



Department of Works

SUPPLY CHAIN MANAGEMENT (SCM) INFORMATION ON THE EQUITY OWNERSHIP OF A COMPANY

All Consultant / Contractor / Supplier and other beneficiary firms (excl Municipalities & Lessors) must complete this form in order to report on the Equity Ownership of their company. This document must accompany the Beneficiary Registration Form and Financial Detail Certificate

Name of Company / Firm	
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SECTION "A" - EQUITY OWNERSHIP DETAILS OF THE COMPANY / FIRM

DESCRIPTION	MEN				WOMEN			
Equity ownership by Black persons	No:		=	%	No:		=	%
Equity ownership by Asian persons	No:		=	%	No:		=	%
Equity ownership by Coloured persons	No:		=	%	No:		=	%
Equity ownership by White persons	No:		=	%	No:		=	%

TOTAL Equity ownership by HDI's - excluding White Men (System Calculated)	<input checked="" type="checkbox"/> %
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ARE ANY OF THE MEN OR WOMEN (ALL RACES) IN SECTION "A" ABOVE

Youths, 18 to 35 years old (both Men and Women)	No:		=		%					
Disabled persons (both Men and Women)	No:		=		%					
TOTAL Equity ownership by Youths and Disabled Persons (System Calculated)	X				%					
Equity ownership by Co-operative persons	No:		=		%	No:		=		%

TOTAL Equity ownership by Co-operatives both Men and Women (System Calculated)	<input checked="" type="checkbox"/> %
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Outsourced / subcontracted business to small business of annual turnover (if applicable)	<input type="checkbox"/> %
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Local content of final product in relation to the bid price (if applicable)	<input type="checkbox"/> %
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SECTION "B" - CERTIFICATION

I, hereby certify that the information supplied in Section "A" above is true and correct -

Initials & Surname		Position held in Company / Firm	
Signed		Date	

SECTION "C" - RETURN ADDRESS

KZN Department of Works
Attention: WIMS Administration
Private Bag X9041
PIETERMARITZBURG
3200

Tel: (033) 3555523 / 3555485 / 3555602
Fax: (033) 3555459

FOR OFFICE USE ONLY

WIMS Beneficiary Code	
Captured by	
Date	