



UTHUKELA DISTRICT MUNICIPALITY

SUPPLIERS DATABASE REGISTRATION FORM

For Office Use

Date Application Received:

Suppliers Name:

Captured By: Date:

Approved By: Date:

UThukela District Municipality Database Registration Number

INFORMATION AND GUIDELINES FOR COMPLETING AND SUBMITTING UTHUKELA DISTRICT MUNICIPALITY'S DATABASE APPLICATION FORM

1. Please complete all fields.
2. **Required documentation:**
Please ensure that all copies of mandatory documents (certified copies, where applicable) are attached. Failure to submit requested documentation will result in the rejection of the application. The onus is on the applicant to ensure that all such documentation is submitted and certified where necessary. UThukela District Municipality is under no obligation nor does it accept responsibility for contacting applicants in any way should all required documents is not attached.
3. **Certification of Documents:**
Please ensure that a Commissioner of Oaths has certified your documents where required. The stamp of certification should be on the front of the document.
4. **Copies of Documents:**
Please keep copies of the registration form and all supporting documentation submitted for your own records and to ensure that all data is maintained and up to date on a continual yearly basis.
5. **Declaration of Correctness:**
Please ensure that the Declaration of Correctness is signed and dated once all required documents and information have been submitted.
6. **Processing of registration:**
The completed and scrutinized application form will be processed and you will be issued with a Suppliers Database Registration number that can be used in all future communication with UThukela District Municipality.
7. **Business Opportunities / Guarantee**
Please note that inclusion / registration on the UThukela District Municipality Suppliers database does not in any way guarantee any persons, company, service provider, vendor etc. any business from the Municipality. All Procurement will be subject to the SCM Policy of the Municipality.
8. **Return of documents:**
Posted & sent by courier documents submitted to the Municipality in support of this application will not be returned if an application is unsuccessful.

9. **This application form must be duly and neatly completed, with a black pen and placed together with compulsory supporting documentation as requested and handed in as per below:**

SCM Unit
UThukela District Municipality
36 Lyell Street
Ladysmith

or

Posted / Courier to;

UThukela District Municipality
SCM Unit
P.O. Box 116
Ladysmith
3370

UThukela District Municipality will not be held responsible for any mislaid application forms that are couriered or posted

No facsimile or e-mailed applications will be accepted

10. The documentation, listed below is compulsory, to validate this application and must be attached to the application form.

1. Company Registration Document and Copies of IDs for the members/ directors
2. Proof of Business Address
3. Proof of Business Banking Account
4. Copy of Valid Tax Clearance Certificate

OR

Tax compliance Status Pin

5. Copy of BBBEE Certificate of Affidavit
6. Proof of CSD registration (CSD REGISTRATION REPORT).
7. **Construction, Building, Civil Engineering & Electrical Contractors** must submit a valid CIDB certificate (Copy taken from the internet is acceptable)
8. **Electrical Contractors** must submit a certified copy of a valid Electrical Installation Certificate (wiremen's licence)
9. **Caterers** must submit a valid certified copy of the Certificate of Acceptability for food premises from the Department of Health
10. **Pest Control Service Providers** must submit a certified copy of a membership certificate of the "Pest Control Service Industries Board" (PCSIB)

CATEGORIES OF SERVICES

Categories, products and services to be captured as per the Supplier's CSD registration.

BUSINESS INFORMATION

1. Business Trading name

.....

2. Business **Physical Address**

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.....

3. Business **Postal Address**

.....

.....

Postal code

4. Business Contact Person & Phone number:

.....

5. Business Fax Number:

.....

6. Business CIPC registration number

...../...../.....

7. Business CSD Registration number:

MAAA.....

8. Business e-mail address:

.....

BUSINESS BANKING DETAILS

ATTACH AN “ACCOUNT CONFIRMATION LETTER” FROM BANK

Name of Bank

Branch Code

Bank Account number

Type of Account

Name of Account Holder

TYPE OF BUSINESS ENTERPRISE

Tick appropriate box

Partnership		Sole Proprietor		Close Corporation	
Company		(Pty) Ltd		Trust	
Other (Please Specify)					

Attach a certified copy of

- The original documentation as indicated in no 1 of business information to confirm type of business
- National Identity Documents of Active Members (If more than 3 members, submit the names and id numbers on an official business letterhead approved & signed by the authorized person completing this form)

BUSINESS COMPANY PROFILE (Not Compulsory)

Attach an updated company profile

FUNCTIONALITY / EXPERIENCE

List any service delivery / contracts etc. awarded to your core Business over the last 2 years. **Please note: Not applicable to newly established business**

Service Delivered / Contract etc.	Service delivered to:	Contact Person & Telephone number of Service Delivered to:	Service Completed successfully YES / NO	Date Completed

DECLARATION OF INTEREST

- A. No quotation / Bid will be accepted from persons in the service of the state
- B. Any person, having a kinship with persons in the service of the municipality / State, including a blood relationship, may submit a quote. In view of possible allegations of favouritism, should the resulting quote / bid or part thereof, be awarded to persons connected with or related to persons in the municipality / state, it is required that the service provider or their representative declare their position in relation to the local authority (municipal) his / her interest.

In order to give effect to the above, the following questionnaire must be completed.

.....
Name of Company

.....
Full Names of Managing Director/ Member

.....
ID Number of Managing Director/ Member

1. Are you presently *in the service of the state? **YES / NO**

1.1 If so, furnish particulars:
.....

2. Have you been *in the service of the state for the past twelve months? **YES / NO**

2.1 If so, furnish particulars:
.....

3. Do you, have any relationship (family, friend or other) with persons *in the service of state / municipality and who may be involved in the awarding of a quote / bid? YES / NO
- 3.1 If so, furnish particulars:
-
4. Are any of the company's directors, managers, principle Shareholders or stakeholders ***in service of the state / municipality?** YES / NO
- 4.1 If so, furnish particulars:
-
5. Are any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders ***in service of the state?** YES / NO
- 5.1 If so, furnish particulars:
-

*** 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 council of provinces
- b) a member of the board of directors of any municipal entity
- c) an official of any 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

CERTIFICATION

I, the undersigned (Name)

Certify that the information furnished on this declaration form is correct, I accept that the state / municipality may act against me should this declaration prove to be false.

.....
Signature

.....
Date

.....
Full Names

.....
Position

DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED

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

.....
Trading Name of Business

Declare that:

1. That all the information contained in this document is correct
2. All copies of relevant documentation required are attached

Managing Director

Witness

Signature

Signature.....

Name

Name.....

ID No

ID No

Tel. No

Tel. No.

Postal Address

Postal Address

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If any of the information supplied, is found to be incorrect or documents required not attached to the application, UThukela District Municipality will not accept this application.
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