Application for Registration On NKANDLA MUNICIPALITY SUPPLIER DATABASE



These forms must be completed and submitted to:
 Nkandla Municipality
 Lot 292, Maree Road
 NKANDLA
 3855

OR POSTED TO:

Supply Chain Management Unit Nkandla Municipality Private Bag X161 NKANDLA 3855

ENQUIRIES:

Finance Department: SCM Unit Telephone: 035 833 2015/53/54/55 Fax: 035 833 0920

FOR OFFICE USE ONLY

Supplier Name		
Database number		
Captured by	Date	
Signature		
Approved by	Date	
Approved by Signature		

CENTRAL SUPPLIER DATABASE (CSD) NO $\tilde{0}$ $\tilde{0}$

NKANDLA MUNICIPALITY SUPPLIER DATABASE CHECKLIST

DOCUMENTS ATTACHED	Y	N	N/A	Office Use
Certified Company Registration Document				
Certified Proof of Ownership/Shareholder certificate				
Proof of Banking Document				
Income Tax Registration Document				
Valid Tax Clearance Certificate				
Disability Documents				
Utility bill (electricity bill, water bill)				
CIDB, PSIRA Certificates where applicable				
Certified Copy of BEE Certificate				
Proof of Registration with Central Supplier Database (CSD)				

SECTIONS COMPLETED	Y	N	N/A	Office Use
Section B: Business Information				
Section C: Financial Information				
Section D: Classification of Business				
Section E: Business Management				
Section F:Verification of information				
Section G: Commissioner of Oaths				

SECTION A: INTRODUCTION, GUIDELINES AND KEY TO RECALL

- a) Service Providers shall be required to complete this document in its **ENTIRETY** and in a **NEAT**, **LEGIBLE HANDWRITING**. Failure to do so will result in no registration of the Service Providers Business and the Municipality shall not be held liable for any loss or damages sustained by the Service Provider. Where the information requested does not pertain to the Service Provider, please insert the symbol+**N/A**+in the appropriate space. Should the space be left blank, it shall be deemed that information is pending and the Service Providers Business will not be registered.
- b) Service Providers are advised that only <u>ORIGINAL</u> copies of this document shall be processed. Should this document be re-typed or re-drafted in any manner whatsoever, the document will be disregarded.
- c) Only documents with <u>ORIGINAL</u> signatures will be accepted and processed. All signatures to this document must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in non-registration of the Business.
- d) Any alterations made by the Service Provider must be initialed. The use of correcting fluids is strictly prohibited.
- e) Registration of the Business on the Database shall be subjected to a <u>30 day</u> waiting period commencing from the date of receipt of the application by SCM.
- f) The onus shall rest upon the Service Provider to inform SCM of any changes to the status of the Service Provider Business, in which case certified proof will be required in order to effect the changes. Failure to do so may result in the Service Provider being removed from the Database and/or the cancellation of contracts awarded to the Service Provider, on the basis of misrepresentation. Changes to the status of the Business shall also be subjected to a 30 day waiting period commencing from the date of receipt of such changes by SCM.
- g) Service Providers furnishing false information shall be immediately disqualified from tendering and removed from the Database. Further to this, the Municipality shall institute action against the Service Provider in terms of <u>Regulation 15 of the Preferential Procurement Policy Framework Act No. 5 of 2000.</u>
- h) Forms may be retrieved from the website: www.nkandla.org.za., and required, documentation such as Affidavits, Tax Clearance Certificates, etc. must attached together with the form during submission.

(i) All applications must be forwarded to:- Supply Chain Management, Nkandla Municipality, Lot 292 Maree Road, Nkandla, 3855 or Private Bag X161, Nkandla, 3855.

The Municipality shall not be held liable for any document which is not timeously delivered, mislaid or incorrectly delivered due to the negligence of the Courier Company or any other party involved in the delivery of the documents including any employee of the Council.

- j) The Municipality reserves the right to request any other information it may deem necessary to determine the capability of the Service Provider. Further to this, the Municipality also reserves the right to inspect the premises of the Service Provider at any given time.
- k) Service Provider are advised to check the number of pages and should any be missing or duplicated, or the reproduction indistinct, or any descriptions ambiguous, or this document contain any obvious errors, the Service Provider shall inform the Supply Chain Manager at once and have the same rectified. No liability whatsoever will be admitted in respect of errors in any document due to the Service Provider's failure to observe this requirement.
- I) Service Providers registering for construction work, electrical work, civil engineering work, and the like must be registered with the relevant statutory Council and a <u>CERTIFIED COPY OF SUCH REGISTRATION MUST BE</u>

 <u>SUBMITTED TOGETHER WITH THIS DOCUMENT</u> for registration purposes. Similarly, Professional Service Providers are also required to adhere with the afore-mentioned.
- m) No guarantee can be given that work will be awarded to Service Providers who are registered on the Database. Work will be awarded to Service Providers on an "as and when" required basis taking into account the principal of the distribution of work in order to empower SMMEs.and BEEs.
- n) Service Providers shall be required to provide details of <u>a Bank Account</u> where monies owing to the Service Provider may be electronically transferred into
- Services Providers whose primary work entails construction work, electrical work, civil engineering work, plumbing and catering shall be required to submit with this Registration Form certified copies of the following Certificates:-

Type Of Work	Certificate of Registration Required
Construction work, electrical work, civil engineering work, plumbing, etc.	Construction Industry Development Board (CIDB)
Electrical	Electrical Contractor Board (ECB)

Plumbing	International Organization of Plumbing South Africa (IOPSA)
Catering	Certificate of Health (COH)

Any other relevant body not mentioned herein

SECTION B: BUSINESS INFORMATION

Particulars of the Company Registered Name **Trading** Name Co/CC registration No. Income Tax Reference No. NB.: Insert Personal Income Tax Number if a one person business [sole trader] and Personal Income Tax Numbers of all partners in a partnership VAT Registration No. Registered Address Postal Code Postal Address Postal Code Magisterial Ward District in which Number the registered address is situated. **Contact Details** Surname and Initials Designation/Job title

Telephone Number	
Facsimile Number	
Cellular Number	
Email Address	
Website Address	
Preferred Method	of Communication [Please Tick]: E-mail □ Fax □ Post □ SMS □
Banking Details Name of Bank	
Branch Name	
Branch Code	
Account Number	
Account Holder	
	Please Tick): Current Account □ Transmission Account □ Savings Account □
	NB.: An original Bank Statement not older than 90 days or a cancelled Cheque reflecting the name of the Business must be submitted together with this form for registration purposes.

Classification of Business

Service Providers are required to tick (select) their <u>CORE</u> field/s of expertise <u>(Maximum 5)</u>. Please note that the field/s of expertise detailed below must be justified by the information submitted in Section 5.0 below and supported by the relevant certification if applicable. (Attach a copy of your Companys Profile if necessary)

1	CES01 Catering Supplies and Services	
2	CGF01 Chemicals, Gas, Fuels and Lubricants	
3	EPS01 Electrical, Parts, Spares and Services	
4	EM01 Events Management	
5	AGI01 Agricultural Equipment, Gardening and Irrigation	
6	PS01 Professional Services	
7	SPB01 Stationery, Printing and Books	
8	CS01 Cleaning Equipment and Supplies	
9	FFF01 Furniture and Fitting	
10	MAC01 Machinery	
11	ENV01 Environmental Management	
12	CDS01 Courier and Delivery Services	
13	TS01 Transport Services	
14	SCA01 Safety Clothing and Accessories	
15	OES01 Office, Computer equipment, services and supplies	
16	MV01 Motor Vehicles	
17	FPS 01 Fleet, parts, services and spares	
18	HAR01 Humanitarian aid and relief	
19	CON01 Construction	
20	DKS 01 Domestic kitchenware and services	
21	HSS 01 Hardware services and spares	
22	MSS 01 Medical Services and supplies	
23	OEA 01 Outdoor equipment and accessories	
24	PO01 Printing Office	
25	SWM01 Scrap and waste material	
26	SSS01 Security services and supplies	
27	SA01 Signage and accessories	
28	SEA01 Sporting equipment, accessories and supplies	
29	TAF01 Travel, accommodation and flights	
30	PB01 Pauper Burial	

31	Stores various	
32	Other (Specify)	
33	Other (Specify)	

The following information is required to determine if the Prospective Providers Business can be classified as an SMME in terms of the National Small Business Act No. 102 of 1996:-

Rand Value of Average	e Annual Turnover Inclu	ding VAT For The Three	e (3) Preceding Years
Financial Ranges	Year 1	Year 2	Year 3
R0 to R30 000	R	R	R
R30 000 to R100 000	R	R	R
R100 000 to R150 000	R	R	R
R150 000 to R200 000	R	R	R

If the Prospective Providerq Business is established during the present year, please indicate hereunder the date the Business was established and registered with the South African Revenue Services.

Business Date	Reg.		
SARS Reg.	Date		

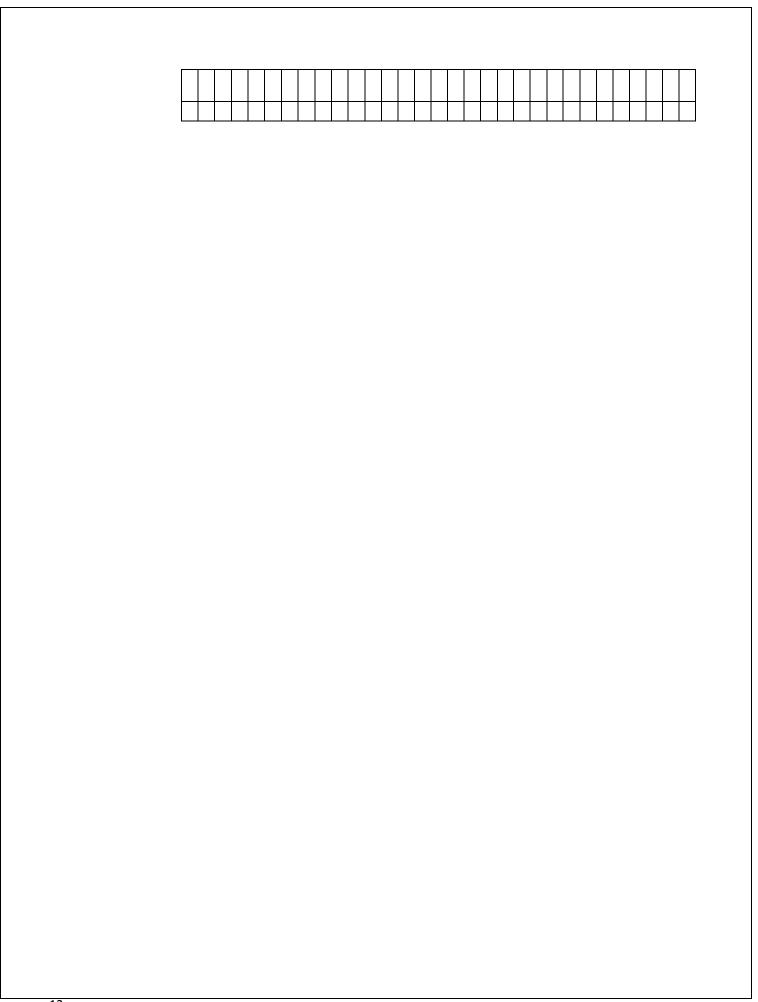
Previous Experience

List the last four (4) contracts successfully completed by your Business or other previous experience related to your core business as indicated in the classification of business section. (Attach a separate sheet if necessary)

Customer	Contact Person	Contact No.	Value of Work Undertaken	Year	Nature of Work Undertaken
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	R
	R
	R
	R
	R
SMMEs may submit I a separate sheet if ne	letters of recommendations from suitably reliable sources in support of their core business operations. (Attach ecessary)
Other Business	interests
	ess have ownership in other companies? Yes □ No □
	nish the following information:
Name of Co/CC	
One	
Percentage Ownership	
Registered Address	
	Postal Code
Magisterial District in which	
Magisterial District in which the registered address is situate	Code Ward Number
District in which the registered	Code Ward Number
District in which the registered address is situate Name of Co/CC	Code Ward Number

