

UGU DISTRICT MUNICIPALITY	Supplier Application Form	Date:
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Attached is a Supplier application form to be completed, thus enabling your business to be registered on Ugu District Municipality's supplier database, in respect of business classifications alluded to in Section C of the application form.

COPIES OF THE FOLLOWING CERTIFIED DOCUMENTS MUST BE FURNISHED TOGETHER WITH YOUR APPLICATION:

1. Business Registration Documents
2. Identity documents of directors/owners/members/ shareholders
3. Most recently approved Annual Financial Statements
4. Value Added Tax (VAT) Registration Certificate
5. Tax Clearance Certificate
6. Compensation of Occupational Injuries and Diseases (COID) Registration Certificate
7. Copy of resolutions (if applicable)
8. Company Profile
9. Certificate of acceptance for caterers – Obtained from Environmental Health
10. All relevant registration certificate pertaining to your business, incl. but not limited to
 - NHBRC Registration
 - CIDB Registration Certificate
 - SETA Registration
 - SAQA pertaining to business sector
 - Trade test certificates
 - SOB Registration
 - Membership certificates for professional services
11. A cancelled cheque or stamped letter from the bank confirming banking details.

Completed Supplier Application Forms, CLEARLY MARKED “**APPLICATION FOR REGISTRATION ONTO THE UGU SUPPLIER DATABASE**” must be submitted to Procurement, 28 Connor Street, Port Shepstone

ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL

SECTION A: Contact details

'Trading as' name of business: _____
(Contracts/Orders/Cheques will be issued in this name and invoices must reflect it)

Registered name of business: _____

Physical address of business:

Building / complex name: _____

Street name and number: _____

Suburb: _____ City: _____

Code: _____ Municipal Area: _____

Postal address of business: *(This is the address to which an Invitation to Tender / enquiry and orders / contracts must be sent to)*

Postnet suite number _____

P O Box _____

_____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Sales person fax number: Code: _____ Number: _____

Alternative person fax number: Code: _____ Number: _____

(Used by Ugu District Municipality for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Is this a dedicated fax number? (y/n) _____

Business e-mail: _____

Your own business contact person/sales representative name and telephone number:

_____ Tel: _____

SECTION B: Business Details

Business Registration number _____
(in case of a sole proprietor, please furnish identity number plus copy of identity documents)

Income Tax number of business: _____

VAT Registration number: _____

CIDB registration number: _____

Name of Banking Institution: _____

Name of account _____

Banking account number: _____

Branch: _____

Branch code: _____

Please indicate (x) the geographical areas where your business is located:

Gauteng	<input type="checkbox"/>	Kwa-Zulu Natal	<input type="checkbox"/>
Western Cape	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>
Free State	<input type="checkbox"/>	Eastern Cape	<input type="checkbox"/>
North West	<input type="checkbox"/>	Northern Cape	<input type="checkbox"/>
Northern Province	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Are you locally based, i.e. within Ugu District Municipality yes/no _____

Previous name of business (if applicable)

BUSINESS OWNERSHIP

List of directors / owners / partners /members: (Attach your own list if the space provided is inadequate)

1. Name: _____

Position: _____

% Shareholding/Members Interest _____

Identity Number _____

Nationality _____

Gender: _____

2. Name: _____

Position: _____

% Shareholding/Members Interest _____

Identity Number _____

Nationality _____

Gender: _____

3. Name: _____

Position: _____

%Shareholding/Members Interest _____

Identity Number _____

Nationality _____

Gender: _____

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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.....
 - 3.7 Have you been in the service of the state for the past twelve months?YES / NO
 - 3.7.1 If so, furnish particulars.....
 - 3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state who may be involved in the evaluation and / adjudication of this bid?YES?NO
 - 3.8.1 If so, furnish particulars.....
 - 3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid?YES / NO
 - 3.9.1 If so, furnish particulars.....
 - 3.10 Are any of the company’s directors, managers, principal shareholders or stakeholders in service of the state?.....YES / NO
 - 3.10.1 If so, furnish particulars.....
 - 3.11 Is any spouse, child or parent of the company’s directors, managers, principal shareholders or stakeholders in service of the state?.....YES / NO
 - 3.11.1 If so, furnish particulars.....

BUSINESS MANAGEMENT

List of management: Please indicate level of participation in the business (Attach your own list if the space provided is inadequate)

1. Name: _____

Position: _____

Identity Number: _____

Nationality: _____

Gender: _____

2. Name: _____

Position: _____

Identity Number _____

Nationality _____

Gender: _____

3. Name: _____

Position: _____

Identity Number _____

Nationality _____

Gender: _____

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SECTION D: SUPPLIER PROFILE

In order for Ugu District Municipality to establish a profile of its suppliers, please complete the following:

Commercial:

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

Financial:

1. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? (y/n)_____ If yes, please elaborate:

Technical:

1. Is your business a permit holder under the SABS mark scheme? (y/n): _____
If yes, indicate product(s) for which permits are held, including permit numbers:

2. Are you working to National or International Standards? (y/n)_____ If yes, indicate products and to which standards:

Quality:

1. Does your business operate a Quality Management System covering the product/service applying for? (y/n) _____ Please elaborate:

2. Has your Quality Management System been assessed and certified by any National / Internationally recognised accredited body? (y/n)____ If yes, please provide copy of certificate.

Safety:

1. Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (OHSA)? (y/n)_____
2. Are you registered with Compensation of Occupational Injuries and Diseases Act (COID)? (y/n)_____ COID registration number: _____

Environmental:

1. Do you have an Environmental Policy in place? (y/n) _____
2. Does your facility routinely work with any hazardous substances? (y/n)_____

Human Resources:

1. Briefly state your Affirmative Action (AA) policy: _____

Facilities, plant & equipment:

1. Please give a summary of your plant and facilities: _____

2. Please give a summary of your equipment: _____

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SECTION E: DECLARATION

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE TO CERTIFY THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and
2. The contents of this Affidavit 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 Ugu District Municipality in addition to any remedies, it may have; may
 - i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of any business, and/or
 - ii Take any other action as may be deemed necessary.

Signature.....

Name.....

I.D Number.....

Duly authorised to sign on behalf of:

Address.....

Telephone.....

SECTION F: SWORN AFFIDAVIT

Signed and sworn to before me at

on this theday ofby the Deponent, who has acknowledged that he/she knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths.....

NOTE: Both the Deponent and the Commissioner of Oaths must initial all pages of this Application form.