

SUPPLIER REGISTRATION FORM FOR 2025/2026

Enquiries Contact Supply Chain Management Unit Tel No: 013 265 8608/8639

PHYSICAL ADDRESS 01 Groblersdal Road JANE FURSE 1085 POSTAL ADDRESS Private Bag X434 JANE FURSE 1085



FOR OFFICIAL PURPOSE ONLY:

THE FOLLOWING DOCUMENT MUST BE ATTACHED	Y	N	NA
Company Profile			
Proof of banking details			
CSD Registration (Full)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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Fax Number



Email Address									
Website									
2. DETAILS OF CO	NTACT	PERSON:							
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Telephone Number							-1		
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3. BANKING DETA	ILS								
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Bank Account Number	er								
Account Holder's nan	ne				1 1				
Account Type:	Curre	ent/Cheque	Savings	Trans	smission				



4. PRODUCTS AND SERVICES OFFERED AS FOLLOWS:

Office Furniture & Equipment Event Management (Catering, T Sound System with Generator) Grocery Transport Protective Clothing Advertising Any other Services not covered Repairs and Maintenance of Mu of ICT System and Infrastructur and Delivery of Waste Collectio and Accommodation. 4.1.List of goods/services business of the enterpris to do so will be disqualiy MUNICIPAL WARD NUMBE MAKHUDUTHAMAGA MUN IF NOT FROM AROUND WRI 5. TRADE EXPERIENCE	in the above may sunicipal Facilities, I re, Audit Services, Son Bags, Supply and your business page. NB: Please wified. ER IF THE COMPANICIPALITY DEM	till apply Exc CT Equipmes Supply and D d installation provides in prite only two	cluding Stationa ents, Maintenand Delivery of Blan of temporary sland relation to the woods of serving and serving	ary, Cleaning, ce and Support akets, Supply helters, Travel the principal vices, failure
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5. TRADE EXPERIENCE				
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Do you have any previous contr				
If yes, please complete the field	ls below. List the la	ast contracts	awarded to you	(the tendering
business) or previous experience	e with other busine	ss related to 1	this type of wor	rk or supply.
COMMERCIAL	C	4 1 -4 -	d and muarida t	hair names
Name (2) Commercial reference	es of previous proje	ects complete	ed and provide t	men names
and telephone numbers.				
Business Name Cont	tact Conta	act N	Number of	Value of
Num		on N	Years/Month	Business
	T.			



7. DECLARATION OF INTEREST

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

1. Are you or any of your member(s) / shareholder(s) pres	sently in the service of the State? YES/NO
If so, furnish particulars.	
2. Have you or any your family member(s) / shareholder(s) for the past twelve months?	s) been in the service of the State
If so, furnish particulars.	YES/NO
3. Do you have any relationship (family, Friend, other) w State?	
If so, furnish particulars.	
4. Are any spouse, child or parent of the company's direct the service of the State?	
If so, furnish particulars.	

CERTIFICATION I, UNDERSIGNED (FULL NAMES) CERTIFIFY THAT THE INFORMATION FURNISHED FORM IS CORRECT. I ACCEPT THAT THE MAKHU MAY ACT AGAINST ME SHOULD THIS DECLARA	JDUTHAMAGA MUNICIPALITY
Signature P	osition
Date	