	Postal Code								
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ame of Co/CC hree									
ercentage wnership									
egistered ddress									
	Postal Code								
lagisterial istrict in which ne registered ddress is situate	Ward Number Did.								
las your Busing yes, please at when you or any local	nal information ness undergone a formal BBBEE Level of Accreditation? Yes □ No □ tach the certification of accreditation issued by the accreditation agency of the other owners of your company currently in the employ of Nkandla Yes □ No: □								
lunicipality?	If yes furnish the following details:								
	he following details:								
	he following details:								



Identity Number	(Attach a separate sheet if necessary)							
Have you or any of the other owners of your company have been in the employ of the Nkandla Local Municipality in the past 12 months? Yes □ No: □								
If yes furnish the following details:								
Full Names								
Identity Number	(Attach a separate sheet if necessary)							
Do you or any	of the other owners have relatives working in the Municipality?							
Yes □	No: □							
If yes furnish th	ne following details:							
Full Names								
Identity Number	(Attach a separate sheet if necessary)							
Municipality?	Do you or any of the other owners have close relationship with any official working in our							
Full Names								
Identity Number	(Attach a separate sheet if necessary)							
Is there any oth	ner information that your company would like to disclose?							
If yes furnish de	Yes □ No: □ etails on a separate sheet and attach.							

SECTION C: FINANCIAL INFORMATION

Municipal Fees

Please furnish the information below for verification purposes. It must be noted that in terms of the Municipality Supply Chain Management Policy, the Municipality is not allowed to do Business with any Service Provider whose Municipal Fees are not in order. If your Municipal Fees are not fully paid up, please attach proof that arrangements have been concluded with the Municipality to pay the said Fees. It must be further noted that the Municipality reserves the right to deduct any monies due or which may become due to the Services or Goods Provider in lieu of Municipal Fees owing.

Account Description	Account Number								
Patri									
Rates									
Electricity									
Water									
Other:									
Previous Business Information									
Did Your Business Exist Under a Previous Name? (Please Tick) Yes □ No □									
If %es+What Was The Previous Business Name	e?								
Why Was It Changed?									
-									
Who were the Owners, Partners, Members or Shareholders?									
Full Names									

Have you previo	ously done work fo	or the Municipality? (If	yes, please specify Contact Person	Successfully Completed
				Yes/No
		R		
		R		
		R		
		R		
f not successfully	completed, state reas			

SECTION D: CLASSIFICATION OF BUSINESS

Type of Business

Tick Whichever Block is Applicable to Your Business and <u>ATTACH THE RELEVANT CERTIFIED</u> <u>COPY</u> for Registration Purposes.

Type of Business	Tick	Information Required
Public Company Ltd		Certified copy of Certificate of Incorporation [CM3]
Private Company [Pty] Ltd		Certified copy of Certificate of Incorporation [CM3]
Close Corporation cc		Certified copy of CK1 Document and CK2 if applicable
Sole Proprietor		Certified copy of I.D. Document
Partnership		Certified copy of Partnership Agreement
Trust		Certified copy of Trust Document

SECTION E: BUSINESS MANAGEMENT

Business Ownership and Management

List all persons who are OWNERS and/or directors (where applicable) in the Business/Trust, and indicate their involvement in the management/operation of the Business/Trust. In cases of Handicapped Persons, proof of disability by a recognized related Institution must be submitted for registration purposes. If insufficient space, copies of this page may be made and attached to this Form.

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Surname																											
					Ш															 							
Full Names																											
Identity		_	Т	Г		\neg	$\overline{}$						Г								Π			\neg	\neg	Т	\neg
Number																											
Registered																											
Address																											
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																					C	od	е				
Magisterial [Т		Т				Т		Т	Т	Т	Т	Т	Т	Τ	7				,	Wa	rd			
District																							mb				
in which the	regis	stere	ed a	add	res	s is	s si	tua	ite	d.																	
	_																										
SA Citizen I	oefoi	re 2'	7/0	4/9	4?		Yε	s						No]											
0																											
Capacity																											
Percentage					1																						
Ownership																											
• ····•																											
Male or																											
Female																											
% time devoted to company																											

Disabled:	Yes □	No □						
Race: White	Black □	Indian □	Coloured □	Other □				
(*) NB: The request for the Race of a person herein is required for <u>STATISTICAL PURPOSES ONLY</u> and is not intended to prejudice any Service Provider in any manner whatsoever.								

SECTION F: VERIFICATION OF INFORMATION

Affidavit: Verification of Information Supplied

I/we the undersigned, warrants that I am/ we are duly authorized to do so on behalf of the Goods/Services Provider, certifies that the Business complies with all statutory and Municipal requirements and that the information supplied in terms of this document with additional information is correct and accurate and acknowledges that if the information supplied is found to be incorrect, then the Municipality in addition to any remedies it may have, shall,

recover from the Business all costs, losses or damages incurred or sustained by the Municipality as a result of breach of the contract; ii cancel the contract, de-register the Goods/Services Provider on the Database and claim any damages which the Municipality may suffer by having to make less favorable arrangements after such cancellations; iii impose the penalties on the Business as provided for herein, and/or iv take any other action as may be deemed necessary.

I/we further undertake to submit any other documentary proof to the Municipality as and when required.

Surname																						
Full Names																						
				1	I	1	1		1	ı	I				I	I	I		I	I		
Identity Number																						
Registered Address																						
																	os od	tal e				

Duly Authorized to sign on behalf		
Consolity of	Г	
Capacity of Signatory		
Signature		
	SECTION G: COMMISSIO	NER OF OATHS
Signed and sworn to	before me at	
On this the	day of	
and correct to the be		the contents of this document, that it is true e has no objection to taking the prescribe er conscience.
Full Name		
Capacity		
Commissioner of Oa	aths	
NOTE : All pages of Oaths	of this Affidavit must be initialed by	both the Deponent and the Commissioner
		Commissioner of Oaths Stamp

DEFINITIONS

The following definitions shall apply:-

Municipality+ means the Nkandla Municipality.

"SCM Manager+ means the Supply Chain Manager of the day of the Municipality.

%CM+ means Supply Chain Management of the Nkandla Municipality.

"Service Provider" means a person/business which adheres to statutory labour practices, is a legal entity,

registered with the South Africa Revenue Services (SARS) and provides the Municipality with a service for the acquisition of goods and services for

profit.

‰istorically Disadvantaged Individuals (HDI)+

means a South African citizen who:- (a) due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) (% Interim Constitution+); and/or; (b) is a female; and /or, (c) has a disability:

Provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an

HDI;

%Disability+ means, in respect of a person, a permanent impairment of a physical, intellectual, or sensory function, which results in restricted, or lack of,

ability to perform an activity in the manner, or within the range,

considered normal for a human being;

Women Equity
Ownership (WEO)+

means the percentage of an enterprise or business owned by women or, in respect of a company, the percentage of a companys shares that are owned by women, who are actively involved in the management of the enterprise or business and exercise control over the enterprise,

commensurate with their degree of ownership at the closing date of the

tender.

%Rreferential Procurement Framework Act: No 5 of 2000.

Policy Framework+means the Preferential Procurement Policy

%National Small Business Act+ means the National Small Business Act No. 102 of 1996.

%MMEcs+ means Small, Medium and Micro Enterprisecs as described in National

Small Business Act No. 102 of 1996.

"Goods and Services" means equipment, plant, vehicles, materials or services to be supplied

by the Service Provider to the Municipality.

% Rrofessional Service Provider+means any person or body corporate that provides on a fiduciary basis,

labour and knowledge based expertise which is applied with reasonable skill, care and diligence to the Municipality, and is, appointed by the Municipality to undertake an assignment for the provision of professional

services.

Please complete the application form and return **by hand** its original form, together with the signed Affidavit to the offices of the:

Nkandla Municipality
Supply Chain Management Unit
Nkandla Municipality, Main Building
Lot 292, Maree Road
Nkandla
3855

OR POSTED TO:

Nkandla Municipality Supply Chain Management Unit Private Bag X161 3855

For the attention of **SCM** on **035 833 2000** The following documents must be attached to your application:-

- □ Original Tax Clearance Certificate.
- □ Copy of CK1 form for Close Corporation business □ Bank Statement / an original Cancel Cheque / an original letter from the bank □ If it is a Pty Limited CM documents must be attached □ Certified ID copy if it's a Sole Trader □ BBB-EE □ CIDB

Once this office has received the above documentation, your application will be added to the Data-Base.