

# CONTRACTOR APPLICATION FORM

Solar Cluster (Pty) Ltd

114 Louis Street,

Waterkloof Ridge, Ext. 2

061 543 0152 / 012 880 4046

cm@solarcluster.co.za



## Contractor / Supplier Application Form

### COMPANY INFORMATION

<b>COMPANY / NAME</b> as shown on CIPC		<b>COMPANY REGISTRATION No.</b>
<b>ALTERNATE NAME</b> if applicable / (trading as)		<b>COMPANY VAT No.</b>
<b>POINT OF CONTACT NAME</b>	<b>DESIGNATION</b>	
<b>COMPANY STREET ADDRESS</b>		
<b>POSTAL ADDRESS</b> if different from address above		
<b>PHONE</b>	<b>MOBILE</b>	<b>EMAIL</b>
<b>COMPANY WEBSITE</b>		

### ORGANIZATION TYPE

<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Individual / Sole Proprietor	<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	Proprietary Limited	<input type="checkbox"/>	Partnership / Limited Partnership	<input type="checkbox"/>	Non Profit

### TOTAL STAFF CAPACITY

<input type="checkbox"/>	1 Staff Only	<input type="checkbox"/>	2 - 5	<input type="checkbox"/>	5 - 10	<input type="checkbox"/>	10 - 15	<input type="checkbox"/>	15 - upwards
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Geographical Reach / Areas

### BANKING INFORMATION

<b>Bank</b>	<b>Account Number</b>	<b>Account Type</b>

## SCOPE OF WORK / CORE SERVICES OFFERED


## WARRANTY: Description & Duration


## CERTIFICATE OF COMPLIANCE (CoC)

You can provide a CoC for a solar installation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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## AFTER INSTALLATION SUPPORT

Do you provide support after the installation?

Yes	No	Period (months)	Comments
<input type="checkbox"/>	<input type="checkbox"/>		

## SYSTEM MONITORING & SUPPORT

Do you provide system monitoring and support after the installation?

Yes	No	Period (months)	Comments
<input type="checkbox"/>	<input type="checkbox"/>		

INTERNAL USE ONLY	Company ID	DATE RECEIVED	DATE PROCESSED

### DISCLAIMER

Privacy Policy can be viewed on our website ([www.solarcluster.co.za](http://www.solarcluster.co.za) -> Privacy Policy)

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**INSURANCE INFORMATION: Public Liability & Goods In Transit**

Insurance Type	Insurance Company	Policy Number	Policy Renewal Date	Cover Amount
Public Liability				
Goods In Transit				

**WORKING AT HEIGHTS QUALIFICATION**

Name	ID Number	Registration Number	Expiry Date

**DEPARTMENT OF LABOUR QUALIFICATIONS**

Name	ID Number	Certificate Registration Number	Registration Category (I.E. TSP, ETSP, etc)	Category Registration Number	Expiry Date

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## WIREMENS QUALIFICATIONS

Name	ID Number	Certificate Registration Number	Registration Number	Expiry Date

## WORKMANS COMPENSATION - Letter of Good Standing

Certificate Registration Number	Nature of Business	Expiry Date

## AFFILIATIONS and ACCREDITATIONS

Name	Affiliated / Accreditation to?		Membership / Registration Number	Expiry Date
	Yes	No		
Association for Renewable Energy Practitioners (AREP)				
Department of Labour (DoL)				
Electrical Conformance Board of South Africa (ECB)				

Electrical Contractors Association of South Africa (ECA)				
PV Greencard (SAPVIA)				
South African Alternative Energy Association (SAAEA)				
South African National Energy Development Institute (SANEDI)				
Sustainable Energy Society of Southern Africa (SESSA)				
Other				

**REQUIRED DOCUMENTS**

Document	Document Attached		Expiry Date
	Yes	No	
CIPC Registration Certificate			
Proof of Banking Details (not older than 3 months)			
BBBEE Certificate			
Insurance Policy - Public Liability			
Insurance Policy - Goods In Transit			

Document	Document Attached		Expiry Date
	Yes	No	
Proof of VAT Registration			
Tax Clearance Certificate			
Working At Heights Certificates			
Workman Compensation (Letter of Good Standing)			
DoL Qualification Certificates			

REPRESENTATIVES NAME	SIGNATURE	DATE