

# MAKHUDUTHAMAGA LOCAL MUNICIPALITY



## SUPPLIER REGISTRATION FORM FOR 2015/2016

Enquiries Contact  
Supply Chain Management Unit  
Tel No: 013 265 8607/8632  
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:**

<b>THE FOLLOWING DOCUMENT MUST BE ATTACHED</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
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.

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 Name:


1.2 Trading Name:


1.3 Company Registration Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1.4 Tax Clearance Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1.4.1 Expiry Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1.5 BBBEE Certificate

1.5.1 Expiry Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**2. BANKING DETAILS**

Bank Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Holder's name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type:

Cheque	Savings	Transmission
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Registered Business Address:


Code

--	--	--	--

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Province:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Physical Address (if applicable)


Code

--	--	--	--

Postal Address (if applicable)


Code

--	--	--	--

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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**Website**

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**3. DETAILS OF CONTACT PERSON:**

Title

--	--	--	--	--	--

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

--	--	--	--	--	--	--	--	--	--	--

Mobile Number

--	--	--	--	--	--	--	--	--	--	--

Fax Number

--	--	--	--	--	--	--	--	--	--	--

E-mail Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**4. PRODUCTS AND SERVICES OFFERED**

4.1 List of goods/services your business provides in relation to the 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:



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		
Workers		
Females		
People with Disabilities		

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

Name	ID	Race	Citizenship	Gender	%Shareholding	Effective date of shareholder

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

Name	ID	Citizenship	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? Y  N

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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?

**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.

.....  
.....

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

YES/NO

If so, furnish particulars.

.....  
.....

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.

.....  
.....

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

Name.....

Position.....

Signature.....

Date.....

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