

APPLICATION TO BE REGISTERED AS A VENDOR

ACCOMPANYING DOCUMENTS

Please note that the following documents **MUST** accompany your application:

Certified copies of the accompanying documents must be submitted to the Municipality's Supply Chain Office within 14 (fourteen) days of submission of application. Failure to submit relevant documentation within the prescribed period will result in disqualification of your application.

NO.	DESCRIPTION	YES/NO
1.	Company Profile (maximum of 3 pages)	
2.	Copy of the Company registration (CK)	
3.	Copies of the owner(s) ID documents (Certified)	
4.	Business Letterhead/company stamp	
5.	Cancelled cheque or Bank confirmation on bank details	
6.	Valid & Original Tax Clearance Certificate	
7.	VAT Registration Certificate (if applicable)	
8.	Municipal Rates Clearance Certificate or Copy of a lease agreement (if renting/leasing) Not Monthly Account (to be collected at Bram Fischer Building, Debt Collection Division)	
9.	B-BBEE status level verification Certificate*	
10.	CIDB Certificate (for construction, plumbing, electrical, etc)	
11.	SIRA Certificate (for security)	
12.	For Consulting Services we need CVs of consultants who are going to provide the service	

* Companies with an annual total revenue of R5 million or less qualify as Exempted Micro Enterprises (EMEs) in terms of the Broad-Based Black Economic Empowerment Act, and must submit a certificate issued by a registered auditor, accounting officer (as contemplated in section 60(4) of the Close Corporation Act, 1984 (Act No. 69 of 1984)) or an accredited verification agency.

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AT THE HEART OF IT ALL

VENDOR INFORMATION

The following information should be completed in full.

Name of Business : _____

Trading Names : _____

Company Registration Number/ID No.: _____

Income Tax Reference Number. : _____

Vat Registration Number : _____

Contact person : _____

Telephone number : _____

Fax number : _____

Cell phone number : _____

E-mail address : _____

Physical Address : _____

Postal Address : _____

BANKING DETAILS

Name of Bank	
Address of Bank	
Branch Code of Bank	
Bank Account Number	
Type of Account (If cheque account, please attach cancelled cheque)	

NB: SERVICE PROVIDERS TO CHOOSE ONLY THREE AREAS OF SPECIALTY

Suppliers are expected to choose three services (Tick x were applicable)

A. FINANCE & ADMINISTRATION

- Transport of Cash
- Tracing agencies
- Seals and money bags for pay points
- Credit Ratings
- Printing & Stationery
- Office furniture and equipment
- Newspaper suppliers
- Supply of uniform and protective clothing
- Provision of security services
- Cleaning services of buildings
- Supply of cleaning materials and related items
- Car Rental
- Travel Agencies
- Advertising
- Curtains and blinds
- Computer accessories
- Courier Services

B. TECHNICAL SERVICES & MAINTENANCE

- Provision of services such as erection of car ports, kerbs fixing, cleaning of storm water system, electrical work, painting, fencing, pothole fixing
- Geo-Hydrology
- Consulting Engineering
- Building contractors
- Cellular
- Land-line telephones
- Escalators
- Air Conditions (installation and repairs)
- Partitioning and ceiling
- Supply of vehicles and related accessories
- Panel beating and spray painting
- Supply chemicals for pool maintenance
- Supply of coal for swimming pool boilers
- Repairs on irrigation systems and water pipes
- Servicing of equipment
- Grading of soccer fields
- Repairs alarm systems
- Waterproofing

C. EMERGENCY SERVICES

- Pneumatic rescue equipment
- Hydraulic rescue equipment
- Lubricants
- Fire fighting equipment
- Electrically driven power tools
- Petrol driven power tools
- Portable fire fighting pumps

D. EVENT MANAGEMENT

- Provision of catering services
- Photographic and Videos
- Sound systems
- Decorations
- Guest Houses
- Venue for Conferences
- Performers
- Beverages
- Corporate Gifts
- Promotional items

E. SPECIALISED SERVICES

- Accredited inspection authority
- Accredited laboratories
- Surveying and rezoning
- Skills development and training
- Recruitment Consultants
- GIS Consultants
- Legal work such as Labour Law, litigation, contracts, deeds and conveyancing, and debt collection
- Printing and Design
- Financial Consultants/Accounting Firms
- Business Development Support
- Marketing services and Research

F. COMMUNITY SERVICES

- Burial services
- Horticulture
- Gardening service
- Environmental impact assessment
- Waste management
- Transport Services

BLACK ECONOMIC EMPOWERMENT : VENDOR QUESTIONNAIRE

List all Shareholders by Name, Position, Identity Number, Citizenship, HDI status and ownership, as relevant. Information to be used to calculate the points

Name	Date/Position occupied in Enterprise	ID Number	Date RSA Citizenship obtained	* HDI Status			% business / enterprise owned
				no franchise prior to elections	Women	Disabled	

*Indicate YES or NO

Notes:

- a) The following questions should be completed comprehensively in order for Mangaung Metropolitan Municipality to conduct a representative BEE evaluation of your company.
- b) An unwillingness to provide information as requested will result in Mangaung Metropolitan Municipality allocating a minimum score for that area of the questionnaire.
- c) Mangaung Metropolitan Municipality reserves the right to request any additional information that would be deemed necessary to verify any answers provided by a company.
- d) Misrepresentation of company status with respect to answers provided in this submission will result in disqualification from the evaluation processes or cancellation of contracts as deemed appropriate.
- e) The municipality will deem persons completing this questionnaire as individuals authorized to do so.
- f) Previously disadvantaged individuals (PDI's) / Blacks shall mean **Africans, Coloureds, Indians, Black Women and Disabled people, excluding naturalized South Africans.**
- g) Previously disadvantaged individuals (PDI's) in the context of this questionnaire shall be **applicable to South African Citizens only.**

COMPANY STAMP:

Responding to the request does not automatically qualify a provider as a registered or preferred provider.

Note: The submission of this application form shall under no circumstance qualify a service provider as a preferred provider. The SCM policy will be followed for use of service providers.

DECLARATION OF INTEREST

1. The declaration of interest should be completed by all the directors/members/principle shareholders/stakeholders of the Company under oath.

2. No application will be accepted from persons in the service of the state.¹

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

3.1 Are any of the directors/members/principle shareholders/stakeholders presently in the service of the state? **YES / NO**

If so, furnish particulars.

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3.2 Have any of the directors/members/principle shareholders/stakeholders been in the service of the state for the past twelve months? **YES / NO**

If so, furnish particulars.

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3.3 Have any of the directors/members/principle shareholders/stakeholders have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation of this application? **YES / NO**

If so, furnish particulars.

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¹ 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 directorates 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 999);
- (e) A member of the accounting authority of any national or provincial public entity; or
- (f) An employee of Parliament or a provincial legislature.

3.4 Is any spouse, child or parent of the company's directors/members/principle shareholders/stakeholders in the service of the state?

YES / NO

If so, furnish particulars.

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DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

1. It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
2. The bid of any company may be rejected if that company, or any of its directors have:
 - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
 - b. been convicted for fraud or corruption during the past five years;
 - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied). The Database of Restricted Suppliers now resides on the National Treasury's website (www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
Item	Question	Yes	No
4.4	Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		
4.5	Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.7.1	If so, furnish particulars:		

I, THE UNDERSIGNED (NAME) _____
 CERTIFY THAT THE INFORMATION FURNISHED ON THIS FORM IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

I, THE UNDERSIGNED (NAME) _____
 CERTIFY THAT THE INFORMATION FURNISHED ON THIS FORM IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

I, THE UNDERSIGNED (NAME) _____
 CERTIFY THAT THE INFORMATION FURNISHED ON THIS FORM IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

COMMISSIONER OF OATH

I, _____, certify that the deponent(s) has acknowledged that he/she knows and understands the contents of this declaration.

This declaration has been sworn/affirmed before me at _____ on this day of _____ 20 _____

COMMISSIONER OF OATHS

FOR OFFICE USE

RECEIVED BY: _____ DATE _____

CHECKED BY: _____ DATE _____

APPROVED/NOT APPROVED: _____ DATE _____

SCM OFFICIAL STAMP: