





## SERVICE PROVIDER DATABASE APPLICATION FOR REGISTRATION

### 1. BUSINESS PARTICULARS (Master Detail)

1.1 Name of business as registered with Registrar of Companies / Close Corporations

1.2 Name of business used for trading purposes, if different from 1.1 or Name of Business if not Registered with the Registrar of Companies / Close Corporations or Alternative Name

1.3 Registration Number as registered with the Registrar of Companies / Close Corporations

1.4 Holding Company

1.5 Vat Number

1.6 Income Tax Reference Number

1.7 Currency

1.8 Website Address

1.9 Unemployment Insurance Fund Number. (If Applicable)\*

1.10 Compensation Commissioner Registration Number. (If Applicable)\*

1.11 P.A.Y.E. Number (If Applicable)\*

1.12 Central Supplier Database (CSD) Number

#### 1.13 Type of business

Please tick the appropriate box:

Public Company (Pty) Ltd	
Close Corporation CC	
Sole Proprietor	
Partnership	
Trust	
Co-operative	
Voluntary Associations	



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**2. COMMUNICATION DETAILS**

**HOW WOULD YOU LIKE TO RECEIVE YOUR CORRESPONDENCE FROM US? \* (INVITE TO QUOTE ONLY. BID DOCUMENTS ONLY AVAILABLE BY E-MAIL, WEB PAGE, HARD COPY OR FAX)**

Fax:

Post:

E-mail:

SMS\*:

**3. CONTACT DETAILS**

Title			
First Name		Last Name	
Telephone Number		Mobile Number	
Fax Number		E-mail Address	
Job Title		Identity Number	

**4. ADDRESSES**

5.1 Physical Address

5.2 Postal Address (If different to physical address)

**NB: IF SITUATED UNDER UMHATHUZE, PLEASE INDICATE WARD NUMBER**



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### 5. BANKING DETAILS

#### CERTIFIED BANKING DETAILS FORM

This form needs to be completed, certified by the appropriate Banking Institution and attached to the registration form.

Bank Type (Example: Private/ Commercial etc.)

Account Type (Cheque/ Savings etc.)

Name of Banking Institution

Banking Account Number

Branch Code

Branch Name

Name of Account Holder (Name under which Account is Operated)

Town / City

Please place Bank stamp below:

Received and stamped By (Name in Block Letters)

Signature of Recipient

Date of Receipt



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### 6. OWNERSHIP DETAILS

First Name	Last Name	Telephone	Mobile	Fax	E-mail	Title	Job Title	ID Number	% Owners hip/ Partnership/ Trust/Interest	SA Citizen before 27 April 1994 (Yes or No)	Male/ Female	Disability (Yes or No)	HDI (Yes or No)	Race (W/ B/ I C/ Other )	% of Time Devoted to Firm

- Provide proof of disability by a recognised related institution (if applicable).
- All information must be filled in space above. If additional space is required, additional sheets may be attached. The responsibility is on the Service Providers to fill in all information, failure to do so will results in points being lost in under equity. The full company composition is required including HDI and non-HDI status. The ownership must accumulate to 100%



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**7. PREVIOUS BUSINESS INFORMATION**

7.1 Did your business exist under a previous name?  Yes  No

If "Yes", what was the previous business name?

Reasons for name change

.....

.....

7.2 Previous uMhlathuze Municipality Suppliers Database Registration Number

7.3 Previous Names of Owners, Partners, Members or Shareholders

Name	Title

**8 CLASSIFICATION OF BUSINESS (Mandatory)**

**NB: AS PER RULE 14(5) OF SCM POLICY SELECT ONLY FIVE (5) COMMODITIES**

Please tick  on the relevant box

Signage Accessories & Engraving		Building Materials / Hardware / Gardening Equipment And Accessories	
Chemicals (Industrial & Household)		Furniture	
Events Management, Entertainment & Services - Modern & Traditional		Cleaning Supplies / Chemicals / Pesticide	
Sports consumables		Cleaning Services	
Sports Equipment		Clinic Equipment	
Sports Equipment and Facilities Services		Clinic services	
Sports Kits & Supplies		Medical Supplies & Medicines	
Sports: materials and supplies		Containers And Packaging Supplies	
Steel Fabrication & Erection		Engineering: Electrical	
Water & Sewerage Installations / Reticulations /		ESRI (Enterprise License Agreement).	



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Sanware / Plumbing			
Electrical Supplies & Equipment		Agricultural Supplies	
Containers And Packaging Supplies		Electronic Components and Radios	
Swimming Pool Chemicals and Consumables		Fuel Supplies Fuel & Lubricants	
Swimming Pool Maintenance		Fleet / Automotive Parts	
Swimming Pool Materials and Supplies		Communications and Printing	
Furniture and Office Equipment		Groceries	
Protective Clothing / Equipment / Systems		Hygiene / Cleaning - Services, Consumables & Material	
Tools/ Equipment & Machines		ICT Hardware, Software, Supplies and Services	
Communications		Incinerators	
Security services		Insecticide and Pesticide	
Fleet : Vehicle Interior and Exterior Services & Parts		Kitchenware (Incl. Crockery)	
Water Services		Interior Decoration	
Archiving		Metalwork & Burglar Bars / Fencing Materials	
Horticulture and landscaping		Paint Sealer Adhesive And Accessories	
Fire Rescue And Safety Equipment / Systems / Gear / supplies / finished goods / protection		Paper & Stationery	
Electricity Meters		Plant hire: maintenance of buildings & facilities	
Alarm/Security System/Access Control		Plant & Equipment	
Refrigeration / Air Cons / Air Circulation		Engineering: Structural	
Licenses		Registration Fees: Seminars Conferences Workshops and Events	
Transport costs		Staff Recruitment	
External Computer Service		Outsourced Services: Business and Advisory: Human Resources	
Plant hiring: Projects		Municipal Services	
Water / Sanitation / plumbing		Maintenance and Repairs of Buildings and Facilities	
Pre-Cast Concrete Manufacture		Explosives/ Demolition	



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Printing		Glazing	
Publishers & Suppliers Of Books		Lift & Escalator	
Pumps & Valves		Plumbing: Municipal Building	
Roadworks Material & Maintenance		Pre Fabricated Concrete / Clay Products	
Aerial Photography		Readymix Concrete	
Building Contractors		Roadworks Material & Cleaning	
Translators and Interpreters		Steam Installations & Ancillary Equipment	
Legal Advice, Litigation, Conveyancing and legal costs		Stormwater Material	
Internal Auditors		Telephone Accessories	
Consultants and Professional Services: Legal Cost: Collection		Consultants and Professional Services: Laboratory Services: Water	
Dumping Fees (District Council)		Laboratory Consumables	
Consultants and Professional Services: Business and Advisory: Human Resources		Laboratory Disposal Services	
Electricity: ESKOM		Laboratory Equipment	
Engineering: Aeronautical		Laboratory Equipment Maintenance	
Engineering: Agricultural		Other (Specify)	
Engineering: Chemical			
Engineering: Civil			
Engineering: Electrical			
Engineering: Industrial			
Engineering: Metallurgical			
Engineering: Mining			





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**9 BUSINESS INFORMATION**

Please indicate your appropriate Sector.

Agriculture	
Mining and Quarrying	
Manufacturing	
Electricity, Gas and Water	
Construction	
Retail, Motor Trade and Repair	
Wholesale Trade, Commercial	
Catering, Accommodation, Other	
Transport and Storage	
Finance and Business Services	
Community, Social and Personal	

**10 PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS**

Name of Owner	Name and Address of Other Business	Position Held	Business Type	% of Ownership

**11 IDENTIFY BY NAME, HISTORICALLY DISADVANTAGED INDIVIDUALS, STATUS AND LENGTH OF SERVICE, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON-OWNERS) RESPONSIBLE FOR DAY-TO-DAY MANAGEMENT AND BUSINESS DECISIONS (this has to be filled in even if management is not historical disadvantaged)**

	Name	HDI Status (Yes/No)	Length of Service (Years)
Cheque Signing			
Signing and Co-signing for Loans			
Business Financing (overdraft, lease etc.)			
Approval of Major Purchases/Acquisitions			
Signing Contracts			



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### 12 VERIFICATION OF INFORMATION SUPPLIED RELATING TO REFERENCES THAT THE APPLICANT / BUSINESS MAY APPLY FOR.

I/We, the undersigned, who warrant/s that I/We are duly authorised to do so on behalf of the supplier, certify/ies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledge/s that:

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
2. If the information supplied is found to be incorrect, then uMhlathuze Municipality may, in addition to any remedies it may have:
  - (i) Disqualify the supplier / contractor for a particular bid / contract / project it may be considered for, or which had been awarded to the supplier / contractor;
  - (ii) Recover from the supplier / contractor for all costs, losses or damages incurred or sustained by uMhlathuze Municipality as a result of breach of contract;
  - (iii) Cancel the contract and claim any damages which uMhlathuze Municipality may suffer by favourable arrangements after such cancellation; and
  - (iv) De-register the supplier registered on the Supplier Database.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Before the Commissioner of Oaths

\_\_\_\_\_  
Signature of Authorised Representative

\_\_\_\_\_  
Name in Block Letters

\_\_\_\_\_  
Supplier's Name

Signed and affirmed to, before me at _____	
On this _____ day of _____ year _____ by the deponent who has acknowledged that he/she knows and understands, the contents of this document, and he/she has acknowledged that he/she has no objections to affirming, that he/she regards the affirmation to be binding on his/her conscience.	
_____ Commissioner of Oaths	
_____ Full Name	_____ Capacity
_____ Business Address	_____ Area



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### REQUIRED DOCUMENTATION CHECKLIST

Please ensure that all documents listed below are attached (where applicable) to the registration form.

**ALL** documentation is to be provided in its original format.

#### **ATTACHED**

<b>Document Name</b>	<b>(Please tick appropriate box) Yes / No</b>	
1. Tax Clearance Certificate or Tax Compliance Status Pin	<input type="checkbox"/>	<input type="checkbox"/>
2. Company Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. Company Resolution of Signatories	<input type="checkbox"/>	<input type="checkbox"/>
4. Certified BEE certificate	<input type="checkbox"/>	<input type="checkbox"/>
5. Most recent municipal accounts for your business location or your personal residence i.e. rates, water, refuse, electricity (if applicable) and levy registration confirmation letter.	<input type="checkbox"/>	<input type="checkbox"/>
6. CSD Registration Summary Report	<input type="checkbox"/>	<input type="checkbox"/>
7. Original Bank statement /original cancelled cheque/ Original Bank Confirmation letter, to confirm page 4 (this is mandatory)	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of Certificate of Acceptability for Food Premises <b>(if not attached Supplier will not be registered for Catering purposes , if indicated as service on Category list</b>	<input type="checkbox"/>	<input type="checkbox"/>
9. Certified copies of ID documents of Directors /Owners/Share holders	<input type="checkbox"/>	<input type="checkbox"/>
10. Certified Share Certificate if (PTY) /LTD	<input type="checkbox"/>	<input type="checkbox"/>
11. CIDB Registration (Applicable to SMMEs in construction)	<input type="checkbox"/>	<input type="checkbox"/>
12. Original or Certified Copy "Letter of Good Standing" from Workmen's Compensation Commissioner or its Agent or Tender letter	<input type="checkbox"/>	<input type="checkbox"/>
13. Safety file – as per Regulation 5 of Occupational Health and Safety Act no 85 of 1993 (Applicable to SMMEs in construction)	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff Listing	<input type="checkbox"/>	<input type="checkbox"/>
15. Financial Documentation	<input type="checkbox"/>	<input type="checkbox"/>



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**DECLARATION OF INTEREST**

- 1. No tender /quotation will be accepted from persons in the service of the state\*.
- 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 an invitation to tender or quotation. In view of possible allegations of favouritism, should the resulting tender, or part thereof, be awarded to persons connected with or related to persons in service of the state, **it is required that the Vendor or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.**
- 3. In order to give effect to the above, the following questionnaire must be completed **and submitted with this Application.**

3.1 Full Name (Director or Authorized Representative as mentioned above)

.....

3.2 Identity Number: .....

3.3 Position occupied in the Company (director, trustee, shareholder):.....

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 identity 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

.....

.....

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

.....

.....

\_\_\_\_\_



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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? **YES NO**

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? **YES NO**

3.11.1 If yes, furnish particulars

.....  
.....

3.12 Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders in service of the state? **YES NO**

3.13.1 If yes, furnish particulars.

.....  
.....

3.13 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 NO**

3.14.1 If yes, furnish particulars.

.....  
.....



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

Full Name	Identity Number	State Employee Number

*\* 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;*

*(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 an employee of Parliament or a provincial legislature.*



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**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 Tenderer