Wits Vendor Onboarding Suppliers Tutorial



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Suppliers Tutorial

Introduction

The Supplier Onboarding system is an online system that will enable Suppliers to apply for registration online.

The purpose of this document is to guide / assist the Suppliers through the Onboarding process. Note this should be read with the email that is sent to you displaying the unique link to log into the system.

Please be aware that the success of this application is subject to further vetting and approval. You will be notified of the outcome once the application has been fully reviewed. This is an online application and the relevant links are displayed in an email that has been sent to you.

Link to website

The Supplier will be provided with a unique link to the system.

By Clicking on the link, you will be directed to the Wits University Supplier Onboarding System. Please note: All fields marked with the red Asterisk (*) are compulsory fields and must be completed in order to complete the process successfully.

Compatibility View

If you are using internet explorer as a browser, please check the following. Go into internet explorer, select tools and then click on compatibility settings-see the screen below.

Supplier C	nboarding	The second s
		View development
Wits University Suppli	er Onboarding System	Manage ald-ces
		West affine
120222000		B Constitute two
Staff Number:	Staff number	Compatibility Vew setting
		Lookun Lookun
Password		Epicer has
		w FLZ developer touls
	- Lonin	✓ TaggentetSites
	Login	Permissions
		Creative Linked Notes Send to Creative

Uncheck all the items related to compatibility settings.



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Compatibility View Settings



Note: adjusting your compatibility settings is a onetime exercise and will ensure that the screen blocks reflect normally.

Screenshot 1: Suppliers Home Screen

An Email link will be sent to the Supplier requesting them to complete an online application form. Please take note of the items listed in the email.

Once the Supplier clicks on the link in the Email the screen below will appear. This is the Suppliers home screen to view the application form. At this stage the Supplier can review the information that has preliminary been captured, thereafter the Supplier can complete all the required information as well as upload all the mandatory documents requested. You will be prompted for relevant documents to be uploaded dependent on your supplier type.

Supplier Onboar	r ding _{System}	
Supplier Application For	m - sufe 2020	
		⊘Close Suppler Form
Unless the University stipulates otherwise i internet. http://www.wits.ac.za/newsroom/o	n writing, by completing this application the Wits general ten orthacts/14987/contracts.html	ns and conditions will apply to this transaction and can be accessed via the
Local / International*		
Local	⊖ International	
What kind of a Supplier are you?"		
O Public Company		O Private Company
ecc		O HEI Universities (Other) - Local
⊖ Schools		Government Agencies
ONGOS / Non Profit Companies		Societies/Foundations/Associations/Conference
O Individuals providing training/Consultant	s/Private individuals/independent Contractors	 Individuals paid out Legal Fees (Law Clinic)
() Other		



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Screenshot 2: Mandatory Documents Upload Screen

The Supplier is prompted to upload documents; the documents requested are highlighted in the red section of the form. The document request in the Brown section is optional documents that

can be submitted by the Supplier. To do this the Supplier can select either the ether the

button or the OClick nere to upload any or all documenta button.

Once the Supplier has uploaded the relevant documents the remainder of the application form will be accessible for editing and completion.

Local (South African) suppliers are strongly advised to upload their BBBEE certificate.

Documents that are required to be uploaded,					
Certified copy of valid tax cleanance certificate	B: Uploaded				
Certified copy of company registration docume	nts	Gr Uploaded			
Cancelled cheque or bank stamped proof of ac	G Uprovded				
Documents that are optional.					
Centrified copy of shareholders/CK1/CK2	 Whot Uploaded 				
SANAS approved B-BBEE certificate / Auditing	body certificate	Not Uploaded			
Certified copy of BEE exemption certificate		Not Uploaded			
Other	Not Uploaded				
Attach Documents	Click here to upload any or all documents				

Screenshot 3: Section 1 – Applicants Details

The Supplier must complete all the form fields. Should any changes be deemed necessary the Supplier can make the relevant changes to this form.

Section 1: Details To Be Completed By All Applicants			
Company Registered Name*	sufe 2020		
Company Trading Name / Full Name	sufe		
Income Tax Reference Number*	448502020		
Postal Address*	532 mashemong section		
	tembisa		
	1632		
	Enlar company postal address	Code*	16:20

Screenshot 4: Section 1 – Physical Address

Physical Address*	same its above
	Enter-company physical address
	Enter company physical address
	Enter company physical address Code* 1632



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Screenshot 5: Section 1 – Contact Details

Country*	South Africa	>
City*	tembisa	
Province*	Gauteng	>
Website	Enter the company's vebsite URL	
Email*	patrick.rakumako@wits.ac.ca	
Goods or Services to be Supplied (e.g. Stationery / Consulting)*	consulting	

Screenshot 6: Section 2 – Banking Details

In this section the Supplier must check that the banking information supplied is true and correct.

Section 2: Banking Details - To Be Co This information supplied is true and correct	mpleted By All Applicants t and hereby authorizes the University, to settle its	indebredness by means of Electronic Funds Tran	sfer into the Bank account details bei	2 w
Bank Name*	CAPITEC BANK LIMITED			2
Bank Account Number*	198765205	Type of Account*	Savings	~
Bank Currency Code*	Rand			v
Branch*	Universal Branch Code	Branch Code / Number*	470010	
Bank Account Holder Name*	sufe 2020			

The screenshot above will vary depending on whether it is an international supplier or not. International suppliers will be prompted for the relevant swift codes and related banking information.

Screenshot 7: Section 3 – Contact Details for Orders

All fields marked with the red Asterisk (*) are compulsory fields and must be completed in order to complete the process successfully.

Section 3: Contact Details	s for Orders / Person - Lo	cal & International			
First Name*	thabiso	Middle Name	moropi	Last Name*	þsotsati ×
Designation	director				
Telephone Area Code	011	Telephone Number	9267184	Mobile	0782056379
Fax Area Code	011	Fax Number	9203640	Emai*	patrick rakumako@wlts.ac.za

Screenshot 8: Section 3 – Contact Details for the Account Manager

If the contact person for orders and the Account Manager is the same person, the Supplier can

select the Same as above box, however, should these roles be held by different people then Section 4 must be completed in full.



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Contact Details of Repres	entative / Account Manag	jer			
Same as above					
First Name*	thabiso	Middle Name	morapi	Last Name*	tsotseti
Designation	director				
Felephone Area Code	011	Telephone	9267184	Mobile	0782056379
Fax Area Code	011	Fax	9203640	Email	patrick rakumako@wits.ac.zr

Screenshot 9: Section 3 – Contact Details for the Accounting Office

Once the section above has been completed the supplier must then complete the Accounting office information, as per the Account Manager section the Supplier can either select the

Same as above

button, if the Account Manager and the Accounting Officer are the same person, however, should these roles be held by different people then Section 4 must be completed in full.

Contact Details for the Ac	counting Office				
Same as Orders					
First Name	thabiso	Middle Name	maropi	Last Name	tsotset
Designation	director				
Telephone Area Code	011	Telephone	9267184	Mobile	0782056379
Fax Area Code	011	Fax	9203640	Email*	patrick.rakumako@wits.ac.za

Note Section 4 and 5 are only applicable for local (South African) suppliers. Screenshot 10: Section 4 – Company Information (local suppliers only)

The section below is to be completed by the Supplier must ensure that all the information provided is correct.

Section 4: To be completed by Local Suppliers only			
Company Registration Number / identity Number (if an individual)*	2012/20000/12		
Is your company VAT Registered?	⊖Yes ⊖No		
Last Financial Year Annual Turnover Range			
< R5 Million	In terms of the UE codes, you are classified as an Exerpted Mans Enterpties (EME). If your company is classified as an EME please instants in your solumination a signed latter from your Auditor / Accountient confirming your company's read result areas furnover is less there PS relians and personately of black ownership and black female sensering in the company AND/OR BBBEE conflicate and databal occursed from an accounting agency to gt permanent SARANS Morehar), sheald you live you will be able to ataly a better INTREE score.		
R5 - R35 Millon	0	In terms of the D11 codes, you are classified as a Guaditying Small Exterption (QSR) and you claim a specific BBBEE lev based on any 4 of the 7 adynamics of the BBBEE sciences. please include your BEE codificate in your satemasian as continued and your status. NB: BBBEE satellicate and detailed scorecard should be obtained from an according ragency (is gipermanies BAN Member).	
≻ R35 Million	0	In terms of the DT-codes, you are classified as a Large Enterprise and you claim a specific BEE level based on all earen elements of the BBBEE generic scenaria. Please include your BEE cartification is peer submitteder as underwaten of you status	



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Screenshot 11: Section 5 – B-BBEE Information (local suppliers only)

This section is to be completed by the Supplier, ensuring that all sections are completed.

Section 5: BBBEE Ownership Detail	s - To be completed by	Local Suppliers only			
Does your company have a SANAS APPROVED BBBEE certificate?*		ie Yes ⊙ No	BBBEE Certifying Agency*	ACCOUNTANTS ON SITE	
Please attach certificate of Exemption letter					
% Black Ownership*	50.0	% Black woman ownership*	25.0	% Disabled person/s ownership*	0.0
State your BBBEE rating*	03	2	Expiry date of your of	certification*	2014-01-21 00:00
How many personnel does the firm employ?	Permanent*	12	Part time* 12		

Screenshot 12: Section 6 – Trade References

The section below is to be completed with current Trade References. The Supplier must ensure that all contact information is correct.

Section	ection 6: Trade References - Local & International					
	Company	Contact Person	Contact Number	Contact Email		
1.	thathukgo	mattheve	0725294858	patrick.rakumako@wits.ac.za		
2	Enter the company name	Enter the contact person	Enter the contact number	Enter the contact smell		
з	Enter the company name	Enter the contact person	Enter the contact number	Enter the contact emol		

Screenshot 13: Section 7 – Duly Authorised Signatory

This section is to be completed by the individual that is duly authorised to sign and supply the requested information for the respective Company/Organisation. The authorised signatories name is to be completed in full.

i warrant that i complete in ev	/ have been duly authorised to sign this document on behalf of this Supplier and the Supplier will be bound by the terms above. very respect	warrant that the aboven	entioned information is current and
Name*	patrick	Designation	Enter your designation
Signature	Tick here to acknowledge that the abovementioned information is current and complete in every respect.	Date	2014-03-11 11.15

Screenshot 14: Section 8 – Declaration of Interest

The Supplier must complete the "*Declaration of Conflict of Interest section*". The Supplier is to declare any relationship between themselves and the University prior to submitting the application form.



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Section 8: Dec	laration of Interest by a Supplier Wishing To Conduct Business with Wits			
Any person ma University. Full you and the Un	y apply to become a Supplier of Wits. The University required full disclosure from you. Failure to do so is a material b disclosure should take into account whether there is a relationship between yourself or any of you employees or shar hersity and/or its employees (a shareholder, owner, family, friend or other relationship).	reach of any contract you eholders or anybody else	may be awa Ihat may be	rded by the connected to
I acting on beh The Applicant I	If of the Applicant, declare as follows; as no current, and I know of no future possible conflict of interest in the Applicant becoming a Supplier to the Univers a questionnaire must be completed on behalf of the Applicant and submitted with the application	ny.		
1.1 Does the a	pplicant have an existing relationship with the University?*		. No	OYes
1.2 is the appli	cant or any person connected with the Applicant employed by Wits?*		(e) No	⊖ Yes
1.2 Does the A may be involve	pplicant, or any person connected with the Applicant, have any relationship (family, friend or other) with a person emp d with the evaluation and/or adjudication of this application?"	oloyed by Wits and who	* No	⊖Yes
Declaration I warrant that I h complete in ever	ave been duly authorize to sign this document on behalf of this Supplier and the Supplier will be bound by the terms above. I way respect	ment that the abovemention	ed informatio	n is current and
Name*	petrick	Designation	Enter yo	ur designation
Signature	Z Tick here to acknowledge that the above mentioned information is current and complete in every respect.	Date	2014-03	11 11:15

Screenshot 15: Section 9 – Independent contractor & Personal Services Questionnaire

The purpose of the questionnaire is to assist the University in determining whether or not PAYE (Pay as You Earn Tax) should be deducted off your payments. This information may be forwarded to the relevant authorities.

