

ULM VENDOR NUMBER



**SERVICE PROVIDER DATABASE /
APPLICATION FORM /
REGISTRATION FORM**

Kindly forward the completed form, together with the relevant documentation clearly marked to:-

Umzumbe Local Municipality
Procurement Section
Sipofu Main Road
Mathulini Tribal Authority
Mtwalume
4186

Or

Umzumbe Local Municipality
Procurement Section
P O Box 561
Hibberdene
4220

No faxed/e-mailed registration will be accepted.

For more information please contact the Procurement Section at:-

Tel No. 039-940-5428/63
scm@umzumbe.gov.za

POINTS TO REMEMBER
COMPLETING THE UMZUMBE LOCAL MUNICIPALITY SUPPLIER
DATABASE REGISTRATION FORM

Completion of questions – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.

Certified documents – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman's Compensation, Security Officers Board Certificate if applicable; the stamp of certification should be on the front of the document. No faxed documents will be considered for accreditation.

An original valid Tax Clearance Certificate or PIN is to be submitted. This is to be updated on a 12 monthly basis and submitted for inclusion in the ULM Supplier Database.

Copies of documents – Please keep copies of the Registration Form and all supporting documentation submitted for your own records and to ensure that all data is maintained and up to date on a continual basis.

Owners, shareholders – Please ensure that the percentages of ownership of the **individual shareholders** amount to 100%. That is, provide details of **all** shareholders, and ensure that all fields are completed for each. Proof of the individual shareholding is to be submitted.

Holding companies & Trusts – Please contact the ULM Supplier Database Office on Tel No. 039-940-5428/63 should your business be owned by a Holding company or a Trust to request additional information.

Certification of correctness – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.

Collection points – Please collect the database forms from the Supply Chain Management office in uMtwalume, or download them from our website. Completed Registration Forms and supporting documentation can be delivered to the address on this Registration Form.

Processing of registration – Your completed registration will be processed, and once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with the Municipality. **Please note that this administration process of COMPLETED Registration Forms will take a minimum of 21 days.** Once your registration has been included on the ULM Supplier Database, your details will be accessible to the ULM Procurement Section.

Business opportunities – Please note that registration on the ULM Supplier Database does not guarantee business opportunities. Should you wish to receive leads on tenders, please refer to the ULM Website, or the local notice boards. Suppliers not registered on the Central Suppliers Database will not be accepted into our database.

Amendments – Please notify the ULM Supplier Database office immediately of any changes to the verified information submitted. Submit a **Certification of Correctness** with the amended data.

Queries – Should you have any queries, or if you require assistance completing the registration form, please contact Umzumbe Municipality Procurement Office on Tel No. 039-940-5428/63.

1. BUSINESS PARTICULARS

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

1.3 Registration Number as registered with the Registrar of Companies/Close Corporations (if applicable)

1.4 Postal Address

Postal Code

1.5 Physical Address (if different to postal address)

Postal Code

Contact Person

Identity Number

Telephone No.

Fax No.

Cell No.

E-mail Address (if applicable)

Website Address

Preferred Method of Communication

E-mail	
Fax	
Post	
SMS	

NB. If no Fax No. is submitted, request for quotation cannot be sent through.

Location : Please mark with X where your business operates

ONLY Umzumbe Suppliers to fill this section indicating their WARDS and must attached proof of residence

Cluster A	Ward 10	Ward 11	Ward 17	Ward 18	Ward 19	Ward 20
Cluster B	Ward 05	Ward 13	Ward 14	Ward 16		
Cluster C	Ward 08	Ward 09	Ward 15			
Cluster D	Ward 01	Ward 02	Ward 03	Ward 04		
Cluster E	Ward 06	Ward 07	Ward 12			

OTHER: _____

e.g Municipal Name and Ward

4

CSD Registration Number

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1.6 Physical Location of Head Office (if applicable)

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.....
.....

1.7 VAT Vendor

Yes		No	
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VAT Registration No.

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1.8 Unemployment Insurance Fund No. (if applicable)*

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*Please attach a certified copy of Registration Form. If you are unable to do so, kindly provide explanation.

1.9 Compensation Commissioner Registration No. (if applicable)*

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*Please attach a certified copy of Registration Form. If you are unable to do so, kindly provide explanation.

1.10 Income Tax Reference No. (if applicable)* (for Business)

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.....
.....

*Insert personal Tax No. if one person Business (sole proprietor) or personal Income Tax No. of all partners in partnership.

1.11 P.A.Y.E. No. (if applicable)

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1.12 BBBEE Level*

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*Please attach a certified copy.

2. CERTIFIED BANKING DETAILS FORM

This form needs to be completed, and certified by the appropriate Banking Institution or Attach a stamped letter from the confirming the account.

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

Account Type (Cheque/Savings, etc.)

Name of Banking Institution

Branch Name

Branch Code (6 Digits)

Banking Account Number

Please place Bank stamp here

Received and stamped by (Name in Block Letters)

Signature of Bank Official

<input type="text"/>	<input type="text"/>
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Date

3. TYPE OF BUSINESS

Please tick the appropriate box

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

*Please ensure to attach a certified copy of the appropriate document dependent on type e.g. Public Co. to attach certified copy of Certificate of Incorporation.

4. PREVIOUS BUSINESS INFORMATION

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

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

4.3 Reasons for name change

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.....

.....

5. CLASSIFICATION OF BUSINESS (Please see Annexure 1)*

5.1 Classification for Umzumbe Municipality Supplier Database (**Mandatory**)

Core Business Area	Sub-Sector

*Please refer to ANNEXURE 1 FOR A COMPREHENSIVE LIST OF Core Areas and their corresponding Sub-Sectors.

**UMZUMBE LOCAL MUNICIPALITY
SUPPLY CHAIN MANAGEMENT DATA CATEGORY LIST**

(PLEASE SELECT ONLY ONE (01) MAIN AND NINE (09) ALTERNATIVE FROM ONE CATEGORY BELOW)

CONSTRUCTION

Air Conditioning System	Electrical Contracts	Plumbing	
Alarm / Security System / Access Control	Evacuation System	Pre-cast Concrete Manufacture	
Autoclaves	Fencing	Plumbing Installations	
Automatic Hanger Doors	General Building Work	Road Marking & Signage	
Automatic Sliding Doors	Glazing	Roadworks & Cleaning	
Automatic Sprinkle Fire Protection System	Hauling / Heavy Equipment / Transport	Roofing & Waterproofing	
Brickwork / Masonry	Hot Water Installations	Sewerage Installations / Reticulations	
Cabinet / Furniture Making	Incinerators	Steam Installations & Ancillary Equipment	
Carpeting / Tiling / Floor Covering	Landscaping / Earthworks	Steel Fabrication & Erection	
Ceilings, Partitioning & Shopfitting	Lift & Escalator	Stormwater Draining	
Cladding Contracts	Mechanical Contracts	Water Installations / Reticulations	
Cooking & Related Systems	Metalwork & Burglar Bars	Other (Specify)	
Compressed Air Installations	Painting		
Concrete Works	Paving		
Demolition	Plastering		
SERVICES			
Accommodation	Garden Services	Performance Management	
Advertising / Public Relations	Grass Cutting	Printing / Photography / Graphic Design	
Auto Repairs & Services	Taxis	Promotional Materials	
Auto Electrical & Hydraulic Repairs	Towing Services	Publishing	
Bookkeepers	Horticultural Services	Real Estate	
Carpet Cleaning	HV Fault Finding Jointing & Terminations	Radio Publicity / TV Publicity	
Catering / Vending / Food Supply	Insurance / Employee Benefits	Road Maintenance	
Cleaning Services	Interior / Industrial Design	Safety & Security Services	
Computer Supplies / Services	IT Maintenance	Service HV & LV Switchgear / Transformers	
Corporate Gifts / Corporate Clothing	IT Management	Site Cleaning	
Copywriting	Timber Contractor	Solid Waste Disposal	
Courier Services	IT Networking	Stage Hire	
Cleaning Equipment / Materials	IT Programming	Sound System Hire	
Diesel & Petrol Engines	Laundry Services / Dry Cleaning	Telecommunications	
Debt Collection	Locksmith Services	Telephone & Data Line Maintenance	
Distribution	Media Liaison	Training & Development	
Digging of Graves	Mailing / Courier Services	Travel Agencies	
Educational Services	Medical / Ambulance / Health Care	Other (Specify)	
Entertainment - Artists	Marque / Tent Hire		
Food & Beverage	Municipal Services		
Fire Extinguisher & Refills	Medical Equipment / Instruments		
Fire Hydrants	Office Maintenance		
Funeral Services	Personnel Services		
Florist	Pest Removal Services		
PROFESSIONAL SERVICES			
Accountants / Financial Advisor Services	EDMS Consultants	Pre-Employment Assessment Consultants	
Architects	EAP Consultants	Project Managers	
Attorneys / Legal Services	Economists	Quantity Surveyors	
Archival Services Consultants	Industrial Relations Consultants	Statisticians	
Business Information Management	Job Description Consultants	Teachers	
Consulting Engineers (Geotechnical)	Land Surveyors	Town Planners	
Consulting Engineers (Civil/ Structure)	Legal Compliance Consultants	Training Providers	
Consulting Engineers (Electrical)	Medical Practitioners	Translation Services	
Consulting Engineers (Mechanical)	OHS Consultants	Other (Specify)	
Consulting Engineers (Multidisciplinary)	Organisations Development Consultants		
Contractors	Pharmacists		
WHOLESALEERS / TRADERS			
Automotive Parts	Fuel Supplies	Recreational Supplies	
Air Pollution Measuring Equipment	Furniture	Refrigeration & Air Conditioning	
Books	Fencing	Refuse Bulk Containers	
Building Materials / Hardware	Fire Fighting Equipment & Consumables	Protective Clothing / Uniforms	
Batteries	Food for Game Animals	Radio / Radio Equipment	
Cleaning Supplies / Chemicals / Pesticides	Generating Sets	Supply Plants, Flowers & Seeds	
Clothing	Health Safety & Environmental Supplies	Toilet Paper Wrapped / Unwrapped	
Computer Equipment / Software	IT Hardware & Software	Traffic Signs / Materials	
Curtains	Industrial Catering Equipment	Vehicles	
Consumables	Laundry Equipment	Workshop Equipment	
Domestic Appliances	Linen, Pillows & Blankets	Vehicles, Equipment, Trailers & Tractors	
Groceries	Medical Supplies & Equipment	Other (Specify)	
Electrical Supplies & Equipment	Medicines		
Fire Extinguishing	NGO's / NBO's		
Fire Protection & Detection	Office Consumables		
Floor Coverings	Office Equipment		
Food Supplies	Paint Supplies		
Fertilisers	Paper & Stationery		

6. 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	

7. PROPRIETORS/SHAREHOLDERS/PARTNERS/SOLE PROPRIETORS/TRUSTEES/ OWNER

Please list all owners (as listed above). If insufficient space, kindly attach a copy of this page signed by the person who signs on behalf of the business.

Name	ID No.	Shareholding %	Gender

8. PREVIOUS EXPERIENCE (If applicable)

Please list the municipal contracts awarded to you over the last 5 years or other previous experience related to your core business

Employer/ Department	Contact Person and Telephone No.	Contract Value in Rands	Completed Successfully (Yes/No)	Year

9. 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

10. 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 authorized 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 the 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 the Municipality as a result of breach of contract;
 - (iii) Cancel the contract and claim any damages which the 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 _____ 20____ 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

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 authorized 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 (Vendor or Authorised Representative **as mentioned above**)

.....

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 Yes No
past twelve months?

3.7.1 If so, furnish particulars:

.....
.....

3.8 Do you have any relationship (family, friend, other) Yes No
with persons in the service of the state and who
may be involved with the evaluation and/or
adjudication of this tender?

3.8.1 If so, furnish particulars:

.....
.....

3.9 Are you aware of any relationship (family, friend, Yes | No
other) between a tenderer and any persons in the
service of the state who may be involved with the
evaluation and/or adjudication of this tender?

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:

.....
.....

**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.

CERTIFICATION

I, the undersigned (name)

certify that the information furnished on this declaration form is true and correct.

I accept that the state may act against me should this declaration prove to be false.

.....
SIGNATURE

.....
DATE

.....
POSITION

.....
NAME OF TENDERER

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 or certified copies except Tax Clearance Certificate.

ATTACHED**(Please tick appropriate box)**

Document Name	Yes	No
Printed Tax Clearance Certificate (Please provide Tax Compliance Status PIN for validation)	<input type="checkbox"/>	<input type="checkbox"/>
Company Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Company Resolution of Signatories	<input type="checkbox"/>	<input type="checkbox"/>
Original or Certified Copy "Letter of Good Standing" from Workmen's Compensation Commissioner or its Agent	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Banking Details	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Certified copies of ID documents of Directors/Owners/Shareholders	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation Certificates: Registration to professional bodies, e.g. RMI, SETA, PSIRA, IOPSA, NHBRC, CIDB, copy of Certificate of Acceptability for Food Premises	<input type="checkbox"/>	<input type="checkbox"/>
BBBEE Certificate from the registered Auditors IRBA/Accounting Officer (as contemplated in Section 60 of the Close Corporation Act, Act No. 69 of 1984), a Sanas accredited verification agency or certified copy	<input type="checkbox"/>	<input type="checkbox"/>
Proof of registration on the Central Suppliers Database (CSD Registration Summary Report)	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE:

CAPTURED BY:

DATE:

VERIFIED BY:

DATE: