

UMDONI MUNICIPALITY
Supplier Information Form

Attached is a Supplier Application Form to be completed, thus enabling you /your company to be registered on Umdoni Municipality's Supplier Database, in respect of business classifications alluded to in Section C of the Application Form.

ALL SUPPLIER INFORMATION WILL BE VERIFIED AND TREATED STRICTLY CONFIDENTIAL

Attach an original cancelled cheque or stamped letter from the bank, verifying the banking details.

Please note that any changes to bank details in future will be subject to the same requirement.

COPIES OF THE FOLLOWING CERTIFIED DOCUMENTS MUST BE FURNISHED TOGETHER WITH YOUR APPLICATION:

- Company Registration Documents (CK, CIDB etc.)
- Identity documents of Directors/Owners/Members/ Shareholders
- Most recently approved Annual Financial Statements
- Value Added Tax (VAT) Registration Certificate (if applicable)
- Tax Clearance Certificate
- Compensation of Occupational Injuries and Diseases (COID) Registration Certificate
- Rates account number, if residing within Umdoni boundaries
- Levy Clearance Certificate, from the applicable District Municipality
- Any other relevant Registration Certificate pertaining to your business
- Copy of resolutions (if applicable)
- Company Profile

Completed Supplier Application Forms, CLEARLY MARKED "**APPLICATION FOR REGISTRATION ONTO THE UMDONI SERVICES DATABASE**" must be placed in the Umdoni Municipality Tender Box, at the corner of Williamson and Airth Streets, Scottburgh.

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SECTION A: Personal Information

Registered name of business: _____

“Trading as” name of business:

(Contracts/Orders/Cheques will be issued in this name and invoices must reflect it)

Title (Prof. / Dr / Mr / Mrs / Ms) and Surname:

(If one-man concern)

Physical address of business:

Building, Street name and number:

Suburb: _____ City: _____

Code: _____ Municipal Area: _____

Postal address of business: *(This is the address to which an Invitation to Tender / enquiry and orders / contracts must be sent to)*

City/Town: _____ Code: _____

Telephone numbers of business: _____

Alternative number of business: Code: _____ Number: _____

Fax number: Code: _____ Number: _____

(Used by Umdoni Municipality for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Is this a dedicated fax number?

Y

N

Business e-mail:

Preferred method of communication:

Fax

Telephone

E Mail

Your own business contact person/sales representative name and telephone number:

Tel: _____

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SECTION B: Business Details

Business Registration number (if applicable)

(In case of one-man concern, please furnish identity number plus copy of identity documents)

Physical Address of Head office: _____

Income Tax number of business:

Personal Income tax number: (if a one man concern)

VAT Registration number: (if applicable)

CIDB Grade/s and CRS NO:

Property Rates account number:

District Levy account number:

Name of Banking Institution:

Name under which account is operated

Banking account number:

Type of Account:

Branch:

Branch code:

Previous name of business (if applicable)

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SECTION C: Business Classification

- 1) Please indicate (x) the operations performed by your business, as classified below.
2) If there is not a classification for your business reflected below, please complete the blank section provided

Motor Trade	X	Business & Finance Services	X	Construction only CIDB / NHBRC registered contractors	X		
A1 Spares & Parts		B1 Financial Services		Civil engineering (CE)			
A2 Auto Electrical		B2 Architects		General Building works (GB)			
A3 Brakes and Clutch		B3 Legal services		Other special works SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SQ			
A4 Transmissions		B5 Real Estate					
A5 Panel Beaters		B4 Land Surveyor					
A6 Tyres		B6 Medical Practitioners					
A7 Batteries		B7 Project Managers					
A8 Oil & Lubricants		B8 Quantity Surveyors					
A9 Windscreens		B9 Town Planners					
A10 Corporate Vehicle Services		B10 Engineers					
A11 Engine Overalls		B11 Consulting Engineers (Civil/Structural)					
A12 Hydraulics		B12 Consulting Engineers (Electrical)					
A13 Towing Services		B13 Consulting Engineers (Mechanical)					
A14 Upholstery		B14 Consulting Engineers (Multidisciplinary)					
A15 Radiator Repairs		B15 Consulting Engineers (Geotechnical)					
A16 General Motor Services		B16 Bookkeepers					
A17 Vehicle retail		B17 Insurance Services					
A18 Fuel Supplies							
Wholesaler Trade, Commercial, Agents,		Electrical, Gas & Water Only CIDB registered contractors				Catering, Accommodation & Related Trade	
D1 Building Materials		Electrical engineering works – Building (EB)		F1 Food supplies			
D2 Cleaning Supplies		Electrical Engineering works – Infrastructure (EP)		F2 Office Furniture			
D3 Clothing/Printing		Mechanical Engineering works (ME)		F3 Carpet Cleaning			
D4 Office Supplies & Stationery				F4 Catering/vending			
D5 Industrial Equipment				F5 Cleaning Services			
D6 Workshop Equipment				F6 Interior Decorating			
D7 Fire Protection Equipment				F7 Laundry Services			
D8 Locksmith Services							
D9 Printing/Photography/Graphic Design							
D10 Air conditioning Systems							

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Transport, Storage & Communication Services		Community, Social & Personal Services		
G1 Advertising /Communication Services		H1 Educational Services		
G2 Courier Services		H2 Horticultural Services		
G3 Travel Agencies		H3 Health care Services		
G4 Computer Supplies/Serviceing		H4 Municipal Services		
G5 Computers Equipment & Software		H5 Pest removal Services		
G6 Personnel Services		H6 Site / Verge Cleaning		
		H7 Security & Access Control		

Business not classified.

Sector	Service	Comments

SECTION D

SMME Information

The following Table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Indicate the Sector by ticking the appropriate Block in Column 1 and then tick the corresponding Information Blocks in Columns 2, 3, 4 and 5.

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	COLUMN 1		COLUMN 2		COLUMN 3		COLUMN 4		COLUMN 5
	Sector or sub-sectors In accordance with the Standard Industrial Council		Size of class		Total full time equivalent of paid employees		T o t a l a n n u a l turnover		Total gross asset value(fixed property excluded)
1	Agriculture		Medium		100		R5m		
			Small		50				
			Very Small		10				
			Micro		5				
2	Mining & Quarrying		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
3	Manufacturing		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
4	Electricity, Gas & Water		Medium		200				
			Small		50				
			Very small		20				
			Micro		5				
5	Construction		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
6	Motor Trade, retail and Repair service		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
7	Wholesale trade, Commercial Agents and Allied Services		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
8	Catering, Accommodation and other trade		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
9	Transport, Storage & Communications		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
10	Finance & Business services		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
11	Community, Social & Personal Services		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				

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SECTION E: SUPPLIER PROFILE

In order for Umdoni Municipality to establish a Profile of its Suppliers, please complete the following:

Commercial:

Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

Company	Contact person	Contact number

Financial:

Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt? (Y/N)_____If yes, please elaborate:

Technical:

Is your business a permit holder under the SABS mark scheme? (Y/N): _____
If yes, indicate product(s) for which permits are held, including permit numbers:

Are you working to National or International Standards? (Y/N)_____If yes, indicate products and to which standards:

Quality:

Does your business operate a Quality Management System covering the product/service applying for? (Y/N) _____Please elaborate:

Safety:

Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (OHSA)? (Y/N)_____

Commissioner of Occupational Injuries and Diseases Act (COID)
Registration number: _____

Environmental:

Do you have an Environmental Policy in place? (Y/N) _____

Does your facility routinely work with any hazardous substances? (Y/N)_____

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Human Resources:

Employment Equity Status:

	Male				Female				Total All
	Blk.	Indi.	Col.	Wht.	Blk.	Indi.	Col.	Wht.	
Employment Equity plan									
Employment Equity achieved									

Facilities, Plant & Equipment, Etc:

Please indicate the value of the following, based on the latest financial statements:

Total Assets at Book Value	
Number of Vehicles	
Stock on Hand	
Quantity of Goods Produced Annually	
Total Current Assets	
Total Current Liabilities	

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**SECTION F: DECLARATION
DECLARATION AFFIDAVIT FOR TARGETED ENTERPRISE STATUS**

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT:

1. The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and;
2. The contents of this Affidavit are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
3. The enterprise will be required to furnish documentary proof if requested to do so.
4. If the information supplied is found to be incorrect then the Umdoni Municipality in addition to any remedies, it may have; may:

- i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of any business, and/or
- ii Take any other action as may be deemed necessary.

Signature

.....

Name...

.....

I.D Number

.....

Duly authorised to sign on behalf of:

.....

Address

.....

.....

.....

Telephone

.....

SECTION F: SWORN AFFIDAVIT

Signed and sworn to before me at

on this theday ofby the Deponent, who has acknowledged that he/she knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.
Commissioner of Oaths

.....

NOTE: Both the Deponent and the Commissioner of Oaths must initial all pages of this Application form.

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UMDONI MUNICIPALITY

TOGETHER BUILDING UNITY – SIYAKHISANA – TESAME BOU ONS EENHEID

Postal Address:
PO Box 12
Scottburgh
4180

Physical Address:
Cnr Airth & Williamson Street
Scottburgh
4180

Tel: 039 - 9761202
Fax: 039 - 9760017

DECLARATION OF INTEREST

1. No bid will be accepted from person 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 person in service of the state, it is required that the bidder or their authorized representative declare their position in relation to the evaluating or 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 Registrtion Number:.....

3.4 Tax Registration Number:.....

3.5 VAT Registration Number:.....

3.6 Are you presently in the service of the state YES / NO

3.6.1 If so, please furnish particulars:

.....
.....

3.7 Have you been in the service in the service of the state

For the past twelve months?

YES /NO

3.7.1 If so, please furnish particulars;

.....
.....

*MSCM Regulations "in the service of the state" means to be:

- Any Municipal council
- Any provincial legislature; or
- 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 municipal or municipal entity

(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution with the meaning of the Public Finance Manangement Act, (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

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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 Stakeholders in the 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 the 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

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DECLARATION OF BIDDERS 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:
 - Abuse the Municipality's / Municipal entity's Supply Chain Management system or committed any improper conduct in relation to such a system;
 - Been convicted for fraud or corruption during the past five years;
 - Willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - Been listed in the registrar for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No. 12 of 2004).
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	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 Prevention and Combating of Corrupt Activities (Act No. 12 of 2004)? (To access this Register enter the National Treasury's website, www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit your own written request for a hardcopy of the Register to 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 a 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 3 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 the 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;		

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CERTIFICATION

I, THE UNDERSIGNED (FULL NAME).....
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND
CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN
AGAINST ME SHOULD THIS DECLARATION PROVE TO BA FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder