# MAKHUDUTHAMAGA LOCAL MUNICIPALITY



# SUPPLIER REGISTRATION FORM FOR 2012/2013

Enquiries Contact Supply Chain Management Unit Tel No: 013 265 8621/8626

Fax No: 013 265 1975

Municipal Building
NEXT TO JANE FURSE
PLAZA
Groblersdal Road

Private Bag X 434 JANE FURSE 1085

R 50.00



### FOR OFFICIAL PURPOSE ONLY:

THE FOLLOWING DOCUMENT MUST BE ATTACHED	Y	N	NA
Company Registration (CK)			
Original Tax Clearance Certificate			
BBBEE Certificate			
A copy of a receipts (Received from the municipal cashiers			
when purchasing a database form)			
Company Profile			
Affidavit Confirming Disability (People with Disability)			
Proof of banking details			
Certified ID copies for Shareholders			

Checked by:	Date:
Signature:	

#### NOTE:

SUPPLIERS PROVIDING FALSE OR FRAUDULANT INFORMATION OR DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. THIS INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED.



### 1. BUSINESS INFORMATION

1.1	Regi	ister	ed Bu	usine	ss N	ame:														
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Account Holder's name																				
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3. DE	TA	ILS	OF	CO	NT	ACT	PER	RSO	N:							
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MUNICIPAL WARD NUMBER IF THE COMPANY IS FROM AROUND THE MAKHUDUTHAMAGA MUNICIPALITY DEMARCATION/JURISDICTION:

STANDOTHAMA P	IF NOT FROM AROUND WRITE NOT APPLICABLE (N/A)
MUNICIPALITY	

### 5. BLACK ECONOMIC EMPOWERMENT (BEE) COMPLIANCE

5.	1Enter	the	total	number	and th	ne i	percentage	sharel	holding	who	are in	Owner	ship

Category	Number	% Shareholding
Youth		
Woman		
Workers		
Females		
People with Disabilities		

5.2 List all the Persons who are directly empowered by your Busi	mess
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Name	ID	Race	Citizenship		Effective date
				ng	of shareholder

## 5.3 List all Directors, Partners, Members, or Shareholders who are black in Management

Name	ID	Citizens hip	Gender	Capacity

Total Number of People in Management Positions ......and blacks.....

### 5.4 List the total number of People Employed by your Business

Level	Black/Coloured/Asians	White	Women	Disabled
Senior				
Management				
Middle				
Management				
Supervisor Level				
Other				
Total				

### 6. TRADE EXPERIENCE

Do you have any previous contract work or tendering experience?

$\mathbf{Y}$	N	
Y	IIN.	



If yes, please complete the fields below. List the last contracts awarded to you (the tendering business) or previous experience with other business related to this type of work or supply.

## **COMMERCIAL**

Name (3) Commercial references of previous projects completed and provide their names and telephone numbers.

		<b></b>		
Business Name	Contact Number	Contact Person	Number of Years/Month	Value of Business
				1
Total number of year	s the company has	s been in business	?	
7. <b>DI</b>	ECLARATION (	OF INTEREST		
Any person, having a Municipality, may ap transparency.	-	-		_
1. Are you presently	in the service of th	ne Makhuduthama	aga Municipality?	YES/NO
If so, furnish particul	ars.			
			•••••	
2. Have you been in t months?	the service of the I	Makhuduthamaga	Municipality for the	e past twelve
monuis?				YES/NO
If so, furnish particul	ars.			
			•••••	
3. Do you have any c the Makhuduthamaga				in the service of YES/NO
If so, furnish particul	ars.			
4. Are any spouse, ch shareholders or stake				
If so, furnish particul				
Makhuduthamaga Muu	nicinality will valid			ration form 7



### **CERTIFICATION**

I, UNDERSIGNED (NAME)CERTIFIFY THAT THE INFORMATION FUIFORM IS CORRECT. I ACCEPT THAT THE MAY ACT AGAINST ME SHOULD THIS DE	RNISHED ON THIS DECLARATION MAKHUDUTHAMAGA MUNICIPALITY
Name	Position
Signature	Date