

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.



1. BUSINESS INFORMATION

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



Registered Business	s Addres	ss:		- 5% III = 22	, c						
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Province:											
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Email Address											
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Website					
3. DETAILS OF CO	ONTACT PE	ERSON:			
Title					
Name					
Surname					
Telephone Number					
Mobile Number					
Widone Number					
Fax Number					
7		2017			
E-mail Address					

4. PRODUCTS AND SERVICES OFFERED AS FOLLOWS:

Office Furniture & Equipment

Event Management (Catering, Tents, Toilets, Tables, Chairs, Decoration, Stage, Podium and Sound System with Generator)

Grocery

Transport

Protective Clothing

Advertising

Any other Services not covered in the above may still apply Excluding Stationary, Cleaning, Repairs and Maintenance of Municipal Facilities, ICT Equipments, Maintenance and Support of ICT System and Infrastructure, Audit Services, Travel and Accommodation.

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Woman						
People with	Disabilities					
5.2. List all Direction Management Name	ID	Members, or Sha	Citizens	Gender	Capaci	
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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 Makhudutha	amaga Municipality?	YES/NO
If so, furnish particulars.		
2. Have you been in the service of the Makhuduthama months?		past twelve
If so, furnish particulars.		YES/NO
3. Do you have any close relationship (parent, child, o the Makhuduthamaga Municipality?		the service of YES/NO
If so, furnish particulars.		
4. Are any spouse, child or parent of the company's d shareholders or stakeholders in service of the Makhud	lirectors, managers, princ	iple YES/NO
If so, furnish particulars.		
CERTIFICATION		
I, UNDERSIGNED (FULL NAMES) CERTIFIFY THAT THE INFORMATION FURNISH FORM IS CORRECT. I ACCEPT THAT THE MAK MAY ACT AGAINST ME SHOULD THIS DECLAR	IED ON THIS DECLAR. HUDUTHAMAGA MUN	ATION NICIPALITY
Signature	Position	
Date		