**NALA LOCAL MUNICIPALITY**



 **SUPPLIER DATABASE**

 **REGISTRATION FORM**

 **NALA LOCAL MUNICIPALITY**

A supplier application form is attached and should be completed to enable a sole proprietor/company/partnership/close corporation/trust joint ventures to be registered on the Nala Local Municipality Supplier Database, in respect of business classifications alluded to in Section 8 of the application form.

**The copies of the following certified documents must be furnished together with your application:**

* **Business Registration Documents (Company/Close Corporation/Partnership/Joint venture etc.)**
* **Identity documents of directors/owners/members/shareholder.**
* **Mostly recent approved Annual Financial System**
* **Value Attached Tax (VAT)Registration Certificate (if applicable)**
* **Original Valid Tax Clearance Certificate**
* **Shareholding Certificate**
* **B-BBEE Certificate**
* **Compensation of Occupational Injuries and Diseases registration.**
* **Municipal Account /levy clearance certificate, if residing within Nala Local Municipality Boundries.**
* **Any other relevant registration certificate pertaining to your business**
* **Copy of resolution (if application)**
* **Company Profile**

Complete Supplier Database Forms**, CLEARLY MARKED``APPLICATION FOR REGISTRATION ON THE NALA LOCAL MUNICIPALITY GOODS AND/OR SERVICES (SUPPLIER) DATABASE`` must be submitted to the Snr Supply Chain Practitioner, Supply Chain Management Office, Private Bag x15,Bothaville,9660**

**CONTACT DETAILS:**

**TEL: 056** **514 9200**

**FAX: 056 515 3922**

 **1. BUSINESS PARTICULARS**

**1.1 Name of Business--------------------------------------------------------------------------------------------**

**1.2 Trading as:------------------------------------------------------------------------------------------------------**

**1.3 Vat number:----------------------------------------------------------------------------------------------------**

**1.4 Income Tax Number:----------------------------------------------------------------------------------------**

**1.5 Physical address:--------------------------------------------------------------------------------------------**

**---------------------------------------------------------------------------------------------------------------------------**

**City:---------------------------------------------------------------Code----------------------------------------------**

**Province:-------------------------------------------------------------------------------------------------------------**

**1.6 Postal Adress:-------------------------------------------------------------------------------------------------**

**---------------------------------------------------------------------------------------------------------------------------**

**City:-------------------------------------------------------------Code-----------------------------------------------**

**Province:-------------------------------------------------------------------------------------------------------------**

**1.7 Telephone No:-------------------------------------------------------------------------------------------------**

**1.8 Fax No:-----------------------------------------------------------------------------------------------------------**

**1.9 Cell No:----------------------------------------------------------------------------------------------------------**

**1.10 Email address:-----------------------------------------------------------------------------------------------**

**1.11 Web-Page address:----------------------------------------------------------------------------------------**

**1.12 How would you like to receive correspondence from us? Please Tick.**

**Post:--------------------------------Fax:-----------------------------------E-mail:-------------------------------**

**1.13 Correspondence address:------------------------------------------------------------------------------**

**---------------------------------------------------------------------------------------------------------------------------**

**City:-----------------------------------------------------Code:------------------------------------------------------**

**Province:-------------------------------------------------------------------------------------------------------------**

**1.14 Contact Person for correspondence as per 1.7/1.9**

**Title:------------------------------Name-----------------------------------------------------------------------------**

**Surname:-------------------------------------------------------------------------------------------------------------**

**1.15 Geographical areas where your business is located:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Eastern Cape** |  | **North West** |  |
| **Free State** |  | **Northern Cape** |  |
| **Gauteng** |  | **Northern Province** |  |
| **Kwa-Zulu Natal** |  | **Northern Cape** |  |
| **Mpumalanga** |  |  |  |
|  |  |  |  |
| **Are you locally within Nala Local Municipality: Yes:--------------- No:…………………** |

**2. SALES AND ACCOUNTS DEPARTMENTS**

**2.1 Sales Department**

**Contact Name:------------------------------------------------------------------------------------------------------**

**Cell No:---------------------------------------------------------------------------------------------------------------**

**Email Adress:------------------------------------------------------------------------------------------------------**

**Telephone:----------------------------------------------------------------------------------------------------------**

**2.2 Acounts Department**

**Contact Name:------------------------------------------------------------------------------------------------------**

**Cell No:---------------------------------------------------------------------------------------------------------------**

**Email Adress:------------------------------------------------------------------------------------------------------**

**Telephone:----------------------------------------------------------------------------------------------------------**

**3. CORE BUSINESS OPERATION**

**(Mark with applicable fields)**

* **Prime Contractor**
* **Supplier**
* **Professional Services**
* **Manufacture**
* **Sub-Contactor (less than 25%**

**generated turnover as prime contractor)**

**4. ANNUAL AVERAGE INCOME**

**Indication annual turnover excluding Value during the past three years:**

|  |
| --- |
| **R** |

**5. FINANCIAL DETAILS (BANKING)**

**5.1 Banking institution name:--------------------------------------------------------------------------------**

**5.2 Branch:---------------------------------------------------------------------------------------------------------**

**5.3 Town/City:-----------------------------------------------------------------------------------------------------**

**5.4 Banking account number:------------------------------------------------------------------------------**

**5.5 Account type:-----------------------------------------------------------------------------------------------**

**5.6 Account Holder`s name:---------------------------------------------------------------------------------**

**NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (cancelled Cheque/Bank Statement)**

**6. PREVIOUS BUSINESS INFORMATION**

**6.1 Did your business exist under a previous name? Yes------ No---------**

**6.2 If yes,what name did it trade under?------------------------------------------------------------------**

**6.3 Previous business registration number?------------------------------------------------------------**

**7. BUSINESS INFORMATION**

**The following table must be completed in order to establish wether 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**

|  |
| --- |
| **Construction** |
|  **C1** |  | **Concrete works** |
| **C2** |  | **Demolition** |
| **C3** |  | **Electrical contracts** |
| **C4** |  | **Evacuation systems** |
| **C5** |  | **Fencing** |
| **C6** |  | **General building work** |
| **C7** |  | **Glazing** |
| **C8** |  | **Transport** |
| **C9** |  | **Landscaping/Earthwork** |
| **C10** |  | **Mechanical contracts** |
| **C11** |  | **Metalwork &buglar guards** |
| **C12** |  | **Painting** |
| **C13** |  | **Paving** |
| **C14** |  | **Plumbing** |
| **C15** |  | **Pre-cast concrete manufacture** |
| **C16** |  | **Pumping installation** |
| **C17** |  | **Road works** |
| **C18** |  | **Special contracts** |
| **C19** |  | **Other:** |

|  |
| --- |
|  **Workshop** |
| **W1** |  | **Electrical components supplies** |
| **W2** |  | **Electrical motor repair** |
| **W3** |  | **Transformer services** |
| **W4** |  | **Other:** |

|  |
| --- |
| **Mechanical** |
| **M1** |  | **Pumps spares** |
| **M2** |  | **Bolts & nuts** |
| **M3** |  | **Mechanical seals & packings** |
| **M4** |  | **Hardware supplies** |
| **M5** |  | **Pipe &Irrigation**  |
| **M6** |  | **Lifting equipment** |
| **M7** |  | **Bearing supplies** |
| **M8** |  | **Other:** |

|  |
| --- |
| **Repair Services** |
| **Vehicles**  |
| **V1** |  | **Spares &parts** |
| **V2** |  | **Auto Electrical** |
| **V3** |  | **Brakes &clutch** |
| **V4** |  | **Transmissions** |
| **V5** |  | **Panel beaters** |
| **V6** |  | **Tyres** |
| **V7** |  | **Batteries** |
| **V8** |  | **Oil &Lubricants** |
| **V9** |  | **Windscreens** |
| **V10** |  | **Communicative** |
| **V11** |  | **Engine overalls** |
| **V12** |  | **Hydraulics** |
| **V13** |  | **Towing services** |
| **V14** |  | **Upholstery** |
| **V15** |  | **Radiator repairs** |
| **V16** |  | **Adhoc motor services** |
| **V17** |  | **Other:** |

|  |
| --- |
| **Manufacturing/Wholesalers/Distribution** |
|  **D1** |  | **Building material** |
| **D2** |  | **Cleaning supplies** |
| **D3** |  | **Clothing /printing** |
| **D4** |  | **Computers equipment &software** |
| **D5** |  | **Office furniture** |
| **D6** |  | **Office supplies &stationary** |
| **D7** |  | **Fire protection equipment** |
| **D8** |  | **Industrial equipment** |
| **D9** |  | **Vehicles** |
| **D10** |  | **Workshop equipment** |
| **D11** |  | **Vehicles** |
| **D12** |  | **Workshop equipment** |
| **D13** |  | **Protective clothing** |
| **D14** |  | **Other:** |

|  |
| --- |
| **Services** |
| **Other Services** |
| **S1** |  | **Advertising/communication services** |
| **S2** |  | **Bookkeepers** |
| **S3** |  | **Carpet cleaning** |
| **S4** |  | **Catering/vending** |
| **S5** |  | **Cleaning services** |
| **S6** |  | **Computer supplies/serving** |
| **S7** |  | **Motor services/corporate** |
| **S8** |  | **Educational services** |
| **S9** |  | **Horticulture services** |
| **S10** |  | **Insurance Services** |
| **S11** |  | **Interior decorating** |
| **S12** |  | **Laundry Services** |
| **S13** |  | **Courier Services** |
| **S14** |  | **Health care Services** |
| **S15** |  | **Municipal Services** |
| **S16** |  | **Municipal Services** |
| **S17** |  | **Personnel Services** |
| **S18** |  | **Pest removal services** |
| **S19** |  | **Printing/photography/graphic design** |
| **S20** |  | **Real estate** |
| **S21** |  | **Site cleaning** |
| **S22** |  | **Travel agencies** |
| **S23** |  | **Security & access control** |
| **S24** |  | **Air conditioning systems** |
| **S25** |  | **Telemetry** |
| **S26** |  | **Transport &storage** |
| **S27** |  | **Auctioneers** |
| **S28** |  | **Other:** |

|  |
| --- |
|  **Professional Services** |
|  **P1** |  | **Financial services** |
| **P2** |  | **Architects** |
| **P3** |  | **Legal services** |
| **P4** |  | **Corporate catering/refreshments** |
| **P5** |  | **Land surveyors** |
| **P6** |  | **Medical practitioners** |
| **P7** |  | **Projects managers** |
| **P8** |  | **Quantity surveyors** |
| **P9** |  | **Town planners** |
| **P10** |  | **Engineers** |
| **P11** |  | **Consulting Engineers(Civil/Structural)** |
| **P12** |  | **Consulting Engineers(Electrical)** |
| **P13** |  | **Consulting Engineers(Mechanical)** |
| **P14** |  | **Consulting Engineers** |
| **P15** |  | **Other:** |

**8. HDI INFORMATION**

|  |  |
| --- | --- |
| **Economic Sector** | **Types of Business** |
| **E1** |  | **Agriculture** | **T1** |  | **ISO Listed** |
| **E2** |  | **Catering, accommodation &other trade** | **T2** |  | **Manufacture** |
| **E3** |  | **Community, social &personal services** | **T3** |  | **Distributor** |
| **E4** |  | **construction** | **T4** |  | **Sales** |
| **E5** |  | **Electricity, Gas, and Water** | **T5** |  | **Services** |
| **E6** |  | **Finance and business services** | **T6** |  | **Importer** |
| **E7** |  | **Manufacturing** | **T7** |  | **Exporter** |
| **E8** |  | **Mining and Quanrying** | **T8** |  | **Repairer** |
| **E9** |  | **Retail, Motor trade and repair services, wholesale trade, commercial agents &allied services** |  |
| **E10** |  | **Transport, storage and communication** | **SMME STATUS** |
|  |  |  | **SM1** |  | **Small** |
| **SM2** |  | **Medium** |
| **SM3** |  | **Micro** |
| **SM3** |  | **Established** |

**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..

**3 In order to give effect to the above, the following questionnaire must be completed and submitted with the form**

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 **YES / NO**

twelve months?

3.7.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

 MSCM Regulations: “in the service of the state” means to be –

1. 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.

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 committees? **YES/NO**

3.8.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

3.9 Are you, aware of any relationship (family, friend, other) **YES/NO**

between a company/representative/shareholders/members/owners and any person

in the service of the state who may be involved with the evaluation and

adjudication committees?

3.9.1 If so, furnish particulars

…………………………………………………………….

…………………………………………………………….

3.10 Are any of the company’s directors, managers, principal **YES / NO**

shareholders or stakeholders in service of the state?

3.10.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

3.11 Are any spouse, child or parent of the company’s directors, **YES / NO**

Managers , principal shareholders or stakeholders in service

of the state?

3.11.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

**10. MANAGEMENT AND CONTROL INFORMATION**

**Please complete the following table:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General Manager/Director** | **Name of Company** | **Tel no.** | **Fax no.** | **Cell no.** | **Email no.** |
|  |  |  |  |  |  |

**A)List of all partners, proprietors, members and/or shareholders by name, identity number ,citizenship PDI status and ownership, as relevant:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Identity** | **Citizenship** | **Date of** **Ownership** | **HDI STATUS** | **100%Ownership** |
| **Race** | **Youth** | **Gender** | **Disability** |
| **B/W** | **M/F** | **M/F** | **Y/N** |
|  |  |  |  |  |  |  |  |  |

**B) CONTROL**

**The following table represents the methodology used for the purpose of devising a score for management and control. Please complete the weighting:**

|  |  |  |
| --- | --- | --- |
| **Management control** | **Weighting points****(1-100%)0** | **Compliance Targets** |
| **1)Board Participation** |  |  |
| 1. **Percentage that the Voting Rights exercisable by the members of the Board who are Black people hold to the total of all Voting Rights exercised by the members of the Board.**
 |  |  |
| 1. **Executive members who are black**
 |  |  |
| 1. **Executive members who are women**
2. **Executive members who are youth**
3. **Executive members who are disabled**
 |  |  |
| **2. Executive management participation** |  |  |
| 1. **Percentage that Senior Executive Management who are black people constitute of the number of Senior Executive Management.**
 |  |  |
| 1. **Percentages that Senior Executive Management who are Black women, youth and people with disabilities constitute of the number of the Executive Senior Management**
 | **Women-****Youth-****Disable-** |  |
|  |  |  |
|  |  |  |

**C) Joint Ventures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Joint Venture Members** | **% contribution to J/V Partnership** | **% HDI ownership** | **100% HDI contribution** |
|  |  |  |  |
|  |  |  |  |
| **Total HDI Contribution** |  |

**d) Staffing Profile**

**Provide information on the staff that you have available(Attach a separate list if the space provided is sufficient)**

|  |  |
| --- | --- |
| **Permanent Employed Staff: Gender and race** | **Number of Staff** |
|  |  |
| **Temporary Staff** | **Number of Staff** |
|  |  |

e) **Business references for the previous work done in the past years (you may attached)**

|  |  |
| --- | --- |
| **Company name** |  |
| **Adress** |  |
| **Contact person** |  **Telephone:** |
| **Value of Contract amount** |  **Date:** |
| **Description of work** |  |
| **Nature of Duties** |  |
| **Any registration with relevant authority** |  |

|  |  |
| --- | --- |
| **Company name** |  |
| **Adress** |  |
| **Contact person** |  **Telephone:** |
| **Value of Contract amount** |  **Date:** |
| **Description of work** |  |
| **Nature of Duties** |  |
| **Any registration with relevant authority** |  |

|  |  |
| --- | --- |
| **Company name** |  |
| **Adress** |  |
| **Contact person** |  **Telephone:** |
| **Value of Contract amount** |  **Date:** |
| **Description of work** |  |
| **Nature of Duties** |  |
| **Any registration with relevant authority** |  |

|  |  |
| --- | --- |
| **Company name** |  |
| **Adress** |  |
| **Contact person** |  **Telephone:** |
| **Value of Contract amount** |  **Date:** |
| **Description of work** |  |
| **Nature of Duties** |  |
| **Any registration with relevant authority** |  |

|  |  |
| --- | --- |
| **Company name** |  |
| **Adress** |  |
| **Contact person** |  **Telephone:** |
| **Value of Contract amount** |  **Date:** |
| **Description of work** |  |
| **Nature of Duties** |  |
| **Any registration with relevant authority** |  |

 **11. DECLARATION**

**I/WE,THE UNDERSIGNED,WARRANTS THAT I/WE ARE DULY AUTHORISED TO DO SO BEHALF OF THE ENTERPRISE,CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGE THAT.**

1. The Enterprise complies with the requirements for recognition as Black /Priority Population Group/Black Business Enterprise/SMME, Women business Enterprise, Disabled Person Enterprise.
2. The contents of this declaration are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
3. The enterprise will be required to furnish documentary proof if requested to do so.
4. If the information supplied is found to be incorrect then the Nala Local Municipality in addition to any remedies ,it may have ,may

Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a results of the award of any business, and /or

Take any other action as may be deemed necessary.

**Signature:………………………………………………………………………………………………………**

**Name:……………………………………………………………………………………………………………**

**ID Number:…………………………………………………………………………………………………….**

**Duly authorised to sign on behalf of:…………………………………………………………………..**

**Adress :……………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………….**

**Telephone:…………………………………………………………………………………………………..**

**Signed at: …………………………………………………………………………………………………….**

**On this the ……….Day of……………..By the Deponent, who has acknowledge that he/she understanding the contents of this document, that it is true and correct to the best of his/her knowledge and that he /has no objection to taking the prescribed declaration.**

**NOTE: ALL PAGES OF THIS APPLICATION FORM MUST BE INITIALISED.**