



**LEKWA LOCAL MUNICIPALITY SUPPLIER
DATABASE FORM**

COMPANY NAME: _____

**Central Supplier Database Reference
Number: MAAA** _____

NB: If there is no CSD Reference Number, your application will be rejected

LEKWA LOCAL MUNICIPALITY SUPPLIER DATABASE FORM



VERY IMPORTANT
CSD Reference Number:

MAAA

LEKWA LOCAL MUNICIPALITY
PO BOX 66
STANDERTON 2430
(017) 712 9647 (Tel)
(017) 712 9651 (Fax)

COMPANY DETAILS

NAME: _____
Name of business as registered with CIPC

TRADING NAME: _____
Trading name if different from above

COMPANY REG. NO: _____
Registration no as registered with the CIPC
(Please attach certified copy of registration documents)

WATER ACC NO: _____
If trading or residing within Lekwa Local Municipality
If trading or residing outside Lekwa please attach a copy of the latest utility bill

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

CONTACT DETAILS

CONTACT PERSON: _____

CONTACT ID NUMBER: _____

CONTACT TEL NO: _____ (Cell) _____ (Work)
_____ (Fax) _____ (Home)
_____ (Email Address)

PREFERRED METHOD OF COMMUNICATION: EMAIL FAX

LEKWA LOCAL MUNICIPALITY – REGISTRATION FORM

BANKING DETAILS

I/We hereby request and authorise **Lekwa Local Municipality** to pay any amounts that are due to me/us into my /our bank account held at the below mentioned financial institution.

This authority will remain in force until such time it is cancelled by me/us giving (30) day's written notice by prepaid registered post.

Initial and Surname Authorised Signature Date

NAME OF ACCT HOLDER: _____
(Name under which account is operated)

NAME OF BANK: _____

NAME OF BRANCH: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

- ACCOUNT TYPE: CURRENT ACCOUNT
 SAVINGS ACCOUNT
 TRANSMISSION ACCOUNT
 SUBSCRIPTION SHARE ACCOUNT
 BOND ACCOUNT
 OTHER (please specify) _____



DETAILS OF BANK OFFICIAL: _____
NAME: _____
DATE RECEIVED: _____
SIGNATURE: _____

Bank stamp certifying the above banks account details as correct

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BUSINESS DETAILS

Business Type

(Please tick appropriate box)

- Close Corporation Private Company (Pty) Ltd Public Company
 Partnership Sole Trade/Proprietor Trust
 Section 21 Company Co-operative Consortium or Joint Venture

LOCATION OF THE ENTERPRISE

(Tick the appropriate box)

- LEKWA LOCAL MUNICIPALITY
 MPUMALANGA
 SOUTH AFRICA (PROVINCE) _____
 Other _____

DETAILS OF PROFESSIONAL AFFILIATION OR REGULATORY BODY

Institute/Professional Body/Regulatory Body	Registration No	Professional Insurance Indemnity No

PREVIOUS BUSINESS INFORMATION

Did the business exist under another name previously? YES NO (*Tick one*)

If “yes” what was the previous name? _____

Please state the reasons for the name of the change

DETAILS OF PREVIOUS OWNERS/PARTNERS/MEMBERS/SHAREHOLDERS

NAME	TITLE

LEKWA LOCAL MUNICIPALITY – REGISTRATION FORM

OWNERS/SHAREHOLDERS/MEMBERS/TRUSTEES

Full Names	ID NO	SA Citizen (Yes/NO)	Capacity (Member, shareholders etc)	% Ownership	Male/ Female	Handicapped (Yes/No)	HDI Status Yes/No	Race (W/C/I/A)	% of time devoted to business

Definition of ‘HDI’ & “youths” – Historically Disadvantaged Individuals

An HDI is defined in terms of Section 1(h) of the Preferential Procurement Policy Framework Act 2000 (Act 56 of 2000) as being a South African Citizen: -

1. Who due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of South Africa 1983 (Act no.110 of 1983) or the Constitution of the Republic of South Africa 1983 (Act No. 200 of 1983) (The Interim Constitution) and/or
2. who is female/male, and/or
3. who has a disability provided that a person who obtained South Africa citizenship on or after the coming to effect of the Interim Constitution, is not deemed to be an HDI
4. Generally accepted definition of “Youth” is any persons between the age of 18 and 35 years.

DECLARATION OF INTEREST (must be completed)

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with this document.**

2.1 Full Name of Supplier or his or her representative:

2.2 Identity Number:

2.3 Position occupied in the Company (director, trustee, shareholder²):

2.4 Company Registration Number:

2.5 Tax Reference Number:

2.6 VAT Registration Number:

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹“State” means –

- (a) 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);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

²“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

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2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed :

Position occupied in the state institution:

Any other particulars:
.....
.....
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attached proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:
.....
.....
.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:
.....
.....
.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.
.....
.....
.....

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2.10 Are you, or any person connected with the bidder, **YES/NO**
 aware of any relationship (family, friend, other) between
 any other bidder and any person employed by the state
 who may be involved with the evaluation and or adjudication
 of this bid?

2.10.1 If so, furnish particulars.

.....

2.11 Do you or any of the directors / trustees / shareholders / members **YES/NO**
 of the company have any interest in any other related companies
 whether or not they are bidding for this contract?

2.11.1 If so, furnish particulars:

.....

3 Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Reference Number	Tax State Number	Employee / Persal Number

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4 DECLARATION

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

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF
PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION
PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

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DECLARATION (MUST BE COMPLETED and STAMPED)

I/WE, THE UNDERSIGNED WHO WARRANTS THAT I/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT INCLUDING THE RELEVANT ATTACHEMENT IS CORRECT AND ACCURATE AND ACKNOWLEDGE THAT:

1. The enterprise will be required to furnish documentary proof requested to do so.
2. If the information supplied is found to be incorrect, then Lekwa Local Municipality may in addition to any remedies it may have
 - a) Disqualify the supplier/contractor for a particular quotation/bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
 - b) Recover from the contractor/supplier all costs, losses or damages incurred by Lekwa Municipality as a result of the breach of contract ;
 - c) De-register the supplier from the accredited suppliers database;
 - d) Take any other action as may be deemed necessary.

Full Names: _____

ID Number: _____

Signature: _____

Date: _____

Duly authorised on behalf of: _____

Address: _____

Telephone no: _____

Signed and affirmed before me at _____ on this _____ day of _____ year _____ by the dependent who has acknowledged that he/she knows and understands, the contents of this document, and he/she has acknowledged that he/she regards the affirmation to be binding on his/her conscience.

Commissioner of Oaths

Full Name

Capacity

Business address

NOTE: Both the deponent and the Commissioner of Oath must initial all pages

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ANNEXURE “A”

Suppliers can register for only TWO of the following categories of goods or services:

<u>GOODS AND SERVICES</u>	<u>TICK</u>
Media/publicity/advertising	
Office Supplies (Printing, Stationery, Office Furniture included)	
Protective Equipment (Protective Clothing, Uniforms included)	
Appliances (TV, microwaves etc)	
Accommodation & Conference Facilities	
Catering & Decor	
Transport	
Tents, Toilets, Tables & Chairs to hire	
Stage, Podium and Sound system/Public Address System, video recording, other recording Facilities	
Event Management (Music & Entertainment included)	
Cleaning Materials (carpet cleaning included)	
IT solutions (Computers, laptops, networking, software, hardware included)	
Architects	
Pest Control and Fumigation (Supply of Weed Killers, fertilizers included)	
Travel Agencies	
Accounting & Bookkeeping	
Tax & Auditing (Financial Advisory Services included)	
Hardware Suppliers (bricks, sand, gravel, other general hardware included)	
Supply of Tar (all related products included)	
Suppliers of Oil, tyres and gas	
Light and Heavy Vehicles Sales and Repairs (Mechanical, Electrical & Auto Spares included)	
Electrical Supplies, Installation and Maintenance	

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Plumbing Supplies, Installation and Maintenance	
General Construction (Renovations, maintenance of buildings, tiling included)	
Drilling and testing of boreholes	
Windmill Repairs	
Financial Advisory Services	
Project Management	
Training and Skills Development	
Consulting Engineers (Civil, Electrical and Environmental etc)	
Gardening Equipment (Supply and Repair of Equipment)	
Supply, Installation and Repair of Water/Sewer Pumps	

If your business category is not listed above please indicate it clearly in the blank space provided

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ANNEXURE “B”

Required document checklist

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

Document Name	Attached
Most recent municipal account for your business location or lease agreement (Address of Business and Municipal Account address must be the same) (Account not to be older than 60 days from date of application) (If account in arrears, Lekwa Local Municipality has the right to suspend this application till the account is settled)	<input type="checkbox"/>
Original Bank Letter or Banking details certified by bank (page 2)	<input type="checkbox"/>
Original or certified copy of Valid B-BBEE Verification Certificate	<input type="checkbox"/>

Please ensure all pages are initialled and all relevant pages that need signing are signed.