



# UMFOLOZI MUNICIPALITY SUPPLIERS DATABASE REGISTRATION FORM

**FOR OFFICE USE**

Date Application received: .....

Suppliers Name: .....

Captured By: ..... Date: .....

Approved By: ..... Date: .....

uMfolozhi Municipality Database Registration Number .....

# **INFORMATION AND GUIDELINES FOR COMPLETING AND SUBMITTING THE UMFOLOZI 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. uMfolozi 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 the uMfolozi Municipality.

## **7. Business Opportunities / Guarantee**

Please note that inclusion / registration on the uMfolozi 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  
uMfolozi Municipality  
25 Bredelia Street  
Kwa – Mbonambi  
3915

**OR**

Posted / Courier to;

uMfolozi Municipality  
SCM Unit  
P.O. Box 96  
Kwa - Mbonambi  
3915

**uMfolozi 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. Original & Valid Tax Clearance Certificate

**OR**

Tax compliance Status Pin

2. Copy of BBBEE Certificate issued by SANAS or a registered

Auditor approved letter by IRBA or an Accounting Officer as contemplated in the CCA and valid for a year

**OR**

Completed Declaration as required by the Amended Codes of BBBEE or Affidavit.

3. Proof of CSD registration (CSD REGISTRATION REPORT).

4. **Construction, Building, Civil Engineering & Electrical Contractors** must submit a valid CIDB certificate

(Copy taken from the internet is acceptable)

5. **Electrical Contractors** must submit a certified copy of a valid Electrical Installation Certificate (wiremen's licence)

6. **Caterers** must submit a valid certified copy of the Certificate of Acceptability for food premises from the Department of Health

7. **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

.....

.....

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 <b>(Please Specify)</b>					

**Attach a certified copy of**

- a) The original documentation as indicated in no 1 of business information to confirm type of business
- b) 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**

Attach an updated company **profile**

**FUNCTIONALITY / EXPERIENCE**

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

<b>Service Delivered or contract etc.</b>	<b>Service delivered to:</b>	<b>Contact Person &amp;Telephone number of Service Delivered to:</b>	<b>Service Completed successfully YES/NO</b>	<b>Date Completed</b>



## DECLARATION OF INTEREST

1. No bid 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 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 persons in service of the state, it is required that the bidder 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 the bid.**

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.

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\* 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
- (f) an employee of Parliament or a provincial legislature.

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

3.7.1 If so, furnish particulars.

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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?

3.8.1 If so, furnish particulars. **YES / NO**

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.....

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

3.9.1 If so, furnish particulars

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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.

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.....

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.

.....

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**CERTIFICATION**

**I, THE UNDERSIGNED (NAME)** .....

**CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.**

**I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....

Signature

.....

Date

.....

Position

.....

Name of Bidder

**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**

Signature .....

Name .....

ID No .....

Tel. No .....

Postal Address .....

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.....

**Witness**

Signature.....

Name.....

ID No .....

Tel. No. ....

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, uMfolozi Municipality will not accept this application.**