



MAKHUDUTHAMAGA
LOCAL MUNICIPALITY

SUPPLIER REGISTRATION FORM FOR 2022/2023

Enquiries Contact
Supply Chain Management Unit
Tel No: 013 265 8608/8639
Fax No: 013 265 1975

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.



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, Supply and Delivery of Blankets, Supply and Delivery of Waste Collection Bags, Supply and installation of temporary shelters, Travel and Accommodation.

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. 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 (2) 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 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) presently in the service of the State?
YES/NO

If so, furnish particulars.

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2. Have you or any your family member(s) / shareholder(s) been in the service of the State for the past twelve months?

YES/NO

If so, furnish particulars.

.....

3. Do you have any relationship (family, Friend, other) with persons in the service of the State?

YES/NO

If so, furnish particulars.

.....

4. Are any spouse, child or parent of the company's directors, managers or shareholders in the service of the State?

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.....

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