UMZUMBE MUNICIPALITY
UMASIPALA WASEMZUMBE

Tel: 039 972 0005 | **Fax:** 039 972 0099 | **Direct:** 039 940 5488
E-mail: led@umzumbe.gov.za
Address: P.O. BOX 561, Hibberdene, 4220
Department: Office of the MM | **Unit:** Office of the Municipal Manager
Facebook: @Umzumbe Municipality
Instagram: @umzumbe_municipality | **Website:** www.umzumbe.gov.za

TRACTOR OWNER DATABASE REGISTRATION FORM

Please complete all fields below:

Full Name (s): _____ ID Number: _____

Contact Number: _____ Alternative No: _____

Ward No:_____ Email Address: _____

Physical Address: _____Type of Mechanisation: _____

Type/Form of Business: _____

Commodity Category Per Supplier:

MECHANISATION SERVICES (please tick relevant boxes)	
Ripping	
Ploughing	
Discing	
Pre-spraying	
Planting	
Post spraying / fertiliser spreading	

NB: only three (3) commodities per supplier, if you tick more than 3 you will be automatically disqualified.

Mechanisation Equipment(s):

Municipal officials will verify the mechanisation equipment listed here.

The verification will be impromptu and supplier have to avail machinery in the address that will be provided. The machinery listed here and the condition will inform capacity of supplier.

Tractor Name	Registration No.	Description

EXPERIENCE IN MECHANIZATION SERVICES:

Total number of years in business: _____

Tractor owners must furnish hereunder details of similar works/service, which they have satisfactorily completed in the past and which they want to specifically bring under the attention of the municipality in support of their application. The information shall include a description of the Works, the Contract value and name of Employer.

EMPLOYER	NATURE OF WORK	VALUE OF WORK	DURATION AND COMPLETION DATE	EMPLOYER CONTACT NO.

CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I the undersigned is duly authorized to do so on behalf of the firm certify that:

a. This information supplied is correct.

b. All copies of relevant information are attached.

1. Proof of residence
2. Certified copies of ID documents of shareholders/members/owners.
3. Application form
4. Proof of Ownership registration documents/ Licensed documents for Tractors and equipment

SIGNATURE OF AUTHORISED PERSON: _____ DATE: _____

OFFICE USE ONLY

Received By: _____

Signature : _____ Date: _____

NB! ALL SUPPLIER DATABASE REGISTRATION FORMS RETURNED WITHOUT PROOF OF OWNERSHIP OF TRACTORS AND IMPLEMENTS WILL AUTOMATICALLY BE DISQUALIFIED FROM BEING REGISTERED ON THE MUNICIPAL DATABASE.

Municipal Stamp