

Registered business

name:

# LEKWA TEEMANE LOCAL MUNICIPALITY "NW396"



# SUPPLIER DATABASE REGISTRATION FORM

**PLEASE COMPLETE** 

Contact person:		
Contact telephone number:	е	
	OFFICE USE ONLY	Scanned stamp
Received date:		
Received by:		
Supplier registration no:		
Captured by:		
Approved by:		



# TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON THE DATABASE OF THE LEKWA TEEMANE LOCAL MUNICIPALITY

All suppliers are herewith invited to register as an approved supplier on the database of the Municipality.

In order to comply with the procedures set out in the Municipal Supply Chain Management Guidelines, as referred to in the Municipal Finance Management Act (MFMA)), the Municipality developed a supplier database to be used by the Procurement section.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to the Municipality.

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to the Municipality. It is envisaged however, that this database will contribute to efficient administration and compliance with the MFMA.

Attached please find an official registration form to assist us in updating our database according to legislation.

It is imperative that suppliers read the application document carefully, complete it in full and sign it. Please note that an Original Valid Tax Clearance Certificate must be attached and/or delivered to the Municipality.

When completed, please hand deliver the forms at the Municipal head offices in Christiana at:

Supply Chain Management Unit Lekwa- Teemane Local Municipality Cnr. Robyn & Dirkie Uys Street Christiana 2680

or alternatively send it to:

The Municipal Manager
Lekwa-Teemane Local Municipality
P.O Box 13
Christiana
2680
For Attention: Supply Chain
Management Unit

Note: Faxed application forms will not be considered



#### **IMPORTANT NOTES**

#### Please read carefully

To be completed by all vendors seeking registration as an approved supplier;

The questionnaire must be completed in **full** and be **signed by the owners as well as the Commissioner of Oaths in order to be accepted**;

A **company profile** may accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed by applicant;

Applicants will be contacted via fax and **must** therefore submit an **operating fax number**; failure to comply will result in excluding the supplier from the data base;

It should be noted that the Commission reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;

Suppliers will **be notified** whether their application was accepted or not by means of written confirmation;

Supplier must comply with all the **registration-criteria** for registration to be finalized - failure to do so may result in the application being declined.

#### 1. SUPPLIER DETAIL:

Company Registration Name:												
Company trading Name:												
Company / CC Registration Number:												
VAT Registration Number (If Applicable):												
Income Tax Reference Number (compulsory):												
Web Address:												
E-Mail Address:												
Telephone Number:												
Fax Number (Compulsory):												
Toll Free Number:												
Number of Full Time Employees:												
Number of years in business												

1.1 Is the company currently classified	l by any definition as a	Black Economic E	mpowerment (BEE)
company?			

Υ	N

4	2 W/ha	hac provi	dad this	DEE	classification	for the	company	2
1	.2 vvno	nas provi	aea tnis	BEE (	ciassification	tor tne	company	•

Institution	
Government	
Parastatals	
Listed Companies	
Other	



1.3 Business address															
Postal Address: (Compulsory)															
	0-4-														
	Code														

Physical Address: (Compulsory)								

**1.4 Company / Supplier Classification:** (Please tick the relevant box / boxes)

ISO Listed	Importer	Services	Manufacturer	Repairer	Black Owned	Distributor	Exporter	Sales

#### 1.5 Supplier grouping detail: Type of Firm: (Please tick the relevant box)

	<u> </u>	· · · · · · · · · · · · · · · · · · ·
1	Public Company (Ltd)	
2	Private Company (Pty) Ltd	
3	Closed Corporation (CC)	
4	Other (Specify)	
5	Joint Venture	
6	Consortium	
7	Sole Proprietor	
8	Foreign Company	
9	Partnership	
10	Trust	
11	Section 21Company	
12	Government / Parastatals	

Tax Clearance Certificate Attached (Compulsory)	YES	NO
Expiry Date of Tax Clearance Certificate		



#### 1.6 Main Contact Person in your Company:

Name:								
Company Position:								
Cell Phone Number:								
Fax Number:								
E-Mail Address:				•				

#### 1.7 Sales Contact Person in your Company:

Name:							
Company Position:							
Cell Phone Number:							
Fax Number:							
E-Mail Address:							



#### 2. Required Documents

2. Req	uirea Docume	ired Documents							
	Sole Proprietor	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organizations (NPO)	Where to get documents		
Company Registration CERTIFIED COPIES	N/A	Certificate of incorporation CK1 / CK2	Partners hip agreement	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies		
Proof of Ownership CERTIFIED COPIES	N/A	Shareholding CK1 / CK2	Partners hip agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of Close Corporations & Companies		
Municipal Rates and Taxes Clearance Certificate	Yes	Yes	Yes	Yes	Yes	Yes	Municipality		
Proof of Banking	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement / cancelled cheque	Branch of bank where account is held		
Income Tax	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)		
Tax Clearance Certificate	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)		
P.A.Y.E	NA, unless staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Receiver of Revenue (SARS)		
VAT	If exe	empt from VAT, ple	ase provide a cei	tified copy of the VA	Γ exemption do	cument	Receiver of		
Registration	Yes	Yes	Yes	Yes	Yes	Yes	Revenue (SARS)		
U.I.F Certificate	YES, if staff remuneration	YES	YES	YES	YES	YES	Department of Labour		
Workman's Compensation	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Department of Labour		
Security Officer's Board	If applicable for security industry	If applicable for security industry	If applicable for security industry	If applicable for security industry	If applicable for security industry	If applicable for security industry			
Proof of Disability	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	lf owner is disabled	If owner is disabled			



**3.** Suppliers of the following products/services are required to register on the database. Please mark the main services your company supplies: -

Please note that no more than two main groups can be registered for Rate per day only applicable for main groups: professional and sector specific analysts and experts

MAIN GROUP	SERVICE / GOODS	TICK RELEVANT BOX
	Recruitment	
	Performance Management	
HR	Training and development / skills development	
	Payroll Outsourcing	
	Recruitment Advertising	
	HR Consultants	
	Employment Agencies	
	Response handling	
	Employee Assistance Program providers	
Finance	Stationery	
	Auditing	
	Accounting	
	Budgeting	
	Taxation	
	Internal Auditing	
	External Audit	
	Fraud Investigations	
	Risk Management	
	Software Development	
	System Developers	
	IT Peripherals	
ΙΤ	IT Consultants	



	Computer Hardware Suppliers	
	Computer & Printer maintenance	
	Photocopying, Scanning, Printing Services	
	Printing	
	Driver (casual & part time)	
	Stationery	
Logistics	Messenger/Delivery Services(of documents and people)  Please supply details of fleet and drivers separately	
	Courier Services	
	Offsite Storage	
	Photocopying services	
	Transcription Services	
	Catering Services	
Catering	Supply of Meeting refreshments	
	Upholstery cleaning	
	Flower arrangements	
	Electrical services	
	Fire systems	
	Security Services	
	Access Control Systems	
Facilities	CCTV Systems	
	Metal Detector Systems	
	Building Construction	
	Furniture Repairs	
	Furniture Procurement	
	Advertising	
Maulastina Q	Exhibitions	
Marketing & Communications	Billboard Advertising	
	Corporate Gifts	
	Layout and design of corporate publications	
	Photography	
	Flights & Accommodation	
Tuescal	Venue Hire	
Travel	Car Hire	
	Visa applications	
Professional	Facilitators: Teambuilding & Strategic Planning	



(COMPLETE DISBURSEMENT SECTION IF	Economists: Specify area of expertise - Economic analysis	
REGISTERING HERE)	- Competition	
	- Sector specific	
	Forensic Investigators	
	Legal Services:	
	- Lawyers	
	- Advocates	
	Competition Lawyers	
	Labour Lawyers	
	Sector Specific Analysts and Experts	
	Dispute Resolution	
	Technical Experts: -Electrical Engineer	

#### 3.1 Discounts Rates

INDICATE ANY SPECIAL DISCOUNT RATES APPLICABLE	%
NOTES:	

#### 4. Working Experience

Do you have any previous contract work or tendering experience?

If yes, please complete the table below. List the last 4 contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.



Employer/Department																	
Contact Person																	
Contact Number																	
Estimated Contract Value in	Ran	ıds						R									
Year Awarded							Υ	ear (	Comp	oleted	/ St	ill in F	Progr	ess			
																Υ	N
Proof documents attached?																	
Employer/Department																	
Contact Person																	
Contact Number																	
Estimated Contract Value in	Ran	ıds						R									
Year Awarded				]			Υ	ear (	Comp	oletec	/ St	ill in F	Progr	ess			
				-												Υ	N
Proof documents attached?																	
Employer/Department																	
Contact Person																	
Contact Number																	
Estimated Contract Value in	Ran	ds						R									
Year Awarded							Υ	ear (	Comp	oletec	l / St	ill in F	rogr	ess			
																Υ	N
Proof documents attached?																	
Employer/Department																	
Contact Person																	
Contact Number																	
Estimated Contract Value in	Ran	ids						R									
Year Awarded							Υ	ear (	Comp	oletec	/ St	ill in F	Progr	ess			
				-												Υ	N
Proof documents attached?																	



#### 5. PDI OWNERSHIP STATUS: PLEASE READ NOTES BELOW VERY CAREFULLY

#### **Instructions and Definitions:**

(Please read carefully before completing PDI Ownership Status)

#### Legislation:

Procedures are set out in the Municipal Supply Chain Management Guidelines, as referred to in the Municipal Finance Management Act, 2003 (MFMA), to give all prospective suppliers an equal opportunity to submit quotations to the Municipality.

#### Terminology:

**Commodities:** The commodities the company wishes to be registered for as a supplier to the Commission.

**Trade Names:** The trade names that the company own or distribute, which you wish to be registered for as a supplier to the Commission.

**Owned:** Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.

Previously Disadvantaged Individuals (PDI): For the purpose of registering as a supplier for the Commission, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Previously Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.

Woman: A female person who is a SA citizen.

**Establishment of PDI / Women Equity Ownership in a enterprise:** Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.

Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.

# 5.1 List all Partners, Proprietors and Shareholders: (Compulsory) OWNERS AND SHAREHOLDERS

Explanation of abbreviations used in the following tables:

Capacity	
Director	D
Partner	Р
Member	М
Proprietor	R
Other	0

io ionowing tables.	
Race Group	
Black	В
White	W
Coloured	С
Indian	I
Other	0

List all persons who are shareholders / owners and managers in the business

NB Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied. NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED (Multiple copies of this page may be submitted if required.)



#### SHAREHOLDER NO 1

First name														
Surname:														
Identity number														
Percentage share:					<u> </u>			<u> </u>				<u> </u>	<u> </u>	
Capacity	D	Р	N	И		R			0					
Gender	М	I.	1		F		l .				Ì			
Youth (under 35)	Υ	l .			N						Ì			
Race group	В	W		С		I			0		Ì			
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)	Υ		l		N									
Were you a South African citizen on or before the 26 <sup>th</sup> of April 1994?	Υ				N									
Are you actively involved in the management and daily business operations of the business?	Υ				N						j			

#### SHAREHOLDER NO.2

First name				_										ĺ
Surname:														Г
Identity number														Г
Percentage share:		l							l		1			_
Capacity	D		Р	N	1		R			0		Ì		
Gender	М					F						Ì		
Youth ( under 35)	Y					N						Ì		
Race group	В		W	(	С		I			0		ĺ		
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)	Y		1			N								
Were you a South African citizen on or before the 26th of April 1994?	Y					N								
Are you actively involved in the management and daily business operations of the business?	Y					Z								



First name													
Surname:													
Identity number													
Percentage share:			 				l	l	<u> </u>				
Capacity	D	Р	М		R				0				
Gender	М			F		1					ĺ		
Youth ( under 35)	Y			N									
Race group	В	W	С		I				0		ĺ		
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)	Y	1		N		ı							
Were you a South African citizen on or before the 26 <sup>th</sup> of April 1994?	Y			N							<u> </u>		
Are you actively involved in the management and daily business operations of the business?	Y			N									

First name														1
Surname:														
Identity number														Π
Percentage share:									<u> </u>	1				
Capacity	D	Р		N	1		R			0				
Gender	М					F		1						
Youth ( under 35)	Y					Ν								
Race group	В	W		(	С		I			0				
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)	Y		l	•		N				•	l			
Were you a South African citizen on or before the 26 <sup>th</sup> of April 1994?	Y					N						<b>\$</b>		
Are you actively involved in the management and daily business operations of the business?	Y					N								



#### SHAREHOLDER NO.5

First name														
Surname:														
Identity number														
Percentage share:		1			I	I						·		
Capacity	D	Р		N	1		R		0					
Gender	М	1		<u> </u>		F					ĺ			
Youth ( under 35)	Y	1				Ν								
Race group	В	W		(	С		I		0					
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)	Y	•	ı			N			ı					
Were you a South African citizen on or before the 26 <sup>th</sup> of April 1994?	Y					N					<b>:</b>			
Are you actively involved in the management and daily business operations of the business?	Y					Ν								

#### SHAREHOLDER NO. 6

First name														
Surname:														
Identity number														
Percentage share:													 	
Capacity	D	Р		ı	VI		R			0				
Gender	М					F						Ì		
Youth ( under 35)	Υ					N								
Race group	В	W			С		I			0		Ì		
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)	Υ	•	l			N								
Were you a South African citizen on or before the 26 <sup>th</sup> of April 1994?	Υ					N								
Are you actively involved in the management and daily business operations of the business?	Υ					N								

#### **5.2. TOTAL EQUITY OWNERSHIP**

#### % Shares owned by the following groups: (Compulsory)

	MALE	FEMALE	DISABLED
AFRICAN			
COLOURED			
INDIAN			
WHITE			

#### a. PDI Ownership Status:

(Failure to complete this section will result in the application being rejected)

1	11 0 , ,
Previously Disadvantaged Individuals (PDI)	%
Women Equity (WE)	%
Disabled Individuals (DA)	%

#### 6. ANNUAL AVERAGE TURNOVER

Indicate annual average turnover excluding Value Added Tax during the past three years:

R			

#### 6.1. FINANCIAL DETAILS (BANKING) (\*)

Banking institution name											
Branch name											
Branch Code											
Banking account number											
Account Type											
Account holders name											

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (Copy of Cancelled Cheque / Bank Statement/banking details confirmation letter)

#### **6.2 SMME Status of your Enterprise:** (Please tick the relevant Box)

Micro	
Very Small	
Small	
Medium	
Large	



# 6.3 SMME Status of Your Enterprise: Please use this table to determine the SMME status of your enterprise

Please tick the relevant box in each column

A. Sector	В	. Full T	ime Pa	iid	C. A	nnual 1 milli	Turnov ons)	er (R	Total (		Asset v	alue (R
	Med	Small	Very Small	Micro	Med	Small	Very Small	Micro	Med	Small	Very Small	Micro
Manufacturing	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Retail and Motor Trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Wholesale Trade	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Catering / Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport / Storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Finance & Business Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Repair / Allied Services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Communications	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Other Trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Commercial Agents(e.g Travel Agent)	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Community and Social Services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Personal Services (e.g Consulting Services)	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1



#### 6.4 RATES/DISBURSEMENTS:

(Compulsory for all entities/individuals registered under professional services)

DESCRIPTION	RATE PER DAY (Based on 10 working hours)	RATE PER HOUR	OTHER CHARGES
Director / Partner			
Senior			
Junior			
Other			
DISBURSEMENTS	(Please specify in de	etail for services to be rend	ered)
Travel - Rate per km - Flights - Other			
Admin - Specify			
Other - Specify			



7. Declaration of any Conflict of Interest:	
Comments / Notes:	
I/we the undersigned acknowledge(s) that:  The information furnished is true and correct The Equity Ownership claimed is in accordant Any conflict of interest will be declared in the	
Signature of Owner or Authorised Representative	Date
Signature of Owner or Authorised Representative	Date
COMMISSIONER OF OATHS:	
SIGNATURE :	-
DATE:	STAMP



# 8. DECLARATION OF BIDDERS PAST SUPPLY CHAIN MANAGEMENT PROCESS

- 1. This Municipal Bidding Document must form part of all bids invited.
- 2. It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3. The bid of any bidder may be rejected if that bidder or any of its directors have:
  - a) Abuse the municipality's / municipal entity's supply chain management system or commit any improper conduct in relation to such system;
  - b) had been convicted for fraud or corruption during the past five years;
  - c) wilfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; Or
  - d) Had been listed in the Register for Tender Defaulters in terms of Section 29 of the Prevention and Combating of Corrupt Activities Act (No. 12 of 2004).
- 4. In order to give effect to the above, the following questionnaire must be completed and Submitted with the bid:

#### Item Question Yes /No

4.1 Is the bidder or any of its directors listed on the National Treasury's database as a company or person prohibited from doing business with the public sector? (Companies or persons who are listed on the database were informed in writing of this restriction by the National Treasury after the Audi alteram partem rule was applied). If so, furnish particulars:

Υ	N

4.2 Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of Section 29 of the Prevention and Combating of Corrupt Activities Act (Act 12 of 2004)? (To access this Register enter the National Treasury's website, <a href="www.treasury.gov.za">www.treasury.gov.za</a>, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 326 5445). If so, furnish particulars:

Υ	N

4.3 Was the bidder or any of its directors convicted by a court of law? (Including a court of law outside the Republic of South Africa) for Fraud or corruption during the past five years? If so, furnish particulars:

Υ	N



4.4 Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months? If so, furnish particulars:	_	
particulars.	Υ	١
4.5 Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract? If so, furnish particulars:		
	Υ	١
CERTIFICATION I, the undersigned (Full Name)		
SIGNATURE DATE		
POSITION NAME OF BIDDER		