



Elias Motsoaledi Local Municipality

DATA CONFIRMATION FORM FOR REGISTERED ENTITIES (2016/2017)

SUPPLIER DATABASE (EMLMSD)

The completed application form must either be delivered to:
Elias Motsoaledi Local Municipality
Supply Chain Management Unit
02 Grobler Avenue
Groblersdal
0470

Or posted to:

Elias Motsoaledi Local Municipality
Supply Chain Management Unit
P O Box 48
Groblersdal
0470

Enquiries: SCM Office (013 262 3056) / Fax: 013 262 2893)

VENDOR DATABASE FORM (PERMANENT REGISTRATION) – 2016 / 2017

You are kindly requested to complete this document accurately as the information herein is required for the following purpose:

- To enable the municipality to complete a database of registered service providers
- To supply the municipality in the implementation of a system of preference as required by the preferential procurement policy framework act (no 5 of 2005)
- Failure to complete the form in full may result in the supplier not being considered for the awarding of any orders or contracts by the municipality

For Official Use Only:

Name of Supplier: _____

Registration/ Vendor Number: _____

SERVICE PROVIDER REGISTRATION DETAILS

Name of Company

Postal Address

_____ **Code** _____

Physical Address

_____ **Code** _____

Telephone Number _____

Mobile Number _____

Fax Number _____

E-Mail _____

Company Registration Number _____

Tax Reference Number _____

Vat Registration Number _____

PARTICIPATION CAPACITY (TICK ONLY ONE BOX)

Prime Contractor	<input type="checkbox"/>	Supplier	<input type="checkbox"/>
Sub-Contractor	<input type="checkbox"/>	Professional Services	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>
Other			

TYPE OF FIRM

Partnership		Close corporation	
Company		Pty	
Other			

PRODUCT OR SERVICES TO OFFER (ONLY 4 PER APPLICATION), CHOOSING MORE THAN THE SAID NUMBER MIGHT DISQUALIFY ONE FROM REGISTRATIONCleaning ☐ Catering (Catering certificate is required) ☐ Transport ☐Building & Construction (CIDB is required) ☐ Electrical ☐ Stationary ☐Aircons (Installation & Service CIDB 1ME or Higher is required) ☐Consultants (ECOSA is required) ☐ Gardening ☐ Supply of Furniture ☐Fuel(i.e; Petrol; Diesel; any other lubricants) ☐ ICT & Computers ☐Legal & Conveyance ☐ Advertising ☐ Travelling & Accommodation(ASATA) ☐Security Services ☐ Auctioneers ☐ Training Provider ☐Supply of Vehicles ☐ General Trading ☐

Other (Please Specify) _____

TOTAL NUMBER OF EMPLOYEES

Full time _____ Part time _____

ANY OWNER/MANAGEMENT OFFICER WHO HAS AN INTERES IN ANOTHER FIRM

Name of Employee	Position in firm	Name & address of other firm	Position in other firm

IDENTIFY BY NAME, HDI STATUS AND LENGTH OF SERVICES, THOSE INDIVIDUALS (INCLUDING OWNERS & NON OWNERS) RESPONSIBLE FOR THE DAY TO DAY MANAGEMENT AND BUSINESS DECISIONS.

ACTIVITY	NAME	RACE	GENDER	DISABLED YES/NO	LENGTH OF SERVICE
Cheque Signing					
Acquisition Of Lines Of Credit					
Sureties					
Purchasement Or Acquisitions					
Signing Of Contracts					
Estimating					
Marketing & Sales					
Hiring & Firing					
Supervision					

LOCAL MUNICIPALITY WHERE BUSINESS IS SITUATED

DISTRICT MUNICIPALITY WHERE BUSINESS IS SITUATED

**LIST THE FOUR LARGES CONTRACTS/ASSIGNMENTS COMPLETED BY YOUR FIRM IN THE LAST
3 YEARS**

Contact Person	Work Performed	Contact Details	Contract Fee/Amount

List all Shareholders by Name, Position, Identity Number, Citizenship, HDI status and ownership

Name	Contact details	Date/ Position occupied in Enterprise	ID Number	Date RSA Citizenship obtained	* HDI Status			% of business / enterprise owned
					No franchise prior to elections	Women Yes or No	Disable d Yes or No	
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	w)							
	h)							
	cell)							
	fax)							

**THE FOLLOWING BANKING DETAILS NEEDED AND MUST BE COMPLETED
IN FULL**

NAME OF BANK : _____

BRANCH NAME : _____

BRANCH CODE : _____

ACCOUNT NUMBER : _____

ACCOUNT TYPE (Cheque/Saving): _____

NAME OF ACCOUNT HOLDER : _____

BANK STAMP :

FOR BANK USE ONLY / (BANK OFFICIAL)

INITIAL & SURNAME : _____

SIGNATURE : _____

Contact number (work) : _____

Contact number (cell) : _____

Fax number : _____

DECLARATION

Iduly authorized to sign on behalf of

(name of company).....

Address.....

.....

Signature

.....

Date

DECLARATION OF INTEREST

(AS AMENDED – AS PER CIRCULAR 66)

1. No bid will be accepted from persons in the service of the state¹.

1. 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, shareholder²):.....

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.

.....

¹MSCM 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.

² 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? **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 of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? **YES/NO**

3.12.1 If yes, furnish particulars.

.....

3.13 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.

.....

3.14 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:

.....

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

Full Name	Identity Number	State Employee Number

.....
Signature

.....
Date

.....
Capacity

.....
Name of Bidder

DECLARATION

I, THE UNDERSIGNED (NAME)

.....

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

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

.....

Signature

.....

Date

.....

Position

.....

Name of Bidder

**IGNORING TO SUBMIT THE FOLLOWING DOCUMENTATION WILL
DISQUALIFY YOUR COMPANY TO BE REGISTERED ON OUR DATABASE:**

SUBMISSION OF ITEMS (a)-(g) IS COMPULSORY

- (a) Company Profile
- (b) Tax Clearance Certificate
- (c) Copy of CC/registration certificate
- (d) Certified Copy of BBB-EE, EME Letter or Sworn Affidavit
- (e) Certified Copies of ID documents of relevant stakeholders
- (f) On the bank particulars section a bank stamp must be put on.
- (g) Central Supplier Database Registration Report

NB: Building or Construction, CIDB registration certificate is required.

NB: In Catering service a certificate from department of Health is required.

NB: Travelling and Accommodation bookings, must be a member of ASATA.

ACCOUNT HOLDER: ELIAS MOTSOLEDI LOCAL MUNICIPALITY

NEDBANK (GROBLERSDAL)

BRANCH CODE: 198-765

ACC NO: 113 727 876 5