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SUPPLIER REGISTRATION FORM FOR 2009/10

APPLICATION FOR REGISTRATION ON THE LEPELLE-NKUMPI MUNICIPALITY SUPPLIER DATABASE FORM

Application Name: _____

Application Contact Person: _____

Contact Person Tel. No: _____

For office use only

Received on: YY _____ MM _____ DD _____ at HH _____ MM _____

Received by (print full name) _____

Signature: _____

Verified on: YY _____ MM _____ DD _____ at HH _____ MM _____

Verified by (print full name) _____

Signature: _____

Captured on: YY _____ MM _____ DD _____ at HH _____ MM _____

Captured by (print full name) _____

Signature: _____

INTRODUCTION

The Lepelle-Nkumpi Municipality (LNM) is in the process of developing a procurement supplier database which will assist with requests for quotations.

All existing and potential suppliers must register on the procurement supplier database before they can do business with the municipality .Registration concluded should be completed and returned to Supply Chain Management Office of Lepelle –Nkumpi. Suppliers are urged to complete this form regardless of whether you have completed the registration forms previously.

NB! Registration on the supplier database does not entitle the supplier to any business opportunities offered by the LNM, nor will it place any obligation on LMN whatsoever.

ALL SUPPLIERS INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL.

This questionnaire should be fully completed. If you are unable to complete certain sections or should you not be prepared to divulge certain information which is required hereunder kindly advise reasons in a covering letter when returning this document. Failure to comply may result in your application not being considered.

Arrangements may be made for officers of LMN to inspect your premises in order to assess your competency before your company is accepted.

It should be noted that any information provided be found to be incorrect , LNM reserves the right to exclude the supplier from the tender and quotation list at any time prior to or after acceptance.

You will be advised telephonically, via e-mail, by sms or in writing should you any information be lacking on your application form.

Copies of the following certified documents must be furnished together with your application:

- Company Registration Documents
- Identity documents of directors /owners/members/shareholders
- Most recently approved Annual Financial Statements
- Value Added Tax (VAT) Registration Certificate (If application)
- Shareholding Certificate
- Compensation of Occupation Injuries and Disease (COID) Registration Certificate
- Levy clearance certificate , if residing within Lepelle-Nkumpi Municipality boundaries
- Company Profile
- Any other relevant registration certificate pertaining to your business

1. SUPPLIER DETAIL: (Mandatory)

Supplier Registered Name:	
Supplier Trading Name (If different from Registered Name)	
Company registration number:	(Insert CC number, companies Act number, etc.)
Company or Firm income tax reference number:	(Insert personal income tax reference number only if one-man business is registered in persons name)
Vat Registration Number	
Date on which firm was first established:	(i.e. original founding date):
Telephone Number:	
Fax Number:	
Physical Address:	
Postal Address:	
Postal Code:	
Nearest town:	
Province and Country	

1.1. Please attach the following mandatory copies of the required documentation: **(Mandatory)**

	YES	NO
SARS – Business entity Tax Clearance Certificate		
Company Registration Certificate		
Cancelled Cheque or Bank Statement		

2. CONTACT PERSON DETAILS: (Complete table for each Contact Person) (Mandatory)

Person Name:	
Job Title:	
Telephone Number:	
Fax Number:	
Cellular Number:	
E-Mail Address:	
Notification: (E-mail or SMS)	
Comment:	
Default Receiver of Contracts: (Y/N)	
Default Receiver of Tenders: (Y/N)	

3. TYPE OF FIRM (Tick applicable box): (Mandatory)

<input type="checkbox"/>	One person business / sole trader
<input type="checkbox"/>	Partnership/ Consortium
<input type="checkbox"/>	Close corporation registered in terms of the SA Close Corporations Act
<input type="checkbox"/>	Public/Private company registered in terms of the SA Companies Act
<input type="checkbox"/>	Non Profit company registered in terms of the SA Companies Act
<input type="checkbox"/>	Trust as defined in the Income Tax Act
<input type="checkbox"/>	Cooperative Society as defined in the Co – operatives Act
<input type="checkbox"/>	Government/ State Owned Enterprise/ Constitutional Entity
<input type="checkbox"/>	Other: (Specify)

4. LIST AREAS OF SPECIALISATION. Tick the relevant Box (v)

5. TO BE COMPLETED ONLY IF FIRM IS AN AFFIRMABLE BUSINESS ENTERPRISE (Tick applicable box and complete relevant percentages)

Black owned (At least 50.1%)	%
Black Enterprise (At least 25.1%)	%
Black woman owned (At least 25.1%)	%
Other Woman	%
HDI	%
Disabled	%
SMME	%
Total	100%

6 DIRECTORS / OWNERS DETAILS: (Complete table for each Director / Owner)
(Mandatory)

Person Name:	ID Number:	Position / Title:	Telephone Number:	Percentage Share Holding:	Citizenship

6.1. Kindly specify the ward number and name of the place in which your company is situated:

WARD NO: **PLACE /VILLAGE:** _____

7. MANAGEMENT AND BUSINESS DECISIONS (Mandatory)

Identify by name, HDI status and length of service, those individuals in the firm (including owners and non-owners) responsible for day-to-day management and business decisions.

	NAME	STATUS (YES/NO)				LENGTH OF SERVICE (YEARS)
		Priority Populatio	Disability	Woman	HDI	
FINANCING DECISIONS						
CHEQUE SIGNING						
SIGNING & CO-SIGNING FOR LOANS						
ACQUISITION OF LINES OF CREDIT						
SURETIES						
MAJOR PURCHASE OF ACQUISITIONS						
SIGNING CONTRACTS						

8. LIST A MAXIMUM OF FIVE CONTRACTS, WHICH YOUR FIRM HAS BEEN ENGAGED IN

CONTRACT DESCRIPTION	LOCATION	CUSTOMER/CLIENT	CONTRACT AMOUNT	EXPECTED COMPLETION (MONTH AND YEAR)

9. BANK DETAILS: (No Personal Account information) (Mandatory)

Name of Bank:	
Name of Branch:	
Branch Code:	
Name of Account Holder:	
Account Number:	

Account Type: (Tick applicable box):

Cheque
 Savings
 Transmission
 B Bond
 Subscription Share
 Not in Use

DATE STAMP OF BANK

BANK ACCOUNT PARTICULARS

CERTIFIED AS CORRECT

Mark the applicable entity:

Address to send the payment stub:

	Employee				
	Periodical Employee				
	Garnishee Beneficiary				
	Supplier				

NB. Please ensure that your bank details have been verified by the bank, and also attach a cancelled Cheque or bank acknowledgement letter.

10. INDICATE WHETHER THE FOLLOWING MANDATORY DOCUMENTS WERE ATTACHED/SUBMITTED:

General:		
1.	Tax Clearance Certificate (Original)	
2.	Company Registration certificate	
3.	Detailed Banking Details	
4.	Certified ID copies of all owners/shareholders	

The undersigned who warrants that he/she is duly authorized to do so on behalf of the firm, confirms that the contents of the application are within my personal knowledge and are to the best of my believe both true and correct.

11. Declaration:

By completing this application form, the Firm declares that:

11.1 It agrees to conform to the requirements of the Supplier Register as set out in this document

11.2 The Firm agrees to abide by the Procurements Policy.

11.3 All the information supplied in this application are true and correct

11.4 The firm will, without protest, submit itself to procedures instituted by the department of Lepelle-Nkumpi Municipality

11.5The firm will, if requested to do so, supply further information and documentary evidence for security.

11.6 The firm will update their registration particulars whenever a significant change in their details occur and in any event , at intervals of two years.

Duly authorized to sign on behalf of: _____

Signature	Name	Capacity	Date

REGISTRATION ATTACHMENTS CHECKLIST

Documentary proof or all of the above are required to ensure successful registration on the Supplier Database. Please indicate which of the following documents are attached. In the event of a document not being required please tick the N/A box.

Tax Clearance Certificate (Certified)

Company Registration Certificate

Company Owners and Shares Certificates and agreements

Original Bank Details Verification i.e Cancel Cheque or Bank Statement

Completed list of commodities – (Annexure A)

ID Copies of the Share Holders

