

MAKHUDUTHAMAGA

SUPPLIER REGISTRATION FORM FOR 2018/2019

Enquiries Contact Supply Chain Management Unit Tel No: 013 265 8622/8656 Fax No: 013 265 1975

Municipal Building NEXT TO JANE FURSE PLAZA Groblersdal Road Private Bag X 434 JANE FURSE 1085



FOR OFFICIAL PURPOSE ONLY:

THE FOLLOWING DOCUMENT MUST BE ATTACHED	Y	Ν	NA
BBBEE Certificate			
Company Profile			
Affidavit Confirming Disability (People with Disability)			
Proof of banking details			
Certified ID copies for Shareholders			
CSD Report			

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.

Makhuduthamaga Municipality will validate the information supplied in the registration form and supporting documentation as part of the accreditation process for suppliers.



1. BUSINESS INFORMATION

1.1 Registered Business Na	ame
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1.3 Com	pany]	Regi	strat	ion I	Num	ber												
1.4 Tax	Cleara	ince	Nun	nber														
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	ank Name																	
Branch	<u> </u>			•			. 1											
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Account Type:

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Registered Business Address:

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Cod	le							•						
City	:													

Province:

Cou	Intry	/:						

Physical Address (if applicable)

Image:										

Code

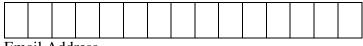


Postal Address (if applicable)

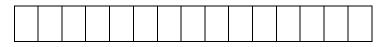
Code

Telephone Number

Fax Number



Email Address



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Website



3. DETAILS OF CONTACT PERSON:

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Surna	ame											
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4. PRODUCTS AND SERVICES OFFERED

List of goods/services your business provides in relation to the 4.1 principal business of the enterprise. NB: Please write only two goods/ services, failure to do so will be disqualified.

MUNICIPAL WARD NUMBER IF THE COMPANY IS FROM AROUND THE MAKHUDUTHAMAGA MUNICIPALITY DEMARCATION/JURISDICTION:

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IF NOT FROM AROUND WRITE NOT APPLICABLE (N/A)

5. BLACK ECONOMIC EMPOWERMENT (BEE) COMPLIANCE

5.1. Enter the total number and the percentage shareholding who are in Ownership

Category	Number	% Shareholding
Youth		
Woman		
People with Disabilities		

5.2 List all the Persons who are directly empowered by your Business

Name	ID	Race	Citizenship	Gender	%Shareholdi	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

6. TRADE EXPERIENCE

Do you have any previous contract work or tendering experience?



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.

Business Name	Contact Number	Contact Person	Number of Years/Month	Value of Business

Total number of years the company has been in business?

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7. DECLARATION OF INTEREST

Any person, having a relationship with persons in the service of the Makhuduthamaga Municipality, may apply to register. Disclosure is required in the interest of fairness and transparency.

1. Are you presently in the service of the Makhuduthamaga Municipality? YES/NO

If so, furnish particulars.

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2. Have you been in the service of the Makhuduthamaga Municipality for the past twelve months?

If so, furnish particulars.

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3. Do you have any close relationship (parent, child, or spouse) with persons in the service of the Makhuduthamaga Municipality? YES/NO

If so, furnish particulars.

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4. Are any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders in service of the Makhuduthamaga Municipality? YES/NO

If so, furnish particulars.

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CERTIFICATION

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

Name.....

Position.....

Signature.....

Date.....

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YES/NO