Section 9: Independent The purpose of the quest relevant authorities.	ent contractor & Personal Service donnaire is to assist the University in d	s Questionnaire Nummining whether of not PAYE should be dedu	cied off your payments. This information a	ray be forwarded to the	0
Full name of / Entity / individual*	Enter full name				
University Staff Number (If applicable)	Erder shaff number		ID Number / Passport Number*	Enter ID / Paesport	
Country of Origin*	Enter your country of orgin				
Type of Person*	ONatural		OLegal		
Type of Entity*	Close Corporation	Company	O Trust	Partnership	O Any Other
Name of member CC / Company Shareholders (If applicable)	Enter member details				
ncome Tax Reference Number*	Enter your tax reference number				
/AT Registration lumber (if egistered for VAT)	Enter your VAT reference number	K			
Nature of Service to be rendered*	Enter nature of service				
Frequency of payment(Invoicing method)*	Once Off	ODaty	OWeekdy	O Monthly	Other

Top section of form for Section 9



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Screenshot 16: Middle section of form for Section 9

Total number of full time employees employed by the entry (during the year of assessment excluding shareholder/inember or connected person e.g.relative)*	0]
Are the services provided to the University required to be performed mainly at the University's premises?*	⊖ ^{Yes}	⊖ Na	Enter the details of work	
Is the person who will render the services subject to the control of the University as to the manner in which his/her duties are performed or as to his/her hours of work?*	O Yes	⊙Na		

Screenshot 17: Last section for Section 9

is the person who will render the services subject to the supervision of the University as to the manner in which his/her dutes are performed or as to his/her hours of work/?*	Q ^{Yes}	⊙ ^{N0}
Name of person rendering services to Wits University*	Enter the name of the person	
Do you generate more than 80% of the income from Wits University? If no, please fill in and agree to the affidavit below*	O ^{ves}	.⊙ ^{N0}
Are you in possession of an exemption certificate*	Ves (certified copy of IRP30 to be attacted)	⊖N0
Are you in possession of a SARS tax directive	O ^{Yes} (certified copy to be attached)	©N0
Additional Comments		

Screenshot 18: Section 9 – Declaration

The Supplier must complete the Declaration section. The Supplier is to acknowledge that the information contained in the form is true and correct. The Supplier must also declare under oath that 80% of income is not generated from The University of the Witwatersrand.



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Declaration			
The South A It must be no	trican Revenue Services has placed the onus on the University to decide whether you can be classific red that should SARS conduct an audit on the University the questionnaire will be supplied to SARS (ed as an Independen to confirm the action	t Contractor, Personal Service Provider or not taken by the University.
Name*	Enter your name	Designation	Enter your designation
Signature	Tick here to acknowledge that the information contained herein is true and correct.	Date	2014-03-11 11 15
Affidavit / hereby declare u	ider oath that i do not generate more than 80% of my income from The University of the Witewatersrand.		
Name*	Entiryour name	Designation	Enter your designation
Signature	Tick here to declare under oath that 80% of income is not generated from The University Cof the Wilwatersrand.	Date	2014-03-11 11 15
			Pilling Dumiler From

Submitting the Application Form

Once the Supplier has completed all the mandatory fields and the form has been authorised for submission the Supplier can then select the Submit Supplier form button. Once the Suppliers application has been submitted an Email will be sent to the relevant Buyer for further vetting.

If you require further assistance, please email your Wits contact person or email help.procurement@wits.ac.za