



uMHLATHUZE MUNICIPALITY

Application for Registration Suppliers' Database

Kindly forward the completed registration form, together with the relevant documentation clearly marked, to:

PROCUREMENT SECTION

End of Betastraat

Alton

Richards Bay

or

Private Bag X1004

Richards Bay

3900

No faxed registration forms will be accepted.

For record purposes, please ensure that a receipt is obtained from uMhlathuze Municipality on submission of the completed registration forms. uMhlathuze Municipality will not be held responsible for any mislaid registration forms that are couriered or posted.

For more information please telephone the Procurement Section:

(035) 907 5770/1/3



uMHLATHUZE MUNICIPAL SERVICE PROVIDER DATABASE APPLICATION FOR REGISTRATION



1. BUSINESS PARTICULARS

1.1 Name of business as registered with Registrar of Companies / Close Corporations

1.2 Name of business used for trading purposes, if different from 1.1 or Name of Business if not registered with the Registrar of Companies / Close Corporations

1.3 Registration Number as registered with the Registrar of Companies / Close Corporations (if applicable)

1.4 Postal Address

Postal Code

1.5 Physical Address (if different to postal address)

Postal Code

Telephone No.

Fax No.

Cell No.

Email Address (if applicable)

Website Address

Preferred Method of communication

E-Mail	<input type="checkbox"/>
Fax	<input type="checkbox"/>
Post	<input type="checkbox"/>
SMS	<input type="checkbox"/>

1.6 Contact Person

1.7 Physical Location of Head Office (if applicable)

.....
.....
.....

1.8 Unemployment Insurance Fund No. (if applicable) *

* Please attach copy of Registration Form. If you are unable to do so, kindly provide explanation.

1.9 Compensation Commissioner Registration No. (if applicable) *

* Please attach copy of Registration Form. If you are unable to do so, kindly provide explanation.

1.10 Income Tax Reference No. (if applicable) *

.....
.....
.....

* Insert personal tax number if one-person business (sole proprietor) or personal income tax number of all partners in partnership.

1.11 P.A.Y.E. Number (if applicable)

2. BUSINESS PARTICULARS (please see Annexure 2)

2.1 Name of Banking Institution

2.2 Branch Name

2.3 Town / City

2.4 Banking Account Number

2.5 Account Holder Name (name under which account is operated)

Please attach a copy/original Bank Statement that is **NOT** older than 60 days

3. TYPE OF BUSINESS

Please tick the appropriate box.

Public Company (Pty) Ltd	
Close Corporation CC	
Sole Proprietor	
Partnership	
Trust	
Co-operative	
Voluntary Associations	

* Please ensure to attach a certified copy of the appropriate document dependent on type, e.g. Public Co. to attach certified copy of Certificate of Incorporation

4. PREVIOUS BUSINESS INFORMATION

4.1 Did your business exist under a previous name? Yes No

4.2 If "Yes", what was the previous business name?

4.3 Reasons for name change

.....

.....

.....

4.4 Previous uMhlathuze Municipality Suppliers Database Registration Number

4.5 Previous Names of Owners, Partners, Members or Shareholders

Name	Title

8. PREVIOUS EXPERIENCE (IF APPLICABLE)

Please list the municipal contracts awarded to you over the last 5 years or other previous experience related to your core business

Employer/Department	Contact Person and Telephone No	Contact Value in Rands	Completed Successfully (Yes/No)	Year

9. PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS

Name of Owner	Name and Address of Other Business	Position Held	Business Type	% of Ownership

10. IDENTIFY BY NAME, HISTORICALLY DISADVANTAGED INDIVIDUALS, STATUS AND LENGTH OF SERVICE, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON-OWNERS) RESPONSIBLE FOR DAY-TO-DAY MANAGEMENT AND BUSINESS DECISIONS

	Name	HDI Status (Yes/No)	Length of Service (Years)
Cheque Signing			
Signing and Co-signing for Loans			
Business Financing (overdraft, lease etc.)			
Approval of Major Purchases/Acquisitions			
Signing Contracts			

11. VERIFICATION OF INFORMATION SUPPLIED RELATING TO REFERENCES THAT THE APPLICANT / BUSINESS MAY APPLY FOR.

I/We, the undersigned, who warrant/s that I/We are duly authorised to do so on behalf of the supplier, certify/ies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledge/s that:

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
2. If the information supplied is found to be incorrect, then uMhlathuze Municipality may, in addition to any remedies it may have:
 - (i) Disqualify the supplier / contractor for a particular bid / contract / project it may be considered for, or which had been awarded to the supplier / contractor;
 - (ii) Recover from the supplier / contractor for all costs, losses or damages incurred or sustained by uMhlathuze Municipality as a result of breach of contract;
 - (iii) Cancel the contract and claim any damages which uMhlathuze Municipality may suffer by favourable arrangements after such cancellation; and
 - (iv) De-register the supplier registered on the Supplier Database.

