

Application for Registration

MFOLOZI MUNICIPALITY SUPPLIERS DATABASE

These forms must be completed and submitted to:

Mfolozi Municipality
P. O. Box 96
KWA-MBONAMBI
3915

ENQUIRIES:

Telephone: 035 – 5804963/1421
Fax: 035 – 5801141
Email: gamedeke@mbonambi.co.za

FOR OFFICIAL PURPOSES ONLY

NAME OF SERVICE PROVIDER:.....

REGISTRATION NUMBER.....

PREFERENCE ALLOCATION.....(excl. Local content)

Date:.....

**Application for Registration
MBONAMBI SUPPLIERS DATABASE**

(The following information must be filled in by the applicant. Failure to submit information may invalidate the registration)

1. BUSINESS PARTICULARS

- 1.1 Name of Business.....
- 1.2 Postal address.....
.....
Physical address.....
.....
Telephone no:..... Fax no:.....
Cell no:.....
- 1.3 Contact person: (**Print name**).....
- 1.4 Business registration no.
- 1.5 Unemployment Insurance Fund no.:.....
- 1.6 Workmen Compensation registration no:.....
- 1.7 Regional Council/District Council no:.....
- 1.8 Security Officer’s Board Registration no.(if applicable).....
- 1.9 P.A.Y.E. If applicable.....
- 1.10 V.A.T Registration number.....

NB. COPIES OF REGISTRATION CERTICATES FOR 1.4 TO 1.9 MUST BE SUPPLIED

2. FINANCIAL DETAILS (BANKING)

- 2.1 Name of banking institution:.....
- 2.2 Branch:.....
- 2.3 Town/City:.....
- 2.4 Banking account number:.....
- 2.5 Name under which account is operated:.....

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED I.E. A COPY OR ORIGINAL BANK STATEMENT NOT OLDER THAN 30 DAYS.

3. TYPE OF BUSINESS

3.1 Tick whichever block is applicable to your business or firm

| | | |
|--------------------------|--|--|
| PUBLIC COMPANY LTD | | CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3) and REGIONAL COUNCIL REGISTRATION NUMBER |
| PRIVATE COMPANY (PTY)LTD | | CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3) and REGIONAL COUNCIL REGISTRATION NUMBER |
| CLOSE CORPORATION CC | | CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE and REGIONAL COUNCIL REGISTRATION NUMBER |
| SOLE PROPRIETOR | | COPY OF REGIONAL COUNCIL REGISTRATION |
| PARTNERSHIP | | PLEASE REFER TO ITEM 13 FOR INFORMATION REQUIRED and REGIONAL COUNCIL REGISTRATION NUMBER |
| JOINT VENTURE | | PLEASE REFER TO ITEM 10 FOR INFORMATION REQUIRED and REGIONAL COUNCIL REGISTRATION NUMBER(s) |

4. PARTICIPATION

Are you participating on this registration as (tick one block)

| | |
|------------------------------|--|
| Prime contractor | |
| Nominated Sub-contractor | |
| Manufacturer | |
| Joint venture partner | |
| Supplier | |
| Professional services | |
| Other specify below (Agency) | |

.....

5. PREVIOUS BUSINESS INFORMATION

- 5.1 Did your business exist under a previous name?(Answer to be encircled)Yes or No
- 5.2 If “yes” what was the previous business name?.....
- 5.3 Previous business registration number:.....
- 5.4 Who were the owners, partners, members or directors?

| Name | Title |
|------|-------|
| | |
| | |
| | |
| | |

6. BUSINESS LOCALITY

- 6.1 State locality of Head Office of business and
- 6.2 Branches within the province of KwaZulu-Natal

| Head Office | Physical Address |
|-------------|------------------|
| 6.1 | |
| | |
| | Tel: |
| | Fax: |
| BRANCHES | |
| 6.2.1 | |
| | |
| | Tel: |
| | Fax: |
| 6.2.2 | |
| | |
| | |
| | Tel: |
| | Fax: |

7. PRINCIPAL BUSINESS ACTIVITY:

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

8. JOINT VENTURES

- 8.1 Has your business any policy regarding joint ventures with small emerging contractors? (Answer to be encircled) **Yes or No**

- 8.2 If “yes” separate motivation must be attached indicating a policy statement covering:
 - i. How does your business intend accommodating small emerging contractors and
 - ii. What training and development opportunities will be offered for such contractors.

- 8.3 Are you tendering as a joint venture? (Answer to be encircled) **Yes or No**

- 8.4 If “yes” additional sets of NTA 01 application must be completed and submitted for each individual joint venture partner (Additional forms obtainable from the address indicated on the front cover of this form).

- 8.5 A certified copy of the joint venture agreement for purposes of tendering must be attached

- 8.6 Proof of disability by a recognized institution in the case of handicapped persons in ownership or management must be supplied.

9. BUSINESS 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 2 and then tick the corresponding information blocks in columns 3,4 and 5.

| Column 1 | Column 2 | Column 3 | Column 4 | Column 5 |
|--|-----------------------------|--|--|---|
| Sector | TICK WHERE APPLICABLE | Total equivalent of paid employees | Total annual turnover Less then | Total gross asset value (fixed property.....) Less then |
| Agriculture | | MORE THAN 100 | MORE THAN R4.00 m | MORE THAN R4.00m |
| | | LESS THAN 100 | LESS THAN R4.00 m | LESS THAN R4.00M |
| Manufacturing | | MORE THAN 200 | MORE THAN R40.00 m | MORE THAN R15.00m |
| | | LESS THAN 200 | LESS THAN R40.00 m | LESS THAN R15.00m |
| Electricity, Gas and Water | | MORE THAN 200 | MORE THAN R40.00 m | MORE THAN R15.00m |
| | | LESS THAN 200 | LESS THAN R40.00 m | LESS THAN R15.00m |
| Constructor | | MORE THAN 200 | MORE THAN R20.00 m | MORE THAN R4.00m |
| | | LESS THAN 200 | LESS THAN R20.00 m | LESS THAN R4.00M |
| Retail and Motor Trade and Repair Services | | MORE THAN 200 | MORE THAN R30.00 m | MORE THAN R5.00m |
| | | LESS THAN 200 | LESS THAN R30.00 m | LESS THAN R5.00M |
| Wholesale Trade and Repair Services | | MORE THAN 200 | MORE THAN R50.00 m | MORE THAN R8.00m |
| | | LESS THAN 200 | LESS THAN R50.00 m | LESS THAN R8.00M |
| Catering accommodation and other Trade | | MORE THAN 200 | MORE THAN R10.00 m | MORE THAN R2.00m |
| | | LESS THAN 200 | LESS THAN R10.00 m | LESS THAN R2.00M |
| Transport, Storage and Communications | | MORE THAN 200 | MORE THAN R20.00 m | MORE THAN R5.00m |
| | | LESS THAN 200 | LESS THAN R20.00 m | LESS THAN R5.00M |
| Finance and Business Services | | MORE THAN 200 | MORE THAN R20.00 m | MORE THAN R4.00m |
| | | LESS THAN 200 | LESS THAN R20.00 m | LESS THAN R4.00M |
| Community, Social and Personal Services | | MORE THAN 200 | MORE THAN R10.00 m | MORE THAN R5.00m` |
| | | LESS THAN 200 | LESS THAN R10.00 m | LESS THAN R5.00M |

