

**SUPPLIERS DATABASE REGISTRATION FORM
OKHAHLAMBA LOCAL MUNICIPALITY**



LOCAL MUNICIPALITY – UMKHANDLU WASEKHAYA

SUPPLY CHAIN MANAGEMENT UNIT

P. O. BOX 71, BERGVILLE, 3350

259 KINGSWAY ROAD AND R74 NEAR THE CALTEX GARAGE

ENQUIRIES

MR B D TSHABALALA & MS Z MQADI

CONTACT DETAILS

TEL: 036 448 8054

FAX: 036 448 1986

E-MAIL ADDRESS: Bongani.Shabalala@okhahlamba.org

Okhahlamba Municipality hereby invites service providers and suppliers to register or update their business information by completing this form.

CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED WHEN RETURNING THE DATABASE FORM:

FOR OFFICE USE ONLY (INFORMATION CHECK LIST)

Document Description	Yes	No
Company registration documents (including CK1 & CK2)		
Certified Identity documents of directors, owners, partners, members or shareholders		
Certified proof of shareholding documents (shareholder certificates or share allocation documents for CC members) if claiming HDI points		
Valid original tax clearance certificate		
Proof of banking documents/cancelled cheque		
Certified B-BBEE Certificate		
Certified Certificate of Incorporation if Public Co.(CM3)		
Certified Trust Agreement, trustee details and letter of authority in case of business trust		
Certified Certificate of Incorporation (Section 21 Company)		
VAT Registration certificate		
COID Registration certificate		
Any other relevant registration certificates pertaining to your business e.g. NHBRC, SAACE, CIDB, etc		

<p>NAME OF SERVICE PROVIDER:</p> <p>DATABASE NUMBER:</p> <p>CAPTURED ON:</p>

1. BUSINESS DETAILS

1.1 Registered Name of Business

1.2 Business Trading Name.....

1.3 Postal address.....

.....

1.4 Physical address.....

.....

Telephone no:.....Fax no:.....

Cell no:..... E-mail

1.5 Contact person: (**Print name**).....

2. TYPE OF BUSINESS

2.1 Tick which ever block that is applicable to your business or firm:

Close corporation		Co operative	
Private Company		Other (specify)	
Public Company			
Trust			

2.2 PRINCIPAL BUSINESS ACTIVITY:

(List 3 primary activities & 3 secondary business activities)

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3. BUSINESS REGISTRATION DETAILS

3.1 Business/Company Registration

No.....

(ID No. if business is registered in your name)

3.2 Income Tax Reference

No.....

3.3 Vat Registration

No.....

3.4 Municipal Account/Levy

No.....

3.5 UIF Registration

No.....

3.6 Banking Institution

Name.....

3.7 Branch Name.....
 Branch Code.....

3.8 Account No.....
 Acc Type.....

3.9 Name under which account is
 operated.....

3.10 No. of years in business.....
 Annual Turnover.....

3.11 Details of Directors/Owners/Partners/Members (attach copies of ID book)

MANAGEMENT

Name & Surname	Gender	Capacity	Race	Educational Qualifications

4. BUSINESS PREMISES

4.1 Indicate whether:
 Local to Municipality : Yes/No
 Local to District : Yes/No
 Local to Province : Yes/No
 National : Yes/No

4.2 BEE Indicator : Yes/No
 4.3 SMME Indicator : Yes/No

5. EMPLOYMENT INFORMATION

(a) **Points awarded for B-BBEE Status Level of Contribution**

5.1 In terms of Regulation 5 (2) and 6 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	16
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

6. SUPPLIER PROFILE

6.1 References of previous clients (Give 3 referees)

Business Name	Contact Person	Tel No.
.....
.....
.....

6.2 Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt: Yes/No
If yes, give details:

.....

.....

6.3. Technical (Only if applicable)

6.3.1 SABS Permit No. and National/International standards permit:

.....

6.4 Quality

6.4.1 Product Quality Management System and National/International certification (with copies of certificates): Yes/No

6.5 Safety

6.5.1 Does your business have an Occupational Health and Safety Policy complying with the Occupational Health Safety Act: Yes/No

6.5.2 Are you registered with the Compensation for Occupational Injuries and Diseases Act (COID): Yes/No COID Registration No.:

6.6 Environmental (if applicable)

6.6.1 Does your facility routinely work with hazardous substances? Yes/No

6.7 Facilities, Plant and Equipment (if applicable)

6.7.1 Summary of your plant and facilities:

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.....
.....

6.7.2 Summary of your equipment:

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.....
.....

6.8 Contract Experience

6.8.1 Have you or your business supplied any goods or provide any services to the Municipality during the past 5 years? Yes/No

If yes, give details:

Type of Goods/Service

Value

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.....
.....

6.8.2 Provide details of any other relevant goods or service you or your business may have provided to State Departments or other Municipalities over the past 5 years:

Type of Goods/Service

Department/Municipality

Value

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.....

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6.8.3 **CIDB (Construction Industry Development Board) Stage No.:**

.....

6.8.4 **Membership of professional bodies**

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7. DECLARATION AFFIDAVIT FOR TARGETED ENTERPRISE STATUS

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOUCMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT:

- 7.1 The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and;
- 7.2 The contents of this Affidavit are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
- 7.3 The enterprise will be required to furnish documentary proof if requested to do so.
- 7.4 If the information supplied is found to be incorrect then the Okhahlamba Local Municipality in addition to any remedies, it may have; may:
 - i. Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of any business, and/or
 - ii. Take any other action as may be deemed necessary.

Signature

.....

.....

Name

.....
.....

I.D. Number

.....
.....

Duly authorised to sign on behalf of:

.....
.....

Address

.....
.....
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.....
.....

Telephone:

.....
.....

7.5 SWORN AFFIDAVIT

Signed and sworn to before me at
.....

On this theday of.....by the Deponent, who has acknowledged that he/she knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths

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NOTE: Both the Deponent and the Commissioner of Oaths must initial all pages of this Application

8. DECLARATION OF INTEREST

8.1 No bid will be accepted from persons in the service of the state*.
8.2 Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

8.3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

- 8.3.1 Full Name:
- 8.3.2 Identity Number:
- 8.3.3 Company Registration Number:
- 8.3.4 Tax Reference Number:
- 8.3.5 VAT Registration Number:

8.3.6 Are you presently in the service of the state*

* MSCM Regulations: "in the service of the state" means to be –
(a) a member of –
 (i) any municipal council;
 (ii) any provincial legislature; or
 (iii) the national Assembly or the national Council of provinces;

YES / NO

8.3.6.1 If so, furnish particulars.

.....
.....

8.3.7 Have you been in the service of the state for the past
YES / NO
twelve months?

If so, furnish particulars.

8.3.8 Do you, have any relationship (family, friend, other) with persons in
YES / NO

The service of the state and who may be involved with the evaluation
or adjudication of this bid?

8.3.8.1 If so, furnish particulars.

.....
.....

8.3.9 Are you, aware of any relationship (family, friend, other) between
YES / NO
a bidder and any persons in the service of the state who may be
involved with the evaluation and or adjudication of this bid?

8.3.9.1 If so, furnish particulars

.....
.....

8.3.10 Are any of the company's directors, managers, principle
YES / NO
shareholders or stakeholders in service of the state?

-
- (b) a member of the board of directors of any municipal entity;
 - (c) an official of any municipality or municipal entity;
 - (d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
 - (e) a member of the accounting authority of any national or provincial public entity; or
 - (f) an employee of Parliament or a provincial legislature.

8.3.10.1 If so, furnish particulars.

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Are any spouse, child or parent of the company's directors,
managers, principle shareholders or stakeholders in service of the state?

8.3.11. If so, furnish particulars
.....

CERTIFICATION

**I, THE UNDERSIGNED
(NAME)**

**CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION
FORM IS CORRECT.**

**I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS
DECLARATION PROVE TO BE FALSE.**

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder