



# KGETLENGRIVIER LOCAL MUNICIPALITY DATABASE FORMS

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## SECTION A

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### Important Notes

- The form should be completed by all vendors seeking registration as an approved service provider
- All fields on the application form must be completed in black ink by the applicant in full
- Suppliers must ensure that their applications meet the criteria for inclusion in the database as they will not be notified whether the application was accepted or not be will be advised of the outcome if telephonically requested.
- The form shall in no way or means be adapted to suit the needs of applicant.
- Registration on the database does not guarantee business opportunities, any form of procurement by the Kgetlengrivier Local Municipality will be subject to the procurement policy of the Kgetlengrivier Local Municipality.
- Forms must be hand delivered or posted at the mentioned address. Facsimile copies and forms submitted by electronic mail will not be considered.
- It is the condition of the bidding process that a vendor's taxes must be in order, or satisfactory arrangements must have been made with the Receiver of Revenue to meet tax obligations. In bids where consortia/joint ventures/ sub-contractors are involved, each party must submit a separate Tax Clearance Certificate.
- Application must keep copies of their registration forms and supporting documentation submitted for own records.



**The following supporting documents must be attached with the registration form**

- Company registration certificate (certified copy)
- Proof of Banking Details
- Income tax number and tax clearance certificate
- Proof of identity (certified I.D copy)
- Municipal Account
- Business Profile
- CIDB Certificate (for construction, plumbing, electrical, etc)
- SIRA Certificate (for security)

**TERMINOLOGY**

In this registration form, unless the context otherwise indicates-

**'Disability'** a permanent impairment 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.

**' Consortium or joint venture'** an association of persons for the purpose of combining their expertise, property, capital, efforts, skills and knowledge for the execution of contracts.

**'Fronting'** companies with no Black Economic Empowerment status illegally claiming to be headed by Black people and claim false BEE credentials in order to with tenders.



**'Organ of state'** means

- (a) A national or provincial department as defined in the Public Finance Management Act, 1999 (Act No 1 of 1999)
- (b) A Municipality as contemplated under chapter 7(seven) in the Constitution of the Republic of South Africa 1996, Act 108 of 1996.
- (c) Parliament;
- (d) A Provincial Legislature;
- (e) A constitutional institution listed in schedule 1 of the Public Finance Management Act.

'Relative' the first degree relative that is your, wife, husband, son, daughter, father, mother, brother or sister.

'Black people' a generic term which means, African, Colored and Indians.

**'Previous disadvantaged individual'(PDI)** used interchangeably with Historically Disadvantaged Individuals (HDI) means South African citizen who fall into the population groups that had no franchise in national elections prior to the introduction of the constitution of the Republic of South Africa Act 110 of 1993 and Act 200 of 1993 (the interim constitution, and or)

- who is female; and or
- Who has a disability?



## SECTION B: SUPPLIER DETAILS

Company/ Supplier's

Name:

\_\_\_\_\_

Trading Name (if any): \_\_\_\_\_

Company/ Cc Registration Number																			
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VAT Registration Number (if applicable)																				
Income Tax Reference Number																				
E-mail Address (if applicable)																				
Website Address (if applicable)																				
Telephone Number																				
Fax Number																				
Cell phone Number																				

Tax Clearance Certificate attached	Yes	No
Expiry Date:		

**Postal Address:**

**Physical**

Postal Code:	Postal Code:



**Main Contact Person of the Company**

Name:	
Capacity:	
Contact Details: Cell phone	
Land line	
Fax Number:	
E-mail Address (if applicable)	

**Contact Person of the company in sales department (if different from above)**

Name:	
Capacity:	
Contact Details: Cell phone	
Land line	
Fax Number:	
E-mail Address (if applicable)	

**Company/ Supplier Classification**

Importer	Services	Manufacturer	Repairer	Distributor	Exporter	Sales
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**Supplier Grouping Details**

1	Public Company	
2	Private Company (Pty) Ltd	
3	Closed Corporation	
4	Joint Venture	
5	Consortium	
6	Sole Proprietor	
7	Partnership	
8	Trust	
9	Section 21 Company	
10	Other (Please specify)	

**SMME STATUS OF THE COMPANY**

MICRO	
VERY SMALL	
SMALL	
MEDIUM	
LARGE	

**HDI STATUS OF THE COMPANY**

PREVIOUSLY DISADVANTAGED INDIVIDUALS (PDI)	%
WOMEN EQUITY	%
DISABLED INDIVIDUAL	%
YOUTH	%

\* Attach BBBEE Rating Certificate



**In which of the following commodity groups would you categorize the products you supply to Kgetlengrivier Local Municipality:**

01	Accommodation (caravans, mobile homes)
02	Agricultural machinery equipment (lawn mowers, bush cutters, chainsaws, tractors)
03	Air, gas and acetylene
04	Air-conditioning systems / units
05	Building construction / Maintenance of buildings
06	Building equipment / Material (concrete mixers, concrete vibrators, etc)
07	Catering services (decorations etc)
08	Civil works
09	Cleaning material (soap, polish, brooms, etc)
10	Cleaning services
11	Clothing (uniforms, protective clothing, boots, etc)
12	Computer hardware and software (cartridges, toners, printers etc)
13	Earthmoving equipment (excavators, trenching machines, compactors)
14	Electrical equipment (general)
15	Electronic components (including laboratory equipment)
16	Events Management
17	Fans (all types)
18	Fasteners, bolts nuts, rivets and washers
19	Fire fighting equipment
20	Fuel (petrol, diesel, oil, etc)
21	Furniture
22	Garage equipment (mobi jacks, hot water cleaners, services, etc)
23	Garden services
24	Hydraulics, pneumatics and automatons)
25	Material handling (forklifts, cranes, hoists, etc)





26	Medical (first aid items)
27	Metal (lead, copper, pipes, tubing, plates, sheets, etc)
28	Photography (Dvd, Video, P.A, audio visual, projector & screens)
29	Plant equipment (jack hammers, breakers, etc)
30	Power supply equipment (generators, alternators, solar systems, etc)
31	Printing
32	Promotional items (branding, banners posters, gifts, advertising)
33	Pumps (all types)
34	Radio equipment
35	Renovations(painting, fencing, paving, welding etc)
36	Road repairs
37	Security equipment
38	Security services
39	Sheet metal machinery, (guillotine, benders, grinders, welding equipment, etc)
40	Signs, nameplates, notices and labels
41	Sound Systems
42	Stationary (forms, paper printing, etc)
43	Tents (chairs, tables & toilet hire)
44	Tools
45	Training
46	Transmission equipment
47	Transport (buses, minibuses, trailers, tyres, tubes, spares, etc)
48	Wire (electrical, etc)
49	Woodwork machinery
50	Workshop equipment (lathe, milling machine, etc)
Others (specify please):	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

(NOTE: A BUSINESS IS ALLOWED TO CHOOSE OR MARK A MAXIMUM OF THREE (3) CATEGORIES IN LINE WITH THEIR REGISTRATION WITH RELEVANT BODIES)





**List all partners, proprietors and shareholder details**

Name	Position in Company	Citizenship	I.D Number	Gender M/F	Physical Address	Population group	% of shares

\* Population Group classification

- Asian -- A
- Black -- B
- Colored -- C
- White -- W

- If any of members is not South Africa, state country of origin and status in the country
- If any is a naturalized citizen, state date on which citizenship was acquired:\_\_\_\_\_



## SECTION C

### Declaration of any conflict of interests

Are you currently working as an employee in any organ of state?

Yes	No
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If "Yes" Give details:

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Have you worked in any organ of state for the past twelve months?

Yes	No
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If "Yes" Give details:

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Do you have any relative working for an organ of state?

Yes	No
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If "Yes" Give details:

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Do you have any close relationship with any official working for the Kgetlengrivier Local Municipality?

Yes	No
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If "Yes" Give details:

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

Yes	No
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If "Yes" Give details:

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Declaration and sworn affidavit

I/ We the undersigned on behalf of \_\_\_\_\_

(Name of business) certify that the information submitted in terms of this document is correct and acknowledge that:

If the information is found to be incorrect, the Municipality will,

1. Disqualify the business for a particular tender/contract/project it may be considered for, or which has been awarded to the business.
2. Recover from the business all costs, or losses incurred by the Municipality as a result of breach contract.



3. De-register/ blacklist the business on the database of the Municipality.

\_\_\_\_\_  
**Signature: Owner/ Authorized representative** **Date**

Signed and sworn to before me at \_\_\_\_\_ on the \_\_\_\_\_ day  
Of \_\_\_\_\_ 2013 by the deponent, who acknowledges that he/she knows and  
Understands the contents of this affidavit, that it is true and correct to the best of his/her  
Knowledge and that he/she has no obligation to taking the necessary prescribed oath, and that the  
prescribed oath will be binding to this conscience.

\_\_\_\_\_  
**Commissioner of Oaths** **Date**