#### CHOOSE ONE(1) PLEASE MARK WITH AN X

NEW REGISTRATION:

**RE-APPLICATION:** 



## SERVICE PROVIDER DATABASE REGISTRATION FORM

# 2014/2015

LEPELLE-NKUMPI MUNICIPALITY мотно ке мотно ка ватно

## LEPELLE-NKUMPI MUNICIPALITY

## SERVICE PROVIDER DATABASE REGISTRATION FORM

I his 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

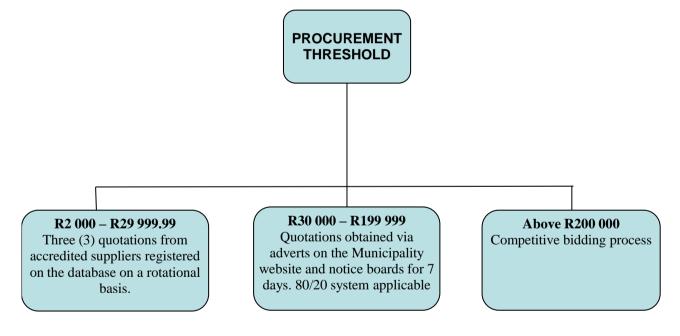
1. Registration on the service provider database does not entitle the supplier to any business opportunities offered by the Lepelle-Nkumpi Municipality nor will it place any obligation of the Municipality whatsoever.

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.

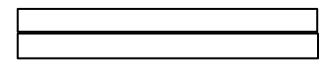
4. It should be noted that should any information provided be found to be incorrect Lepelle-Nkumpi Municipality reserves the right to exclude the service provider from the database at any

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.

|  |          | Please 🗸 |            |
|--|----------|----------|------------|
|  |          | Not      | Not        |
| Document Name  | Attached | Attached | Applicable |
| Certified Copy of Company Registration Certificate (CK/CM Agreement)                               |          |          |            |
| Proof of Ownership/Shareholding Certificate  |          |          |            |
| Latest Rates and Taxes Statement (Municipal account)   |          |          |            |
| Proof of Banking details (Cancelled cheque or confimation letter from the bank)                    |          |          |            |
| Original Valid Tax Clearance Certificate   |          |          |            |
| Proof of P.A.Y.E. Registration   |          |          |            |
| VAT 103 Registration   |          |          |            |
| U.I.F. Certificate   |          |          |            |
| Workman's Compensation   |          |          |            |
| Proof of registration to a Professional Body Regulating your Industry<br>(Compliacy/Accreditation) |          |          |            |
| Affidavit Confirming Disability (People with disability)   |          |          |            |
| Certified Copies of ID documents for all owners  |          |          |            |
| Skills Development Levy  |          |          |            |
| Audited Financial Statement  |          |          |            |
| Compensation for Occupational Injuries and Diseases Certificate                                    |          |          |            |
| CIDB Registration Certificate - Updated Version  |          |          |            |
| Original or certified B-BBEE Certificate   |          |          |            |
| Valid Health Certificate (Food or Catering related commodities)                                    |          |          |            |
| Company Profile  |          |          |            |
|  |          |          |            |
| For officicial use only  |          |          |            |
| Captured by:   |          |          |            |
| Signature: Date:   |          |          |            |
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|  |          |          | 1          |
| Signature: Date:   |          |          | I          |



## LEPELLE-NKUMPI MUNICIPALITY

www.Lepelle-nkumpi 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: MANAGER SUPPLY CHAIN MANAGEMENT

BY HAND: THE MANAGER: SUPPLY CHAIN MANAGEMENT 170 BA CIVIC CENTRE UNIT F LEBOWAKGOMO 0737

OR

BY MAIL: THE MANAGER SUPPLY CHAIN MANAGEMENT Private Bag X07 Chuenespoort 0745

> ENQUIRIES: 1. Mr Clement Nhuvunga Tel 015 633 4519 clement.nhuvunga@lepelle-nkumpi.gov.za

2. Ms. Mantwa Ramothole Tel 015 633 4531 mantwa.ramothole@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            |  |
|-----------------------------|--|
| Registered Name of Company  |  |
| Trading Name of Company     |  |
| Registration Number         |  |
| Tax Registration Number     |  |
| Tax Certificate Expiry Date |  |

| Classification: | $\checkmark$ | Only the main area of business |
|-----------------|--------------|--------------------------------|
| Distributor     |              |                                |
| Exporter        |              |                                |
| Importer        |              |                                |
| Manufacturer    |              |                                |
| Repairer        |              |                                |
| Sales           |              |                                |
| Services        |              |                                |

| Type:                                       | $\checkmark$ |                    | $\checkmark$ |
|---|--------------|--------------------|--------------|
| Private Company (Pty) Ltd                   |              | Joint Venture      |              |
| Closed Corporation (cc)                     |              | Partnership        |              |
| Sole Proprietor                             |              | Section 21 Company |              |
| Public Company                              |              | Trust              |              |
| Consortium                                  |              | Co-orperation      |              |
| Foreign Company                             |              | Unknown            |              |
| Government/Institution/Parastate/Organ of S | State        |                    |              |

| Area of Operation: | $\checkmark$ |
|--------------------|--------------|
| Municipal Area     |              |
| Provincial         |              |
| National           |              |

VAT REGISTERED

| Phone Number       |  |
|--------------------|--|
| Fax Number         |  |
| Toll Free Number   |  |
| Email Address      |  |
| Website URL        |  |
| Local Municipality |  |
| Head Office        |  |

| <u>Official use:</u> |                   |
|----------------------|-------------------|
| Rating               | OFFICIAL USE ONLY |
| Status               | OFFICIAL USE ONLY |

 $\checkmark$ 

VAT Registration Number

| Physical Address | Postal Address |
|------------------|----------------|
|                  |                |
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|                  |                |
|                  |                |

#### BANKING DETAILS

Account Holder

| Bank:   | $\checkmark$ |   | $\checkmark$ |
|---|--------------|---|--------------|
| 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) |              |
| Capitec 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 |              | 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: | [ | $\checkmark$ |
|---------------|---|--------------|
| Cheque        |   |              |
| Credit Card   |   |              |
| Savings       |   |              |
| Transmission  |   |              |

| <u>Official use:</u> |     |               |
|----------------------|-----|---------------|
| Blacklisted          |     |               |
| Reason:              |     |               |
|                      |     |               |
|                      | OFF | CIAL 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           | 1      | 8       |        | 1       |                              |
|----------------|--------|---------|--------|---------|------------------------------|
| Branch Name    |        |         |        | 1       |                              |
| Branch Code    |        |         |        | First 6 | digit of 8 digit branch code |
| Account Nr.    |        |         |        |         |                              |
| Account Type   | Cheque | Savings | Transm | ission  | Mark account type applicab   |
| E-Mail Address | 31     |         |        |         |                              |
| 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 ..... day of .....

SIGNATURE

CAPACITY

INITIALS & SURNAME

BANK STAMP

.....

## CONTACTS

| $\checkmark$    |                        |                 |            |                  |               |                                     |           |
|-----------------|------------------------|-----------------|------------|------------------|---------------|-------------------------------------|-----------|
| Main<br>contact | Contact Name & Surname | Phone<br>Number | Fax Number | Mobile<br>Number | Email Address | Nasionality<br>(Local /<br>Foreign) | ld Number |
|                 |                        |                 |            |                  |               |                                     |           |
|                 |                        |                 |            |                  |               |                                     |           |
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|                 |                        |                 |            |                  |               |                                     |           |

#### OWNERSHIP

#### To be completed for all Proprietors/Members/Shareholders /Partners/Sole Proprietors/Trustees & Owners

| Name (Person or Entity) | Nasionality<br>(Local /<br>Foreign) | Date of Birth | Male /<br>Female | Black /<br>White | Dis- | Shareholder /<br>Director / Director<br>and Shareholder | %<br>Owned | Date<br>From |
|-------------------------|-------------------------------------|---------------|------------------|------------------|------|---|------------|--------------|
|                         |                                     |               |                  |                  |      |   |            |              |
|                         |                                     |               |                  |                  |      |   |            |              |
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|                         |                                     |               |                  |                  |      |   |            |              |
|                         |                                     |               |                  |                  |      |   |            |              |

## SERVICE PROVIDER PROFILE

| LIST OF FIRMS                         | OR PERSONNEL PROVIDING TH  | E FOLLOWING SERVIC          | CE TO YOUR ENTERPRISE/OF          | <u>RGANISATION</u> |
|---------------------------------------|--|-----------------------------|-----------------------------------|--------------------|
| Service                               | Business Name  | E-mail                      | Contact Person                    | Telephone          |
| Legal                                 |  |                             |                                   |                    |
| Auditing                              |  |                             |                                   |                    |
| Banking                               |  |                             |                                   |                    |
| Insurance                             |  |                             |                                   |                    |
| Sales                                 |  |                             |                                   |                    |
| Accounting                            |  |                             |                                   |                    |
| <u>COMMERCIAL</u>                     |  |                             |                                   |                    |
| Name three (3) c                      | ommercial references/referees of p                                     | previous project or clients | s and provide contact name(s):    |                    |
| <u>FINANCIAL</u>                      |  |                             |                                   |                    |
| Are there any per<br>declared bankrup | nding legal proceddings or previous<br>ot? YES / NO. If yes, please e  |                             | ur business or has your busines   | s ever been        |
|                                       |  |                             |                                   |                    |
| TECHNICAL (IF                         | <u>APPLICABLE)</u>   |                             |                                   |                    |
|                                       | a permit holder under the SABS ma<br>including permit number:          | ark scheme? YES /           | NO. If yes, indicate product(s    | s) for which       |
|                                       |  |                             |                                   |                    |
| Are you working t                     | to National or International Standar                                   | ds? YES / NO. If y          | es, indicate products and to ehio | ch standards:      |
|                                       |  |                             |                                   |                    |
| <u>QUALITY</u>                        |  |                             |                                   |                    |
| Does your busine<br>yes, please elabo | ess operate a Quality Management<br>prate.                             | System covering the pro     | oduct/service you provide: YE     | S / No. If         |
|                                       |  |                             |                                   |                    |
|                                       | Management System been assess<br>s, please provide copy of certificate |                             | national/international recognised | l accreditation?   |
| <u>SAFETY</u>                         |  |                             |                                   |                    |
|                                       | ess have an Occupational Health an<br>/ No.                            | nd Safety Policy complyi    | ng with the Occupational Health   | and Safety Act     |
| Are vou reaistere                     | d with the Compensation for Occur                                      | pational Injuries and Dise  | eases Act (COID)? YES / N         | NO. COID           |

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

#### FACILITIES, PLANT AND EQUIPMENT (IF APPLICABLE)

Please give a summary of your plant and facilities:

Please give a summary of your equipment:

#### CONTRACT EXPERIENCE

Have you or your organisation supplied any goods or services to the Lepelle-Nkumpi Municipality during the past five years? YES / NO. If yes, please provide details including values.

| GOODS / SERVICES RENDERED | VALUE | CONTACT PERSON & TELEPHONE NUMBER |
|---------------------------|-------|-----------------------------------|
|                           |       |                                   |
|                           |       |                                   |
|                           |       |                                   |
|                           |       |                                   |
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|                           |       |                                   |
|                           |       |                                   |

Please provide details, including values, of any other relevant goods or service you or your organisation may have provided to State or other municipalities over the past five years.

| GOODS / SERVICES RENDERED | CLIENT | VALUE | CONTACT PERSON & TELEPHONE NUMBER |
|---------------------------|--------|-------|-----------------------------------|
|                           |        |       |                                   |
|                           |        |       |                                   |
|                           |        |       |                                   |
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|                           |        |       |                                   |
|                           |        |       |                                   |

#### 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   | Column 2 | (tick ap | plicable)  |       | Column 3 | l (tick appl | licable)    |         | Column 4 | (tick appl | icable)                       |       |
| Sectors in accordance with the standard Industrial Council | Total f  | ull time | paid empl  | oyees | Total    | Annual tu    | rnover (mil | llions) | -        |            | s asset valu<br>uced) (millio |       |
|  | 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<br>Services                 | 100      | 50       | 10         | 5     | 30m      | 15m          | 3m          | 0.15m   | 5m       | 2.5m       | 0.5m                          | 0.1m  |
| Transport, Storage and<br>Communications                   | 100      | 50       | 10         | 5     | 20m      | 10m          | 2m          | 0.15m   | 5m       | 2.5m       | 0.5m                          | 0.1m  |
| Agents, and Allied Services                                | 100      | 50       | 10         | 5     | 50m      | 25m          | 5m          | 0.15m   | 8m       | 4m         | 0.5m                          | 0.1m  |

| For officicial use only<br>Summary of results | SMME Status as per above ( 🖌 appropriate block) |
|---|---|
| Column 2                                      | large 🛛 medium 🗆 small 🗆 very small 🗌 micro 🗆   |
| Column 3                                      | large 🛛 medium 🗆 small 🗆 very small 🗌 micro 🗌   |
| Column 4                                      | large 🛛 medium 🗆 small 🗆 very small 🗆 micro 🗆   |

| SMME FINAL RESULT   | $\checkmark$ |
|---------------------|--------------|
| Micro               |              |
| Very Small<br>Small |              |
| Small               |              |
| Medium              |              |
| Large               |              |
|                     |              |
| Locality I          |              |

| LUCAIILY   | V | _ |
|------------|---|---|
| Rural Area |   |   |
|            |   |   |
|            |   |   |
|            |   |   |

### ACCREDITATION/COMPLIANCY

Please attach Valid ACCREDITATION/COMPLIANCY Certificates - Specific to your business/industry

| Organisation | Reference Number | Expiry Date |
|--------------|------------------|-------------|
|              |                  |             |
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#### LEPELLE-NKUMPI MUNICIPALITY SUPPLY CHAIN MANAGEMENT DATABASE COMMODITY LIST

# Please note: only <u>5</u> commodities will be registered (nature of operations, products or services)

| CODE           | COMMODITY Please indicate wit   |   |
|----------------|---|---|
| 00100          | CONSTRUCTION EQUIPMENT AND SUPPLIES   |   |
| 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)) |   |
| 00200          | CONSTRUCTION SERVICES   |   |
| 00201          | Burglar proofing and systems  |   |
| 00202          | Electrical installation   |   |
| 00203          | Fencing   |   |
| 00204          | Glazing   |   |
| 00205          | Metalwork   |   |
| 00206          | Painting  |   |
| 00207          | Paving  |   |
| 00208          | Plumbing ware and materials   | 1 |
| 00209          | Pre-cast concrete manufacture   | 1 |
| 00210          | Pump installation   | 1 |
| 00211          | Sewerage systems and construction   |   |
| 00212          | Water works and pipelines   |   |
| 00300          | ELECTRICAL AND MECHANICAL EQUIPMENT, SERVICE AND SUPPLIES   | V |
| 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   |   |
| 00312          | Transformer services  |   |
| 00313          |   |   |
|                | Valves, coupling<br>Water meters, pipes, fittings, galvanised PVC, PVC, polyethylene, etc.        |   |
| 00315<br>00400 | PROFESSIONAL SERVICES   |   |
|                | Consulting engineering - Electrical   | V |
| 00401          |   |   |
| 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, bookkeping, auditing and financial management service                                 |   |
| 00415          | Training and development institutions   |   |
| 00416          | Employee Assistance Consultants   | 1 |

| 00400          | PROFESSIONAL SERVICES  |              |
|----------------|--|--------------|
| 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          | GENERAL SERVICES   |              |
| 00501          | Conferencing facilities and facilitation   | Y            |
| 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 srvices   |              |
| 00514          | Transport Services (Mini-busses to Busses)   |              |
| 00515          | Catering Services  |              |
| 00600          | OFFICE AND FACILITIES EQUIPMENT AND SUPPLIES   |              |
| 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   |              |
|                | House furniture, appliances and goods  |              |
| 00608<br>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  | 1            |
| 00700          | MISCELLANEOUS GOODS AND SUPPLIES   |              |
| 00701          | Gardening and gardening equipment  |              |
| 00702          | Warehouse and storage moving machinery, equipment, e.g. Forklifts                                  |              |
| 00703          | Security equpment, goods and services  |              |
| 00704          | Sports and recreational equipment and goods  |              |
| 00705          | Functions equipment hire (Tents, chairs, tables, toilets (incl. VIP toilets)                       |              |
| 00800          | VEHICLE MAINTENANCE SERVICES   | $\checkmark$ |
| 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  |              |
| 00810          | Tyres and tubes  |              |
| 00811          | Upholstery   |              |
|                |  |              |
| 00813          | Vehicle fleet management   |              |
| 00814          | Vehicle dealership   |              |
| 00815          | Windscreens  |              |
| 00816          | Gearbox specialists  |              |
| 00817          | Auto electronics   |              |
| 00011          | Clutch and brakes specialists  |              |

| Summary: Core Business  |
|---|
| Please state your <u>CORE/MAIN</u> business/nature of operations, products or services applicable to your business  |
|   |
|   |
|   |
|   |
|   |
|   |
| <b>Trade Name</b> (= sole supplier of specific brand name)<br>Fill in the specific <b>brand names</b> that the company <b>own</b> or <b>solely distribute</b> , which you wish to register: |
| 1   |
| 2   |
| 3   |
|   |
|   |
|   |

| CONFLICT OF INTEREST: Declaration/Discle   | osure of STATE/MUNICIPAL interest                    |
|--|--|
| Are you or any person connected with your company current<br>organ of state, the Lepelle-Nkumpi Municipality or another m<br>following particulars:<br>Name of person/director/shareholder/member/manager<br>Name of institution to which the person is connected<br>Name of state institution to which the person is connected<br>Position occupied in the institution<br>Any other particulars | unicipality? If "YES", furnish the<br>Yes □ No □     |
| Have you or your spouse, child, parent, brother or sister or a directors/shareholders/members/partners/manager or their s state, the Lepelle-Nkumpi Municipality, any other municipalit If "YES", furnish particulars:   | pouses conducted business with the                   |
| Do you, or any person connected with your company have a<br>other) with a person employed by the state or an organ of sta<br>If "YES", furnish particulars:  |  |
| Do you, or any person connected with your company have a other) with any official working in our establishment? If "Yes", furnish particulars:   | ny close relationship (family, friend,<br>Yes □ No □ |
| Are your company currently servicing on any structures of ou<br>If "Yes", furnish particulars:   | ur establishment? Yes □ No □                         |
| Is there any other relevant information that you would like to<br>If "Yes", furnish particulars:   | disclose? Yes 🗆 No 🗆                                 |

#### 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 aare 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 inccorrect 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 \_\_\_\_\_

by the Deponent(s), who acknowledge that he/she/they On this dav of 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:  |
|----------|---------|
| 011100.0 | 017.000 |

#### 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 ofpossible 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.  |          |
|  |          |
|  |          |
| *MSCM Regulations: "in the service of the state" means to be -<br>(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 Parliame4nt 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.  |               |
|  |               |
| 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.  |               |
|  |               |
| 3.10 Are any of the company's directors, managers, principle shareholders or stake-<br>holders in service of the state?  | YES / NO      |
| 3.10.1 If so, furnish particulars.   |               |
|  |               |
| 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.   |               |
|  |               |
|  |               |
| CERTIFICATION  |               |
| I, THE UNDERSIGNED (NAME)  |               |
| CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS   | S CORRECT.    |
| I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION FALSE.  | N PROVE TO BE |
| Signature Date   |               |
|  |               |

Name of Bidder

Position

2

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

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2

It services 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 bcombat 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 curruption 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.

| ltem  | 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?<br>(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 | No |
| 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<br>Prevention and Combating of Corupt Activities Act (No 12 of 2004)?<br>(To access this Register enter the National Treasury's website, <u>www.treasury.gov.za</u> , click on the icon<br>"Register for Tender Defaulters" or submit your written request for a hard copy of the Register to<br>facsimile number (012) 3265445). | Yes | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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