

**SERVICE PROVIDER SUPPLIER  
REGISTRATION FORM**

**2016/17**

**LEPELLE NKUMPI MUNICIPALITY  
MOTHO KE MOTHO KA BATHO**

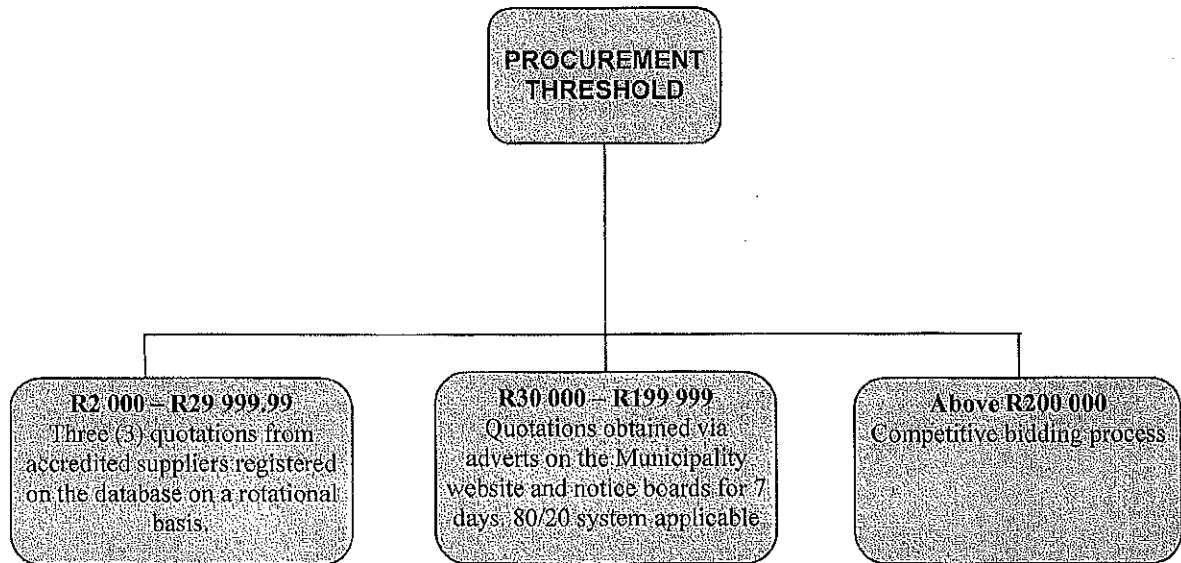
# LEPELLE-NKUMPI MUNICIPALITY

## SERVICE PROVIDER DATABASE REGISTRATION FORM

This form must be duly completed, preferably with a black pen, signed as requested and placed, together with supporting documentation, in an envelope clearly marked "Database of Prospective Service Providers" on the outside and forwarded to the Manager: Supply Chain Management Unit, P/Bag x 07, Chuenespoort, 0745, or forward to **Supply Chain Management**

### PLEASE NOTE

1. Registration on the service provider database does not entitle the supplier to any business opportunities offered by the Lepelle-Nkumpi Municipality nor will it place any obligation of the Municipality whatsoever.
2. Arrangements may be made for officials of Lepelle-Nkumpi Municipality to inspect your premises in order to assess your competency before your company is accepted.
3. All service provider information will be treated strictly confidential.
4. It should be noted that should any information provided be found to be incorrect Lepelle-Nkumpi Municipality reserves the right to exclude the service provider from the database at any
5. Kindly familiarize yourself with the Supply Chain Management processes:



### FOR OFFICIAL USE

DATE RECEIVED:

DATE CAPTURED:

### Required Documentation Checklist

Please ensure that all listed documentation below is attached (where applicable) to the registration form.

*All documentation is to be provided in its original format and/or certified.*

Document Name	Please <input checked="" type="checkbox"/> Not		
	Attached	Attached	Not Applicable
Certified Copy of Company Registration Certificate (CK/CM Agreement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latest Rates and Taxes Statement (Municipal account)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Banking details (Cancelled cheque or confirmation letter from the bank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original Valid Tax Clearance Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of P.A.Y.E. Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAT 103 Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.I.F. Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workman's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of registration to a Professional Body Regulating your Industry (Complacy/Accreditation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit Confirming Disability (People with disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Copies of ID documents for all owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills Development Levy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audited Financial Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation for Occupational Injuries and Diseases Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIDB Registration Certificate - Updated Version	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original or certified B-BBEE Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valid Health Certificate (Food or Catering related commodities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For official use only

Captured by:

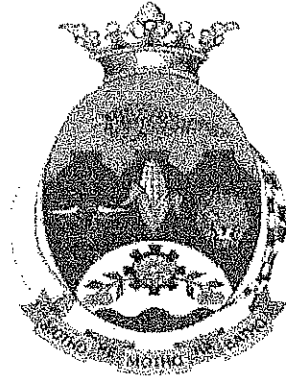
Signature:

Date:

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Signature:

Date:



## **LEPELLE-NKUMPI MUNICIPALITY**

[www.Lepelle-nkumpi.gov.za](http://www.Lepelle-nkumpi.gov.za)

**Tel: (015) 633 4500**

**Fax (015) 633 6896**

### **APPLICATION FOR REGISTRATION ON SUPPLIER DATABASE**

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH ALL SUPPORTING DOCUMENTATION, IN AN ENVELOPE CLEARLY MARKED:**

**BY HAND TO : SUPPLY CHAIN MANAGEMENT OFFICE  
170 BA CIVIC CENTRE  
UNIT F LEBOWAKGOMO  
0737**

**OR**

**BY MAIL: SUPPLY CHAIN MANAGEMENT OFFICE  
Private Bag X07  
Chuenespoort  
0745  
ENQUIRIES:**

1. Ms Ramothole Mantwa Tel 015 633 4519/31  
[mantwa.ramothole@lepelle-nkumpi.gov.za](mailto:mantwa.ramothole@lepelle-nkumpi.gov.za)
2. Lerato Chuene Tel 015 633 4537  
[Lerato.Chuene@lepelle-nkumpi.gov.za](mailto:Lerato.Chuene@lepelle-nkumpi.gov.za)
3. Lethabo Ntsoane Tel 015 633 4538  
[Lethabo.ntsoane@lepelle-nkumpi.gov.za](mailto:Lethabo.ntsoane@lepelle-nkumpi.gov.za)

## General information & Definitions

### Instructions and Definitions:

#### Legislation:

- Procedures are set out in the Municipal Finance Management Act: Supply Chain Management Regulations Gazette No:27636 to give all prospective service providers an equal opportunity to submit quotations to Municipality

#### Terminology:

- **Commodities:**  
The commodities the company wishes to be registered for as a supplier. Please define your **PRINCIPAL BUSINESS** to a maximum of 5 commodities.
- **Trade Names:**  
The trade names that the company own or distribute, which you wish to be registered for.
- **Owned:**  
Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Disability:**  
In respect of a person, a permanent of physical, intellectual, or sensory function, which result in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.
- **Fronting:**  
Companies with **no** Black Economic Empowerment (BEE) status, **illegally** claiming to be headed by **previously disadvantaged individuals\*** and claim false B-BBEE credentials in order to win tenders/contracts.

## SERVICE PROVIDER DATABASE REGISTRATION FORM

All sections to be completed in black ink, submitted with an original signature commissioned by an authorized Commissioner of Oaths.

Where organisation is a Joint Venture the individual members of the Joint Venture are to separately provide information of their organization.

### SUPPLIER DETAILS

<b>Registered Name of Company</b>	
<i>Trading Name of Company</i>	
<i>Registration Number</i>	
<i>Tax Registration Number</i>	
<i>Tax Certificate Expiry Date</i>	

<b>Classification:</b>	<input checked="" type="checkbox"/>	<b>Only the main area of business</b>
Distributor	<input type="checkbox"/>	
Exporter	<input type="checkbox"/>	
Importer	<input type="checkbox"/>	
Manufacturer	<input type="checkbox"/>	
Repairer	<input type="checkbox"/>	
Sales	<input type="checkbox"/>	
Services	<input type="checkbox"/>	

<b>Type:</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Private Company (Pty) Ltd	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>
Closed Corporation (cc)	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>	Section 21 Company	<input type="checkbox"/>
Public Company	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Consortium	<input type="checkbox"/>	Co-operation	<input type="checkbox"/>
Foreign Company	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Government/Institution/Parastate/Organ of State	<input type="checkbox"/>		<input type="checkbox"/>

<b>Area of Operation:</b>	<input checked="" type="checkbox"/>
Municipal Area	<input type="checkbox"/>
Provincial	<input type="checkbox"/>
National	<input type="checkbox"/>

<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Toll Free Number</i>	
<i>Email Address</i>	
<i>Website URL</i>	
<i>Local Municipality</i>	
<i>Head Office</i>	

<b>Official use:</b>	
<b>Rating</b>	OFFICIAL USE ONLY
<b>Status</b>	OFFICIAL USE ONLY

<input checked="" type="checkbox"/>	<b>VAT REGISTERED</b>			VAT Registration Number	
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<i>Physical Address</i>	<i>Postal Address</i>

**BANKING DETAILS***Account Holder**Bank:*

ABSA Bank Ltd (a member of Barclays Bank Group)	MEEG Bank Ltd	
African Bank Ltd	Merchantile Bank Limited	
Albakara Bank Limited	Nedbank (a division of the Nedbank Group)	
Bank of Athens	Old Mutual Bank (a division of Nedbank)	
Bidvest Bank Limited	Peoples Bank (included in Nedbank)	
BoE Private Clients (a division of Nedbank)	Rand Merchant Bank (a division of FirstRand Bank)	
Capltec Bank Ltd	Regal Treasury Private Bank Ltd (in liquidation)	
Fairbairn Private Bank (a division of Nedbank)	Rennies Bank Ltd (now a division of Bidvest Bank)	
First National Bank (a division of FirstRand Bank)	RMB Private Bank (a division of FirstRand Bank)	
FirsRand Bank Ltd	Sasfin Bank Ltd	
Go Banking (a division of Nedbank in association with Pick 'n Pay)	South African Bank of Athens Limited	
Habib Overseas Bank Limited	Standard Bank of SA Ltd	
HBZ Bank Limited (a subsidiary of Habib Bank)	TEBA Bank Ltd	
Imperial Bank Ltd (a subsidiary of the Nedbank Group)	Wesbank (a division of FirstRand Bank)	
Investec Bank Ltd	Wizzit Bank division of Bank of Athens	
Islamic Bank Limited (In liquidation)	Other	

*Account Holder**Branch Name**Branch Code**Account Number**Account Type:*

Cheque

Credit Card

Savings

Transmission

*Official use:**Blacklisted**Reason:*

OFFICIAL USE ONLY

*Expiry Date**GPS Coordinates:**Latitude**Longitude*



## CREDIT ORDER INSTRUCTION

Company's Name: .....

To: The Chief Financial Officer  
Lepelle-Nkumpi Municipality

Date: .....

Dear Sirs

Bank										
Branch Name										
Branch Code							First 6 digit of 8 digit-branch code			
Account Nr.										
Account Type	Cheque	Savings	Transmission	Mark account type applicable						
E-Mail Address										
Fax Number										
Tel. Number										

I/We hereby, instruct and authorise you to pay amounts which may accrue to me/us to the credit of my/our account with the above-mentioned bank (or any other bank or branch to which I/We may transfer may/our account).

I/We understand that the credit transfers hereby authorised will be processed through a computerized system, provided by the South African Banks and I/We also understand that details of each payment will be printed on my bank statement or an accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements e.g. savings account or transmission accounts). I/We understand that remittance advices will be supplied, by you in the normal way.

**ACKNOWLEDGEMENT:**

I/We acknowledge that save as obliged to do so by law and/or court order the party hereby authorised to effect a credit against my/our account may not cede or assign any of its rights or obligations to any third party without my/our prior written consent and that I/We may not delegate any of my/our rights or obligations in terms of his contract/authority to any third party without prior written consent of the authorised party.

This authority may be cancelled by me/us giving you thirty (30) days notice in writing.

Signed at ..... on this ..... day of .....

.....  
SIGNATURE

.....  
CAPACITY

.....  
INITIALS & SURNAME

.....  
BANK STAMP







**SERVICE PROVIDER PROFILE**

LIST OF FIRMS OR PERSONNEL PROVIDING THE FOLLOWING SERVICE TO YOUR ENTERPRISE/ORGANISATION

Service	Business Name	E-mail	Contact Person	Telephone
Legal				
Auditing				
Banking				
Insurance				
Sales				
Accounting				

**COMMERCIAL**

Name three (3) commercial references/referees of previous project or clients and provide contact name(s):

**FINANCIAL**

Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? YES / NO. If yes, please elaborate:

**TECHNICAL (IF APPLICABLE)**

Is your business a permit holder under the SABS mark scheme? YES / NO. If yes, indicate product(s) for which permits are held, including permit number:

Are you working to National or International Standards? YES / NO. If yes, indicate products and to which standards:

**QUALITY**

Does your business operate a Quality Management System covering the product/service you provide: YES / No. If yes, please elaborate.

Has your Quality Management System been assessed and certified by any national/international recognised accreditation? YES / NO. If yes, please provide copy of certificate.

**SAFETY**

Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (OSHA)? YES / No.

Are you registered with the Compensation for Occupational Injuries and Diseases Act (COID)? YES / NO. COID Registration Number: \_\_\_\_\_



## EQUITY

Please note that B-BBEE certificates and detailed scorecards should ONLY be obtained from rating agencies accredited by Department of Trade and Industry (DTI) or SANAS. If your total revenue is less than R 5 million, please attach auditor's certificate or similar certificate issued by an Accounting Officer or Verification Agency.

### Values of following items dependent on most recent Financial Statement

Item	Value / Number
Total number of full time Employees	
Total Annual Turnover	R
Total Gross Asset Value	R

The following table must be completed to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996.

Select the Sector and tick  the appropriate blocks in Column 2, 3 and 4 next to your chosen sector

SMME table Column 1 Sectors in accordance with the standard Industrial Council	Column 2 (tick applicable)				Column 3 (tick applicable)				Column 4 (tick applicable)			
	Total full time paid employees				Total Annual turnover (millions)				Total Gross asset value (property excluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4m	2m	0.4m	0.15m	4m	2m	0.4m	0.1m
Catering, Accommodation & other trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Community, Social and Personal	100	50	10	5	10m	5m	1m	0.15m	5m	2.5m	0.5m	0.1m
Construction	200	50	20	5	20m	5m	2m	0.15m	4m	1m	0.4m	0.1m
Electricity, Gas and Water	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5m	0.1m
Finance and Business Services	100	50	10	5	20m	10m	2m	0.15m	4m	2m	0.4m	0.1m
Manufacturing	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5	0.1m
Mining and Quarrying	200	50	20	5	30m	7.5m	3m	0.15m	18m	4.5m	1.8m	0.1m
Other Trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Retail, Motor Trade and Repair Services	100	50	10	5	30m	15m	3m	0.15m	5m	2.5m	0.5m	0.1m
Transport, Storage and Communications	100	50	10	5	20m	10m	2m	0.15m	5m	2.5m	0.5m	0.1m
Wholesale Trade, Commercial Agents, and Allied Services	100	50	10	5	50m	25m	5m	0.15m	8m	4m	0.5m	0.1m

For official use only	SMME Status as per above ( <input checked="" type="checkbox"/> appropriate block)
Summary of results	
Column 2	large <input type="checkbox"/> medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 3	large <input type="checkbox"/> medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
Column 4	large <input type="checkbox"/> medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>

SMME FINAL RESULT	<input checked="" type="checkbox"/>
Micro	
Very Small	
Small	
Medium	
Large	

Locality	<input checked="" type="checkbox"/>
Rural Area	



**LEPELLE-NKUMPI MUNICIPALITY  
SUPPLY CHAIN MANAGEMENT DATABASE COMMODITY LIST**

Please note: only 5 commodities will be registered  
(nature of operations, products or services)

<b>CODE</b>	<b>COMMODITY</b>	<i>Please indicate with ✓</i>
<b>00100</b>	<b>CONSTRUCTION EQUIPMENT AND SUPPLIES</b>	✓
00101	Building equipment and accessories (cement mixers, scaffolding, trowels, levels, etc.)	
00102	Building materials (bricks, cement, sand, painting, stone, steel, tiles, roofing, etc.)	
00103	Ceiling boards, skirting, etc.	
00104	Construction machinery (TLB, tipper truck, water tankers)	
00105	Doors and windows	
00106	Electrical systems, lighting, components, accessories and supplies	
00107	Flooring materials (carpets, tiles, etc.)	
00108	Plumbing ware and materials	
00109	Sanitation ware and equipment	
00110	Plant Hire Equipment (TLB, tipper truck, water tankers, etc. (Only accredited service providers))	
<b>00200</b>	<b>CONSTRUCTION SERVICES</b>	✓
00201	Burglar proofing and systems	
00202	Electrical installation	
00203	Fencing	
00204	Glazing	
00205	Metalwork	
00206	Painting	
00207	Paving	
00208	Plumbing ware and materials	
00209	Pre-cast concrete manufacture	
00210	Pump installation	
00211	Sewerage systems and construction	
00212	Water works and pipelines	
<b>00300</b>	<b>ELECTRICAL AND MECHANICAL EQUIPMENT, SERVICE AND SUPPLIES</b>	✓
00301	Bearing supplies	
00302	Bolts, nuts and fasteners	
00303	Electrical cables	
00304	Electrical component supplies	
00305	Electrical equipment repairs	
00306	Hardware supplies	
00307	Lifting equipment	
00308	Mechanical seals and packing	
00309	Pipe and irrigation supplies	
00310	Power generation and distribution machinery and accessories	
00311	Pump spares	
00312	Small tools	
00313	Transformer services	
00314	Valves, coupling	
00315	Water meters, pipes, fittings, galvanised PVC, PVC, polyethylene, etc.	
<b>00400</b>	<b>PROFESSIONAL SERVICES</b>	✓
00401	Consulting engineering - Electrical	
00402	Consulting engineering - Environmental related services	
00403	Consulting engineering - Mechanical	
00404	Consulting engineering - Project Management	
00405	Consulting engineering - Roads & storm water	
00406	Consulting engineering - Water & Sanitation	
00407	Consulting engineering - Structures, Building, bridges, etc.	
00408	Consulting engineering - Geo-technical	
00409	Consulting engineering - Solid waste	
00410	Legal services - contracts - conveyance - litigation	
00411	Land and quantity surveying	
00412	Town and regional planners	
00413	Architectural service	
00414	Accounting, bookkeeping, auditing and financial management service	
00415	Training and development institutions	
00416	Employee Assistance Consultants	
00417	Team Building and social facilitation	

00400	<b>PROFESSIONAL SERVICES</b>	√
00418	Recruitment & Selection	
00419	Auctioneering Services	
00420	Arts & Culture and related services	
00421	Land and Property Valuers	
00422	Research & Survey Services	
00423	Translation and interpretation services	
00424	Health Care Related Services	
00425	Fire Safety & Related Services (Goods and Services)	
00426	Events Management	
00427	Travel Management/Agencies	
00500	<b>GENERAL SERVICES</b>	√
00501	Conferencing facilities and facilitation	
00502	Courier and mailing services	
00503	Infrastructural and general maintenance services	
00504	Horticultural Services	
00505	Broadcasting stations (SABC, community and commercial radio stations, broadcasting subcontractors)	
00506	Interior decorating, refurbishment and equipment	
00507	Laundry and dry-cleaning services	
00508	Locksmith services	
00509	Pest control services	
00510	Photographic and graphic design services	
00511	Security and safety services and equipment	
00512	Furniture removal and storage	
00513	Translation and interpreting services	
00514	Transport Services (Mini-busses to Busses)	
00515	Catering Services	
00600	<b>OFFICE AND FACILITIES EQUIPMENT AND SUPPLIES</b>	√
00601	Computer equipment, networks and software	
00603	Corporate gifts	
00604	Domestic cleaning equipment and supplies	
00605	Audio systems provision, installation and maintenance	
00606	Fire protection equipment, goods and services	
00607	Flowers and plants	
00608	House furniture, appliances and goods	
00609	Office furniturer and equipment	
00610	Printing and photographic services and equipment	
00611	Video production, editing and equipment	
00612	Dairies, calendars, brochures, booklets and pamphlets	
00700	<b>MISCELLANEOUS GOODS AND SUPPLIES</b>	√
00701	Gardening and gardening equipment	
00702	Warehouse and storage moving machinery, equipment, e.g. Forklifts	
00703	Security equipment, goods and services	
00704	Sports and recreational equipment and goods	
00705	Functions equipment hire (Tents, chairs, tables, toilets (incl. VIP toilets))	
00800	<b>VEHICLE MAINTENANCE SERVICES</b>	√
00801	Alarm and tracking systems	
00802	Batteries	
00803	Engine overhauls	
00804	Fuel, oils and lubrications	
00805	Hydraulics	
00806	Panel beating	
00807	Radiator repairs	
00808	Spares and parts	
00809	Towing services	
00810	Transmissions	
00811	Tyres and tubes	
00812	Upholstery	
00813	Vehicle fleet management	
00814	Vehicle dealership	
00815	Windcreens	
00816	Gearbox specialists	
00817	Auto electronics	
00818	Clutch and brakes specialists	



**Summary: Core Business**

Please state your **CORE/MAIN** business/nature of operations, products or services applicable to your business


**Trade Name** (= sole supplier of specific brand name)

Fill in the specific **brand names** that the company **own** or **solely distribute**, which you wish to register:

1	
2	
3	

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**CONFLICT OF INTEREST: Declaration/Disclosure of STATE/MUNICIPAL interest**

Are you or any person connected with your company currently working as an employee in any organ of state, the Lepelle-Nkumpi Municipality or another municipality? If "YES", furnish the following particulars:

Yes  No

Name of person/director/shareholder/member/manager  
Name of institution to which the person is connected  
Name of state institution to which the person is connected  
Position occupied in the institution  
Any other particulars


Have you or your spouse, child, parent, brother or sister or any of the company's directors/shareholders/members/partners/manager or their spouses conducted business with the state, the Lepelle-Nkumpi Municipality, any other municipality or any organ of the state for the

Yes  No

If "YES", furnish particulars:

--

Do you, or any person connected with your company have any close relationship (family, friend, other) with a person employed by the state or an organ of state?

Yes  No

If "YES", furnish particulars:

--

Do you, or any person connected with your company have any close relationship (family, friend, other) with any official working in our establishment?

Yes  No

If "Yes", furnish particulars:

--

Are your company currently servicing on any structures of our establishment?

Yes  No

If "Yes", furnish particulars:

--

Is there any other relevant information that you would like to disclose?

Yes  No

If "Yes", furnish particulars:

--

**DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED**

I/we, the undersigned, who warrant(s) that I am/we are duly authorise to do so and on behalf of:

**Declare that:**

1. The information contained/supplied in this document is correct and accurate.
2. All copies of relevant documentation are attached.
3. The B-BBEE level of contribution as stated is correct and based on owners/shareholders/partners actively involved in the day-to-day management of this enterprise.

If the information supplied is found to be incorrect then Lepelle-Nkumpi Municipality in addition to any remedies, it may have, may:

- (i) recover from you/your enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and/or
- (ii) cancel the contract and claim any damages which the Municipality may suffer by having to make favourable arrangements after such cancellation, and/or
- (iii) impose a penalty as provided in the bid/quotation documents and/or
- (iv) take any other action as may be deemed necessary or
- (v) disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor or
- (vi) de-register the supplier, registered on the Supplier Database.

The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.

A registered supplier **MUST** notify Supply Chain Management Office of any changes to information supplied on this form. Failure to do so may result in such supplier being removed from the Supplier databas and / or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

ID NO: \_\_\_\_\_

ID NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMISSIONER OF OATHS**

Signed and sworn to before me at \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ by the Deponent(s), who acknowledge that he/she/they know(s) and understand(s) the contents of this document, that it is true and correct to the best of his/her/their knowledge and that he/she/they have no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her/their conscience.

NAME & SIGNATURE: \_\_\_\_\_

OFFICIAL STAMP:

**NOTE: ALL PAGES OF THIS AFFIDAVIT MUST BE INITIALLED BY THE DEPONENT(S) AS WELL AS THE COMMISSIONER OF OATHS**

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the services 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 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 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 the bid.

3.1 Full Name: .....

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 past twelve months? YES / NO

3.7.1 If so, furnish particulars.

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\*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

(f) an employee of Parliament or a provincial legislature.

3.8 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**

3.8.1 If so, furnish particulars.

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3.9 Are you, aware of any relationship (family, friend, other) between a 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**

3.9.1 If so, furnish particulars.

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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.

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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.

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**CERTIFICATION**

I, THE UNDERSIGNED (NAME) .....

**CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.**

**I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of Bidder**

**DECLARATION OF BIDDER'S PAST SUPPLY CHAIN  
MANAGEMENT PRACTICES**

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be rejected if that bidder, or any of its directors have:
- a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
  - b. been convicted for fraud or corruption during the past five years;
  - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
  - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2001).
- 4 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as a company or person prohibited from doing business with the public sector? (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? (To access this Register enter the National Treasury's website, <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> , click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		
4.5	Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.5.1	If so, furnish particulars:		

**CERTIFICATION**

I, THE UNDERSIGNED (NAME) .....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder