



SUPPLIER DATABASE

REGISTRATION FORM

MANTSOPA

LOCAL MUNICIPALITY

A supplier application form is attached and should be completed to enable a sole proprietor/company/partnership/close corporation/trust/joint ventures to be registered on the Mantsopa Local Municipality Supplier Database, in respect of business classifications alluded to in Section 8 of the application form.

The copies of the following certified documents must be furnished together with your application:

- **Business Registration Documents (Company/Close Corporation/Partnership/Joint ventures etc.)**
- **Identity documents of directors/owners/members/shareholders**
- **Most recently approved Annual Financial Statements**
- **Value Added Tax(VAT) Registration Certificate (if applicable)**
- **Tax Clearance Certificate**
- **Shareholding Certificate**
- **Compensation of Occupational Injuries and Diseases registration**
- **Municipal account/ or Levy Clearance certificate, if residing within Mantsopa Local Municipality Boundaries.**
- **Any other relevant registration certificate pertaining to your business**
- **Copy of resolutions (if applicable)**
- **Company Profile**

Completed Supplier Database Forms, **CLEARLY MARKED**
“APPLICATION FOR REGISTRATION ON THE MANTSOPA LOCAL MUNICIPALITY GOODS AND/OR SERVICE (SUPPLIER) DATABASE” must be submitted to the **Supply Chain Manager, Supply Chain Management Office, P.O. Box 64, Ladybrand, 9745.**

1. BUSINESS PARTICULARS

1.1 Name of Business: _____

1.2 Trading as: _____

1.3 Vat number: _____

1.4 Income Tax number: _____

1.5 Physical address: _____

City: _____ Code: _____

Province: _____

1.6 Postal address: _____

City: _____ Code: _____

Province: _____

1.7 Telephone No: _____

1.8 Fax No: _____

1.9 Cell No: _____

1.10 E-mail address: _____

1.11 Web-Page address: _____

1.12 How would you like to receive correspondence from us? Please tick.

Post: _____ Fax: _____ E-mail: _____

1.13 Correspondence address: _____

City: _____ Code: _____

Province: _____

1.14 Contact Person for correspondence as per 1.7/1.9.

Title: _____ Name: _____

Surname: _____

1.15 Geographical areas where your business is located:

Eastern Cape		North West	
Free State		Northern Cape	
Gauteng		Northern Province	
Kwa-Zulu Natal		Western Cape	
Mpumalanga			
Are you locally based within Ladybrand Local Municipality: Yes:____ No:____			

2. SALES AND ACCOUNTS DEPARTMENTS

2.1 Sales Department

Contact Name: _____

Cell No: _____

Email Address: _____

Telephone: _____ Fax: _____

2.2 Accounts Department

Contact Name: _____

Cell No: _____

Email Address: _____

Telephone: _____ Fax: _____

3. CORE BUSINESS OPERATION

(Mark with in applicable fields)

- | | |
|--|---|
| <input type="checkbox"/> Prime Contractor | <input type="checkbox"/> Education, Development & Training Service Provider |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Labour-only Contractor |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Labour Agency |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Sub-Contractor (less than 25% generated turnover as prime contractor) | |

Other, please specify: _____

4. ANNUAL AVERAGE INCOME

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

R

5. FINANCIAL DETAILS (BANKING)

- 5.1 Banking institution name: _____
- 5.2 Branch: _____
- 5.3 Town / City: _____
- 5.4 Banking account number: _____
- 5.5 Account Type: _____
- 5.6 Account holder's name: _____

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (Cancelled Cheque / Bank Statement)

6. PREVIOUS BUSINESS INFORMATION

- 6.1 Did your business exist under a previous name? Yes _____ No _____
- 6.2 If yes, what name did it trade under? _____
- 6.3 Previous business registration number? _____

7. BUSINESS INFORMATION

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 2.

Construction		
C1		Concrete works
C2		Demolition
C3		Electrical contracts
C4		Evacuation systems
C5		Fencing
C6		General building work
C7		Glazing
C8		Transport
C9		Landscaping/Earthwork
C10		Mechanical contracts
C11		Metalwork & burglar guards
C12		Painting
C13		Paving
C14		Plumbing
C15		Pre-cast concrete manufacture
C16		Pumping installation
C17		Road works
C18		Special contracts
C19		Other: _____

Repair Services		
Vehicles		
V1		Spares & parts
V2		Auto Electrical
V3		Brakes and clutch
V4		Transmissions
V5		Panel beaters
V6		Tyres
V7		Batteries
V8		Oil & Lubricants
V9		Windscreens
V10		Communicative
V11		Engine overalls
V12		Hydraulics
V13		Towing Services
V14		Upholstery
V15		Radiator repairs
V16		Adhoc motor services
V17		Other: _____

Workshop		
Electrical		
W1		Electrical component suppliers
W2		Electrical motor repairs
W3		Transformer services
W4		Other: _____
Mechanical		
M1		Pump spares
M2		Bolts & nuts
M3		Mechanical seals & packings
M4		Hardware supplies
M5		Pipe & irrigation supplies
M6		Lifting equipment
M7		Bearing supplies
M8		Other: _____

Manufacturing/Wholesalers/Distribution		
D1		Building materials
D2		Cleaning supplies
D3		Clothing/Printing
D4		Computers equipment & software
D5		Office furniture
D6		Office supplies & stationery
D7		Fire protection equipment
D8		Industrial Equipment
D9		Vehicles
D10		Workshop Equipment
D11		Vehicles
D12		Workshop Equipment
D13		Protective Clothing
D18		Other: _____

Services		
Other Services		
S1		Advertising/communication services
S2		Bookkeepers
S3		Carpet cleaning
S4		Catering/vending
S5		Cleaning services
S6		Computer supplies/serving
S7		Motor services/corporate
S8		Educational services
S9		Horticultural services
S10		Insurance services
S11		Interior decorating
S12		Laundry services
S13		Courier services
S14		Health care services
S15		Municipal Services
S16		Municipal services
S17		Personnel services
S18		Pest removal services
S19		Printing/photography/graphic design
S20		Real estate
S21		Site cleaning
S22		Travel agencies
S23		Security & access control
S24		Air conditioning systems
S25		Telemetry
S26		Transport & Storage
S27		Auctioneers
S28		Other:_____

Professional Services		
P1		Financial services
P2		Architects
P3		Legal services
P4		Corporate catering/ refreshments
P5		Land surveyors
P6		Medical practitioners
P7		Project managers
P8		Quantity surveyors
P9		Town Planners
P10		Engineers
P11		Consulting Engineers (Civil / Structural)
P12		Consulting Engineers (Electrical)
P13		Consulting Engineers (Mechanical)
P14		Consulting Engineers
P15		Other:_____

8. HDI INFORMATION

Economic Sector			Type of Business		
E1		Agriculture	T1		ISO Listed
E2		Catering, accommodation & other Trade	T2		Manufacturer
E3		Community, Social & Personal Services	T3		Distributor
E3		Construction	T4		Sales
E5		Electricity, Gas and Water	T5		Services
E6		Finance and Business Services	T6		Importer
E7		Manufacturing	T7		Exporter
E8		Mining and Quarrying	T8		Repairer
E9		Retail, Motor Trade and Repair Services Wholesale Trade, Commercial Agents & Allied Services			
E10		Transport, storage and Communications	SMME Status		
			SM1		Small
			SM2		Medium
			SM3		Micro
			SM4		Established

9. DECLARATION OF INTEREST

1. No bid 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 register their company in terms of this form. In view of possible allegations of favouritism, should the resulting registration, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the company or their authorised representative declare their position.

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

3.1 Full Name:

3.2 Identity Number:

3.3 Company Registration Number:

3.4 Tax Reference Number:

3.5 VAT Registration Number:

3.6 Are you presently in the service of the state* **YES / NO**

3.6.1 If so, furnish particulars.

.....
.....

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

3.7.1 If so, furnish particulars.

.....
.....

* 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
- (f) an employee of Parliament or a provincial legislature.

3.8 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 committees? **YES/NO**

3.8.1 If so, furnish particulars.

.....
.....

3.9 Are you, aware of any relationship (family, friend, other) between a company/representative/shareholders/members/owners and any persons in the service of the state who may be involved with the evaluation and or adjudication committees? **YES/NO**

3.9.1 If so, furnish particulars

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

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

3.10.1 If so, furnish particulars.

.....
.....

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

3.11.1 If so, furnish particulars.

.....
.....

(b) Control

The following table represents the methodology used for the purpose of devising a score for management and control. Please complete the weighting;

Management Control	Weighting points (1-100%)0	Compliance targets
(1) Board Participation		
(i) Percentage that the Voting Rights exercisable by the Members of the Board who are black people hold to the total of all Voting Rights exercised by the members of the board.		
(ii) Executive members who are black		
(iii) Executive members who are women (iv) Executive members who are youth (v) Executive members who are disabled		
(2) Executive management participation		
(i) Percentage that Senior Executive Management who are black people constitute of the number of Senior Executive Management		
(ii) Percentage that Senior Executive Management who are black women, youth and people with disabilities constitute of the total number of the Executive Senior Management	Women- Youth- Disabled-	
(iii) Percentage that other Executive Management who are black people constitute of the total number of Other Executive Management		
(iv) Percentage that other Executive Management who are black women constitute of the total number of Other Executive Management		

(c) Joint Ventures

Joint Venture Members	% contribution to JV/partnership	% HDI ownership	% HDI contribution
Total HDI Contribution			

(e) Staffing Profile

Provide information on the staff that you have available (attach a separate list if the space provided is sufficient).

<u>Permanent Employed Staff: gender and race</u>	<u>Number of staff</u>
<u>Temporary staff</u>	<u>Number of Staff</u>

(d) Business references for the previous work done in the past years (you may attach)

Company name	
Address	
Contact person	Telephone:
Value of Contract amount	Date:
Description of work	
Nature of Duties	
Any registration with relevant authority	

Company name	
Address	
Contact person	Telephone:
Value of Contract amount	Date:
Description of work	
Nature of Duties	
Any registration with relevant authority	

Company name	
Address	
Contact person	Telephone:
Value of Contract amount	Date:
Description of work	
Nature of Duties	
Any registration with relevant authority	

Company name	
Address	
Contact person	Telephone:
Value of Contract amount	Date:
Description of work	
Nature of Duties	
Any registration with relevant authority	

Company name	
Address	
Contact person	Telephone:
Value of Contract amount	Date:
Description of work	
Nature of Duties	
Any registration with relevant authority	

Company name	
Address	
Contact person	Telephone:
Value of Contract amount	Date:
Description of work	
Nature of Duties	
Any registration with relevant authority	

11. DECLARATION

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

1. The Enterprise complies with the 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
2. The contents of this declaration are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
3. The enterprise will be required to furnish documentary proof if requested to do so.
4. If the information supplied is found to be incorrect then the Mantsopa Local Municipality in addition to any remedies, it may have, may
 - 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
ID Number
Duly authorized to sign on behalf of
Address.....
.....
.....
.....
Telephone.....

SIGNED AT.....
.....

ON THIS THE.....DAY OF:..... by the Deponent, who has acknowledged that he/she understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/has no objection to taking the prescribed declaration.

NOTE: The Deponent must initial all pages of this Application Form.