Signed on this _____ day of _____ 20____ at _____

 Before the Commissioner of Oaths

 Signature of Authorised Representative

 Name in Block Letters

 Supplier's Name

Signed and affirmed to, before me at _____

On this _____ day of _____ year _____ by the deponent who has acknowledged that he/she knows and understands, the contents of this document, and he/she has acknowledged that he/she has no objections to affirming, that he/she regards the affirmation to be binding on his/her conscience.

 Commissioner of Oaths

_____ Full Name	_____ Capacity
_____ Business Address	_____ Area

uMHLATHUZE MUNICIPALITY
SUPPLY CHAIN MANAGEMENT DATA CATEGORY LIST

CONSTRUCTION

Air conditioning System	Electrical Contracts	Plumbing
Alarm/Security System/Access Control	Evacuation System	Pre-cast Concrete Manufacture
Autoclaves	Fencing	Plumping Installations
Automatic Hanger Doors	General Building Work	Road Marking & Signage
Automatic Sliding Doors	Glazing	Roadworks & Cleaning
Automatic Sprinkle Fire Protection System	Hauling / Heavy Equipment / Transport	Roofing & Waterproofing
Brickwork / Masonry	Hot Water Installations	Sewerage Installations / Reticulations
Cabinet / Furniture Making	Incinerators	Steam Installations & Ancillary Equipment
Carpeting / Tiling / Floor Covering	Landscaping / Earthworks	Steel Fabrication & Erection
Ceilings, Partitioning and Shopfitting	Lift & Escalator	Stormwater draining
Cladding Contracts	Mechanical Contracts	Water Installations / reticulations
Cooking & Related Systems	Metalwork & Burglar Bars	Other (Specify)
Compressed Air Installations	Painting	
Concrete works	Paving	
Demolition	Plastering	

SERVICES

Accommodation	Food & Beverage	Personnel Services
Advertising / Public Relations	Funeral Services	Pest Removal Services
Auto Repairs & Services	Florist	Performance Management
Auto Electrical & Hydraulic Repairs	Garden Services	Printing / Photography / Graphic Design
Bookkeepers	Handyman	Promotional Materials
Carpet Cleaning	Horticultural Services	Publishing
Catering / Vending / Food Supply	HV Fault Finding, Jointing & Terminations	Real Estate
Cleaning Services	Insurance / Employee Benefits	Radio Publicity / TV Publicity
Computer Supplies / Services	Interior / Industrial Design	Road Maintenance
Corporate Gifts / Corporate Clothing	IT Maintenance	Recruitment Agencies
Copywriting	IT Management	Safety & Security Services
Courier Services	IT Networking	Security & Access Control
Cleaning Equipment / Materials	IT Programming	Service HV & LV Switchgear/Transformers
Diesel & Petrol Engines	Laundry Services / Dry Cleaning	Site Cleaning
Debt Collection	Locksmith Services	Solid Waste Disposal
Distribution	Media Liaison	Telecommunications
Digging of Graves	Mailing / Courier Services	Travel Agencies
Educational Services	Medical / Ambulance / Health Care	Timber Contractor
Entertainment	Municipal Services	Telephone and Data Line Maintenance
Fire Extinguisher & Refills	Medical Equipment / Instruments	Training & Development
Fire Hydrants	Office Maintenance	Wind Socks for the Aerodrome
		Other (Specify)

PROFESSIONAL SERVICES

Accountants / Financial Advisor Services	EDMS Consultants	Pre-Employment Assessment Consultants
Architects	EAP Consultants	Project Managers
Attorneys / Legal Services	Economists	Quantity Surveyors
Archival Services Consultants	Industrial Relations Consultants	Statisticians
Business Information Management	Job Description Consultants	Teachers
Consulting Engineers (Geotechnical)	Land Surveyors	Town Planners
Consulting Engineers (Civil/Structure)	Legal Compliance Consultants	Training Providers
Consulting Engineers (Electrical)	Medical Practitioners	Translation Services
Consulting Engineers (Mechanical)	OHS Consultants	Other (Specify)
Consulting Engineers (Multidisciplinary)	Organisations Development Consultants	
Contractors	Pharmacists	

