# 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** 

NQOBILE MOHLAKOANA BONGIWE MLANGENI

**CONTACT DETAILS** 

TEL: 036 448 8078 FAX: 036 448 1986

E-MAIL ADDRESS: Nqobile.Mohlakoana@okhahlamba.gov.za

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)

	Yes	No
Document Description		
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		
Tax Clearance with SARS Pin		
Proof of banking details		
Certified B-BBEE Certificate		
Certified Certificate of Incorporation if Public Co.(CM3)		
VAT Registration certificate		
CSD Registration Summary Report		
Any other relevant registration certificates pertaining to your business		
e.g. NHBRC, SAACE, CIDB, COID etc		

NAME OF SERVICE PROVIDER:
DATABASE NUMBER:
CAPTURED ON:

# 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: ( <b>Print name</b> )

#### 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)

# 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 T	уре
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)

Name & Surname	Gender	Capacity	Race	Educational Qualifications

#### MANAGEMENT

#### 4. BUSINESS PREMISES

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

4.2 BEE 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	14
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 proceed has your business ever been declar If yes, give details:		nents against your business or
6.3.	Technical (Only if applicable)		
6.3.1	SABS Permit No. and National/Inte	ernational standards per	mit:
6.4 6.4.1	Quality Product Quality Management Syste certificates): Yes/No	em and National/Interna	tional certification (with copies of
6.5 6.5.1	Safety Does your business have an Occup Occupational Health Safety Act: Ye		ety Policy complying with the
6.5.2	Are you registered with the Compe		
6.6	Environmental (if applicable)		
6.6.1	Does your facility routinely work wi		es? Yes/No
6.7	Facilities, Plant and Equipment (if a		
6.7.1	Summary of your plant and facilitie	S:	

6.7.2	Summary of your equipment:
6.8 6.8.1	Contract Experience 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
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
6.8.3	CIDB (Construction Industry Development Board) Stage No.:
6.8.4	Membership of professional bodies

#### 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. ii.	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 Take any other action as may be deemed necessary.
Signature		
Name		
I.D. Number		
Duly authorise	ed to sig	n on behalf of:
Address		
Telephone:		

#### 7.5 SWORN AFFIDAVIT

Signed	and	sworn	to	before	me	at

On this the ......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

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

#### this Application

#### **DECLARATION OF INTEREST**

- 1. No bid will be accepted from persons in the service of the state<sup>1</sup>.
- 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.

3	In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.				
	3.1	Full Name of bidder or his or her representative:			
	3.2	Identity Number:			
	3.3	Position occupied in the Company (director, trustee, hareholder <sup>2</sup> ):			
	3.4	Company Registration Number:			
	3.5	Tax Reference Number:			
	3.6	VAT Registration Number:			
3.7 The names of all directors / trustees / shareholders members, their individual identi numbers and state employee numbers must be indicated in paragraph 4 below.					
	3.8	Are you presently in the service of the state? YES / NO			
		3.8.1 If yes, furnish particulars.			
		egulations: "in the service of the state" means to be – ember of –			
	(i)	any municipal council;			
	(ii) (iii)	any provincial legislature; or the national Council of provinces;			

(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.

<sup>2</sup> Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.9	Have you been in the service of the state for the past twelve months?YES / NO				
	3.9.1 If yes, furnish particulars				
3.10	Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid?				
	3.10.1 If yes, furnish particulars.				

	3.11	Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? 3.11.1 If yes, furnish particulars	YES / NO
	3.12	Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? 3.12.1 If yes, furnish particulars.	YES/NO
	3.13	Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders in service of the state? 3.13.1 If yes, furnish particulars.	YES/NO
NO	3.14	Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract.	YES /
		3.14.1 If yes, furnish particulars:	

#### 4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

Signature

Date

Capacity

Name of Bidder

8.