



Umzumbe
M U N I C I P A L I T Y

SUPPLIER DATABASE REGISTRATION FORM

PLEASE RETURN THE COMPLETED REGISTRATION FORM WITH THE FOLLOWING ATTACHMENTS

- TAX CLEARANCE CERTIFICATE
- CANCELLED CHEQUE/BANK STATEMENT OR BANK STAMPED LETTER
- CIDB CERTIFICATE IF APPLICABLE
- CERTIFIED COPY OF IDENTITY DOCUMENT/PASSPORT
- CERTIFIED COPY OF COMPANY REGISTRATION (CC/CO)
- ANY OTHER POOF OF REGISTRATION

DELIVERY ADDRESS : MATHULINI MPCC, TURTON

**POSTAL ADDRESS : UMZUMBE MUNICIPALITY
PO BOX 561
HIBBERDENE, 4220
ATTENTION : SUPPLY CHAIN MANAGEMENT**

FOR OFFICE USE

Supplier Name								
Registration Number								
Captured by		Date	D	D	M	M	Y	Y
Approved by		Date	D	D	M	M	Y	Y

BUSINESS PARTICULARS

Umzumbe Municipality Supplier Application:

The following information must be filled in by the applicant. Failure to submit ALL the required information may lead to non-registration of the applicant's business. Ensure that a tax clearance certificate is attached to this application form.

Name of business as registered with the Registrar of Companies	
Trading as	
Business postal address	
Business physical address	
Telephone number	
Cellular phone number	
Fax number	
E-mail address	
Contact person (Full Name & Surname)	
Physical location of Head Office (if applicable)	
Banking Details	Name of the bank:
	Account holder:
	Account no:
	Branch code

Location; Please mark with X where your business operates

Umdoni Municipality		Only Umzumbe Suppliers to fill this section indicating their WARDS					
Umzumbe Municipality		Cluster A	Ward 10	Ward 16	Ward 17	Ward 18	Ward 19
Hibiscus Coast Municipality		Cluster B	Ward 5	Ward 7	Ward 12	Ward 13	Ward 14
Umuziwabantu Municipality		Cluster C	Ward 1	Ward 2	Ward 3	Ward 4	Ward 6
Ezingoleni Municipality		Cluster D	Ward 8	Ward 9	Ward 11	Ward 15	
Vulamehlo Municipality		_____					
Other		_____					

PRODUCTS & SERVICES

In order to assist with classification of suppliers, please indicate the industrial sector related to the goods/services that you **Please mark with an 'X' the appropriate block to clearly indicate the industrial sector related to the goods and services that you supply.**

Finance,IT,Supply&Delivery,Printing

Insurance	
Legal services	
Securities broker	
Accountants	
Credit institutions	
Other (Specify)	

Auditors	
Computer equipment & accessories	
IT related products, accessories ,maintenance and repairs	
Supply and delivery(Stationery, office furniture)	
Supply and delivery(General Wholesale)	
Supply and delivery (Food, and refreshments, consumables,)	
Supply and delivery(Cleaning products)	
Photographic & recording media	
Printing & publishing	
Photographic, filming or video equipment	

Catering, accommodation and other trade

Conference center	
Hotel	
Restaurant	
Hotels	
Lodges	
Catering General	
Catering VIP	
Traveling Agent	
Other (Please Specify)	

Construction,

General construction	
Fencing	
Repairs	
Welding	
Carpentry	
Plumbing	
Building	
Other (Please Specify)	

Transport

Goods transport	
Passenger Transport	
Other (Please Specify)	

Professional services

Architects	
Town planners	
Land surveyors	
Quantity surveyors	
Project managers	
Engineers	
Consulting Engineers(Civil/Stuctural)	
Consulting Engineers(Electrical)	
Consulting Engineers(Multidisciplinary)	
Other (Please Specify)	

Other services

Petrol /Diesel stations	
Sound system	
Tent hiring services	
Tyres and exhaust	
Any other general services must be listed below incase it is not covered above	
Other (Please Specify)	

OWNERSHIP INFORMATION

1. List all persons / entities that are Owners in the business / trust and indicate their involvement in the management / operations of the business / trust. (Please note that people who are in a service of the state are prohibited to do business with the Municipality, if you have any relationship please declare on the last page of the Application Form)

NAME OF THE PERSON	ID NUMBER	SHAREHOLDING %	Is this person in the service of the state (Yes or No)

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

1. The enterprise complies with all 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 Affidavit 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 Umzumbe 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 ii Take any other action as may be deemed necessary.

Declaration of Interest

In terms of SCM Regulation 44.

- 1.No bid will be accepted from persons in the service of the state and suppliers listed on Treasury prohibited list suppliers list.
- 2.Any person having a kinship with persons in the service of the state must declare below(if not ignore).

Umzumbe Municipality Supplier Application:

Name of employee who is in service of the state:.....ID No.....

Department in which this person works for:.....Work Tel no:.....

Declaration by the representative of the company

I.....ID no.....

Duly authorized to sign on behalf of(name of the company):.....

Declare that information furnished above is true and binding: Signature.....

SWORN AFFIDAVIT Signed and sworn to before me at on this theday ofby the Deponent, who has acknowledged that he/she knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience. Commissioner of Oaths..... **NOTE: Both the Deponent and the Commissioner of Oaths must initial all pages of this Application form. This form will not be accepted without a valid stamp from the Commissioner of Oaths**

MBD 4

DECLARATION OF INTEREST

- 1. No bid will be accepted from persons in the service of the state¹.
- 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 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, hareholder²):.....

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