WHOLESALE / TRADERS

Automotive Parts	Fuel Supplies	Recreational Supplies
Air Pollution Measuring Equipment	Furniture	Refrigeration & Air Conditioning
Books	Fencing	Refuse Bulk Containers
Building Materials / Hardware	Fire Fighting Equipment and Consumables	Protective Clothing / Uniforms
Batteries	Food for Game Animals	Radio / Radio Equipment
Cleaning Supplies / Chemicals / Pesticides	Generating Sets	Supply Plants, Flowers & Seeds
Clothing	Health Safety and Environmental Supplies	Toilet Paper Wrapped / Unwrapped
Computer Equipment / Software	IT Hardware and Software	Traffic Signs / Materials
Curtains	Industrial Catering Equipment	Vehicles
Consumables	Laundry Equipment	Workshop Equipment
Domestic Appliances	Linen, Pillows & Blankets	Vehicles, Equipment, Trailers & Tractors
Groceries	Medical Supplies & Equipment	Other (Specify)
Electrical Supplies & Equipment	Medicines	
Fire Extinguishing	NGO's / NBO's	
Fire Protection & Detection	Office Consumables	
Floor Coverings	Office Equipment	
Food Supplies	Paint Supplies	
Fertilisers	Paper & Stationery	

CERTIFIED BANKING DETAILS FORM

This form needs to be completed, certified by the appropriate Banking Institution and attached to the registration form.

Name of Banking Institution

Branch Name

Branch Code

Town / City

Banking Account Number

Name of Account Holder (Name under which Account is Operated)

Please place Bank stamp here

Received and stamped By (Name in Block Letters) Signature of Recipient

<input type="text"/>	<input type="text"/>
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Date of Receipt

ANNEXURE “3”

REQUIRED DOCUMENTATION CHECKLIST

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

ALL documentation is to be provided in its original format.

ATTACHED

**(Please tick appropriate box)
Yes / No**

Document Name

Original Tax Clearance Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Company Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Company Resolution of Signatories	<input type="checkbox"/>	<input type="checkbox"/>
Original or Certified Copy “Letter of Good Standing” from Workmen’s Compensation Commissioner or its Agent	<input type="checkbox"/>	<input type="checkbox"/>
Most recent municipal accounts for your business location or your personal residence i.e. rates, water, refuse, electricity (if applicable) and levy registration confirmation letter.	<input type="checkbox"/>	<input type="checkbox"/>
Financial Documentation	<input type="checkbox"/>	<input type="checkbox"/>
Staff Listing	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION OF INTEREST

- 1. No tender /quotation will be accepted from persons in the service 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 a invitation to tender or quotation. In view of possible allegations of favouritism, should the resulting tender, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the Vendor 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 this Application.**
 - 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:
.....
.....
 - 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 tender? YES NO
 - 3.8.1 If so, furnish particulars:
.....
.....

3.9 Are you aware of any relationship (family, friend, other) between a tenderer and any persons in the service of the state who may be involved with the evaluation and or adjudication of this tender? YES NO

3.9.1 If so, furnish particulars:

.....
.....

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:

.....
.....

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:

.....
.....

* 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 an employee of Parliament or a provincial legislature.

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 Tenderer

PREFERENTIAL PROCUREMENT POLICY

Requests for Tenders and Quotations are subject to the terms and conditions of the uMhlathuze Municipality's Preferential Procurement Policy and will be evaluated in terms of the **80:20 method for amounts below R500 000,00 and 90:10 for amounts above R500 000.00** as set out in the Preferential Procurement Policy Framework Act (No 5 of 2000).

It is solely the responsibility of vendors, who want to make use of the preferences available under this policy, to familiarize themselves of its contents, and to comply with its conditions, to be able to make a claim for preference.

Copies of the uMhlathuze Municipality's Preferential Procurement Policy may be obtained from the office of the Chief Financial Officer, Civic Centre, Richards Bay or the Stores and Procurement Section, end of Betastraat, Alton, Richards Bay.

Vendors who want to be accredited in terms of the Policy must apply to the Zululand Chamber of Business at least seven (7) working days prior to requiring such accreditation.

Vendors who need advice or assistance in respect of their capacity to comply with the requirements of this Contract are cordially referred to the Zululand Chamber of Business, details as follows:

Buscom Centre, ZCBF Community Park, Guldengracht, Alton, Richards Bay.
Tel. 035 797 1800; Fax 035 797 3134.
P.O. Box 649, Richards Bay, 3900.
E Mail address: info@zululandchamber.co.za
Website: www.zululandchamber.co.za