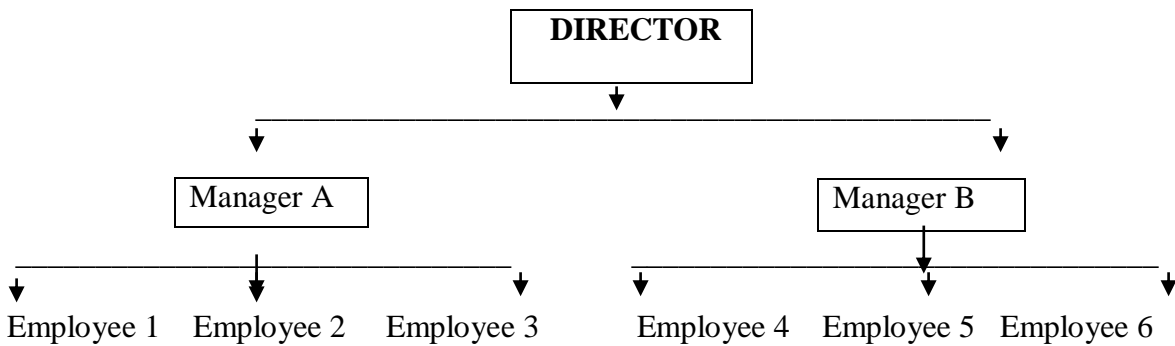
13. PARTICULARS OF EMPLOYEES

State the total number of permanent (P) and temporary(T) staff employed in the business

| | black | | coloured | | indian | | white | | handicap | | sub-total | | grand total |
|--------|-------|---|----------|---|--------|---|-------|---|----------|---|-----------|---|-------------|
| | P | T | P | T | P | T | P | T | P | T | P | T | |
| MALE | | | | | | | | | | | | | |
| FEMALE | | | | | | | | | | | | | |

14. STAFF STRUCTURE

14.1 Detailed diagram of staff structure. Tenderer to list employees and their positions.
EXAMPLE



15. PREVIOUS EXPERIENCE

List the last 4 contracts awarded to you (the tenderer) or previous experience with the other businesses related to this type of work or supply

| EMPLOYER/ DEPARTMENT | CONTACT PERSON AND telephone no. | contract value in rands | completed successfully yes/no | year |
|-------------------------|-------------------------------------|-------------------------------|-------------------------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

16. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT AND THE ATTACHED ANNEXURE RELATING TO THE PREFERENCE CLAIM.

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SERVICE PROVIDER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT (NTA 31) INCLUDING THE ANNEXURE/S WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. The service provider will be required to furnish documentary proof of the claims if requested to do so.
2. If the information supplied is found to be incorrect then the Mbonambi Tender Board may in addition to any remedies, it may have .It may:-
 - i. Recover from the contractor all costs, losses or damages incurred or sustained by the State as a result of the award of the contract, and/or
 - ii. Cancel the contract and claim any damages which the State may suffer by having to make favorable arrangements after such cancellations: and/or
 - iii. Impose a penalty on the contractor not exceeding 5% of the contract value as provided in the Mbonambi Tender Board Regulations

SIGNED ON THIS..... DAY OF 2005 AT.....

BEFORE THE COMMISSIONER OF AOTHS

.....

SIGNATURE **NAME IN BLOCK LETTERS**

ON BEHALF OF THE (SERVICE PROVIDER'S NAME).....

SIGNED AND SWORN 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 OBJECTION TO TAKING THE PRESCRIBED OATH, THAT HE/SHE REGARDS THE PRESCRIBED OATH TO BE BINDING ON HIS/HER CONSCIENCE AND HE/SHE UTTERED THE FOLLOWING WORDS: 'I SWEAR THAT THE CONTENTS OF THIS DOCUMENT ARE TRUE AND CORRECT, SO HELP ME GOD.'

.....

COMMISSIONER OF OATHS

FULL NAME:.....

BUSINESS ADDRESS:.....

CAPACITY:..... AREA:.....

OR

*
**SIGNED AND AFFIRMED TO, BEFORE ME, AT.....ON
THIS.....DAY
OF.....YEAR.....,BY THE DEPONENT WHO HAS ACKNOWLEDGED
THAT HE/SHE KNOWS AND UNDERSTAND, THE CONTENTS OF
THIS DOCUMENT, AND HE/SHE ACKNOWLEDGED THAT HE/SHE HAS NO
OBJECTION TO AFFIRMING, THAT HE/SHE REGARDS THE AFFIRMATION TO
BE BINDING ON HIS/HER CONSCIENCE.**

.....
COMMISSIONER OF OATHS

FULL NAME:.....
BUSINESS ADDRESS:.....
CAPACITY:.....AREA:.....

***DELETE WHICHEVER IS NOT APPLICABLE**

17. CRITERIA UTILISED FOR THE AWARDING OF PREFERENCE PERCENTAGES

Preference percentages are considered in accordance with the following criteria utilizing Table 1 for tenders/contracts below R 500 000 and Table 2 for tenders/contracts from R 500 000 up to R 2 million.

CATEGORIES OF PRICE PREFERENCE

- 1. AFFIRMATIVE ACTION:** Price preference shall be awarded to the businesses owned and managed by Disadvantage Individuals as per the stipulated price preference systems.
- 2. SMMEs:** Small, Medium, and Micro Enterprises which employ fewer than 25 people permanently are eligible for a price preference. A business which qualifies as an SMME in terms of the table contained in this document and has less than 25 employees qualifies for the maximum percentage.
Table 1:3% Table 2:2%

- 3. GENDER:** Businesses which are partially or completely managed by women are eligible for a price preference. Preference must be claimed according to proportion of management.
Table1: more than 35%= 3% Table2: more than 35% =2%
- 4. HANDICAPPED:** Businesses which are partially completed or managed by persons who are disabled are eligible for price preference. Preference must be claimed according to proportion of management.
Table1:more than 35%=2% Table2:more than 35%=1%

| |
|---|
| <p>N.B. THE FOLLOWING LOCAL PREFERENCES WILL BE APPLIED FOR WITH SUBMISSION OF SERVICE PROVIDERS</p> |
|---|

- 5. LOCAL**
- 5.1 South African manufactured: Price preference will be awarded to local suppliers of goods manufactured in South Africa in terms of the stated value.
- 5.2 Any South African-based raw materials or components produced within South Africa and used in the manufacturing process. Price preference will be awarded to Local suppliers of goods manufactured in South Africa based on the monetary value of the proportion of South African materials in the end product, expressed as a fraction of the total monetary value of the end product, as per the following table(s) 1,2 and 3.

TABLE 1

Allocation of price preference percentages for contacts below R 500 000

Encircle whichever is applicable to your business

Maximum price
preference

(a) AFFIRMATIVE ACTION:Tender Board may grant each individual/
organization a preference based on the
degree to which they had been
disadvantaged up to a maximum of

| | |
|-------------------------|----|
| under 10% | 0% |
| more than 10% up to 20% | 1% |
| more than 20% up to 40% | 2% |
| more than 40% up to 60% | 3% |
| more than 60% up to 80% | 4% |
| more than 80% | 5% |

(b) SMME (fewer than 25 employees) 3%

(c) GENDER (Management > 35% women) 3%

(d) Handicapped (Management >35% handicapped) 2%

LOCAL

***** LOCAL PREFERENCES WILL BE APPLIED FOR WITH SUBMISSION OF SERVICE PROVIDERS**

| LIST OF CATEGORIES: (PLEASE PLACE A TICK NEXT TO THE CATEGORY FOR WHICH YOU WISH TO REGISTER) | |
|---|--|
| <u>SOCIAL SERVICES:</u> | |
| Burial services (pauper burials) | |
| Catering Services | |
| Cleaning/garden services, cleaning of buildings | |
| Courler services | |
| Grass mowing & brush cutting | |
| Hire of portable toilets | |
| Hiring of helicopters | |
| Hygiene services | |
| Locksmiths | |
| Printing of forms | |
| Removal of furniture | |
| Removal of hospital/medical waste | |
| Security services | |
| Servicing,repair,upgrading,replacing and minor new work of fixed mechanical plant,equipment,machinery maintenance | |
| Supply and repair to office machines | |
| Traffic counting | |
| | |
| <u>CONSTRUCTION:</u> | |
| Building,,civil,roads,reservoirs,water treatment plant,electrical and general construction | |
| | |
| <u>GENERAL SERVICES:</u> | |
| Absolute Alcohol,ether and hygiene | |
| Ambulance rescue and emergency equipment and accessories | |
| Batteries | |
| Cleaning items(equipment-vacuum cleaners)/material(soaps,deo blocks,toilet paper,etc) | |
| Clothing and textiles,uniforms,footwear | |
| Coal | |
| Computer equipment | |
| Computer accessories(printer ribbons,diskettes,etc) | |
| Domestic appliances(fans,heaters,etc),household appliances | |
| Drugs/raw materials | |
| Fencing material,building material | |
| Fertilizer,herbicides,weedicides,domestic pest controllers | |
| Fire extinguishers | |

| LIST OF CATEGORIES: (PLEASE PLACE A TICK NEXT TO THE CATEGORY FOR WHICH YOU WISH TO REGISTER) | |
|--|--|
| Firewood | |
| Garden tools | |
| Grader Blades | |
| Hearing Aids | |
| Hire- chemical spray rigs, irrigation equipment (pipes and pumps) | |
| Human blood and blood products | |
| Internal Feeds | |
| Laboratory Items (blood collection materialm glass,pordelain, microbiology requirements, bottles, plastic medicine containers) | |
| Laundry consumables | |
| Lazer speed measuring equipment | |
| Medical oxygen | |
| Medical and Veterinary equipment(automatic film procesors,monitors,pulse oximeters,Ultrasound Imaging systems,ventilators,x-ray units) | |
| Non-medical equipment(wheelchairs,radio equipment,polisher,scrubber,industrial electricstove) | |
| Office furniture/equipment(photocopiers,fax machines,etc) | |
| Oils for heavy machinery,implements andlawn mowers,low sulphar furnace oil | |
| Ophthalmic items | |
| Orthopaedic Implant material | |
| Paint | |
| Paper and polythene and related products(disposable sheets,paper bags for steam sterilization, paper and polythene bags) | |
| Precast concrete products | |
| Protective clothing (bullet proof vests,etc) | |
| Radiographic material | |
| Road signs – guidance & warning | |
| Sale of by products (waste fixer,x-ray film scrap) | |
| Sand and stone | |
| Seed maize,Soya,Sorghum,Lupin etc. | |
| Stationery(fingerprint ink),office stationery | |
| Supply – roadstuds,adhesives,reflectorised roadmarkings | |
| Surgical consumables(anaesthetic accessories),catheters & tubes,dental,sutures,filters & liners, Occupational therapy,orthopaedic sundries,stoma& incontinence appliances,bandages ,etc) | |
| Surgical instruments | |
| Telephone systems | |
| Tyres | |
| Web design,tour operators and general supplies | |
| <u>ECONOMIC SERVICES:</u> | |
| Cash management services | |
| Levy inspectors | |

FOR OFFICIAL USE ONLY

NAME OF BUSINESS.....

| ITEM NUMBER | YES | NO | PROOF |
|--|-----|----|-------|
| 1. Business particulars | | | |
| 1.1 Business registration number | | | |
| 1.2 Tax clearance certificate | | | |
| 1.3 Workmen's Compensation no. | | | |
| 1.4 Security Officer's Board registration no.(applicable) | | | |
| 1.5 Unemployment Insurance fund no. | | | |
| 1.6 Income Tax registration no. | | | |
| 1.7 VAT registration no. | | | |
| 1.8 P.A.Y.E. no. (if applicable) | | | |
| 1.9 Declaration of Good Standing regarding Tax (if provided) | | | |
| 2 Financial details | | | |
| 3 Type of business | | | |
| 4 Participation | | | |
| 5 Previous business information | | | |
| 6 Business information | | | |
| 7 Principal business activity | | | |
| 8 Joint venture | | | |
| 9 Business information | | | |
| 10 Shareholders | | | |
| 11 Partners | | | |
| 12 Management in business | | | |
| 13 Business/operational plan | | | |
| 14 Execution capacity | | | |
| 15 Particulars of employees | | | |
| 16 Staff structure | | | |
| 17 Previous experience | | | |
| 18 Certification of correctness of information supplied | | | |
| 19 Category listed | | | |
| 20 % Preference claimed by Business: TABLE 1:% TABLE 2:% | | | |
| 30 Recommended % preference calculated by Procurement Administration TABLE 1:% TABLE 2:% | | | |