed to, before me at, ..... On this ..... day of ..... 200...  |                   |
| by the deponent who has acknowledged the he/she knows and understands, the contents of this documents, and he/she has acknowledged that he/she has no to affirming, that he/she regards the affirmation to be binding on his/her conscience. |                   |
| .....  | Address:.....     |
| Commissioner: Name and Signature   | Capacity and Area |

FULL NAME AND  
SURNAME IN  
BLOCK LETTERS

|                            |                       |
|----------------------------|-----------------------|
| DESIGNATION/TITLE/POSITION | COMPANY/BUSINESS NAME |
|----------------------------|-----------------------|