



MAKHUDUTHAMAGA
LOCAL MUNICIPALITY

SUPPLIER REGISTRATION FORM FOR 2020/2021

Enquiries Contact
Supply Chain Management Unit
Tel No: 013 265 8608/8639
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 | N | NA |
|---|----------|----------|-----------|
| BBBEE Certificate or Sworn Affidavit | | | |
| 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.

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.*

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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 | | |
| People with Disabilities | | |

5.2. List all Directors, Partners, Members, or Shareholders who are black in Management

| Name | ID | Citizenship | Gender | Capacity |
|------|----|-------------|--------|----------|
| | | | | |
| | | | | |
| | | | | |

6. TRADE EXPERIENCE

Do you have any previous contract work or tendering experience? Y N

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?

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



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?

YES/NO

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 (FULL NAMES)
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.

Signature

Position

Date.....