

Application for Registration MTUBATUBA SUPPLIERS DATABASE

These forms must be completed and submitted to:

MTUBATUBA Local Municipality
Lot 105 Inkosi Mtubatuba road
MTUBATUBA
3935

OR POSTED TO:

Municipal Manager
Mtubatuba Local Municipality
PO BOX 52
MTUBATUBA
3935

ENQUIRIES:

Finance Department: SCM Unit
Telephone: 035 – 55000 69
Fax: 035 – 55000 60

FOR OFFICIAL PURPOSES ONLY

NAME OF SERVICE PROVIDER:.....

REGISTRATION NUMBER.....

PREFERENCE ALLOCATION.....(excl. Local content)

Date:.....

MTUBATUBA SUPPLIERS DATABASE

(The following information must be filled in by the applicant. Failure to submit information may invalidate the registration)

1. BUSINESS DETAILS

- 1.1 Title Initials Surname *(if registered in your name)*
- 1.2 Registered Name of Business
- 1.3 Business Trading Name.....
- 1.4 Postal address.....
.....
- 1.5 Physical address.....
.....
Telephone no:..... Fax no:.....
Cell no:..... E-mail
- 1.6 Contact person: **(Print name)**.....

2. TYPE OF BUSINESS

2.1 Tick which ever block is applicable to your business or firm:

| | |
|-------------------|--------------------------|
| Partnership | <input type="checkbox"/> |
| Sole Proprietor | <input type="checkbox"/> |
| Close Corporation | <input type="checkbox"/> |
| Public Company | <input type="checkbox"/> |
| Pty LTD | <input type="checkbox"/> |
| Trust | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> |

2.2 PRINCIPAL BUSINESS ACTIVITY:

(List 3 primary activities & 3 secondary business activities)

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NB. COPIES OF REGISTRATION CERTICATES MUST BE SUPPLIED

3. BUSINESS REGISTRATION DETAILS

- 3.1 Business/Company Registration No.....
(ID No. if business is registered in your name)
- 3.2 Income Tax No.....
- 3.3 Vat Registration No.....
- 3.4 Municipal Account/Levy No.....
- 3.5 UIF Registration No.....
- 3.6 Banking Institution Name.....
- 3.7 Branch Name..... Branch Code.....
- 3.8 Account No..... Acc Type.....
- 3.9 Name under which account is operated.....
- 3.10 No. of years in business..... Annual Turnover.....
- 3.11 Details of Directors/Owners/Partners/Members (attach copies of ID book)

| Name & Surname | ID Number | Address | Capacity | % Shareholding | Nationality |
|----------------|-----------|---------|----------|----------------|-------------|
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**NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED
I.E. A COPY OR ORIGINAL BANK STATEMENT NOT OLDER THAN 30 DAYS.**

4. STATUS OF SHAREHOLDERS/PARTNERS/SENIOR MANAGEMENT

4.1

| Name & Surname | HDI (Yes/No) | Disabled (Yes/No) | % Shareholding | Female (Yes/No) | % Time Devoted |
|----------------|-----------------|----------------------|-------------------|--------------------|-------------------|
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4.2 Indicate whether:

Local to Municipality: Yes/No
Local to District: Yes/No
Local to Province: Yes/No
National: Yes/No
International: Yes/No

4.3 BEE Indicator Yes/No

4.4 SMME Indicator Yes/No

5. EMPLOYMENT INFORMATION

- 5.1 No. of Full Time staff members:
- 5.1.1 Historically Disadvantaged males:
- 5.1.2 Historically Disadvantaged females:
- 5.1.3 Disabled males:
- 5.1.4 Disabled females:
- 5.1.5 Other males:
- 5.1.6 Other females:
- 5.2 No. of Part Time staff members:
- 5.2.1 Historically Disadvantaged males:
- 5.2.2 Historically Disadvantaged females:
- 5.2.3 Disabled males:
- 5.2.4 Disabled females:
- 5.2.5 Other males:
- 5.2.6 Other females:

6. SUPPLIER PROFILE

6.1 References of previous clients (Give 3 referees)

| Business Name | Contact Person | Tel No. |
|----------------------|-----------------------|----------------|
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| | | |
| | | |

6.2 Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt: Yes/No

If yes, give details:

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6.3 Technical (if applicable)

6.3.1 SABS Permit No. and National/International standards permit:

6.4 Quality

6.4.1 Product Quality Management System and National/International certification (with copies of certificates): Yes/No

6.5 Safety

6.5.1 Does your business have an Occupational Health and Safety Policy complying with the Occupational Health Safety Act: Yes/No

6.5.2 Are you registered with the Compensation for Occupational Injuries and Diseases Act (COID): Yes/No COID Registration No.:

6.6 Environmental (if applicable)

6.6.1 Do you have environmental in place: Yes/No

6.6.2 Does your facility routinely work with hazardous substances? Yes/No

6.7 Facilities, Plant and Equipment (if applicable)

6.7.1 Summary of your plant and facilities:

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6.7.2 Summary of your equipment:

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6.8 Contract Experience

6.8.1 Have you or your business supplied any goods or provide any services to the Municipality during the past 5 years? Yes/No
If yes, give details:

| Type of Goods/Service | Value |
|-----------------------|-------|
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| | |
| | |

6.8.2 Provide details of any other relevant goods or service you or your business may have provided to State Departments or other Municipalities over the past 5 years:

| Type of Goods/Service | Department/Municipality | Value |
|-----------------------|-------------------------|-------|
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6.8.3 CIDB (Construction Industry Development Board) Stage No.:

7. DISCLOSURE OF INTERESTS

7.1 Indicate whether you or a director, manager, principal shareholder of your enterprise is/are or has/have been in the service of the State, the Municipality or another Municipality in the previous 12 months: Yes/No
If yes, provide details, in which capacity it was:

| Name | Department/Municipality | Capacity |
|-------|-------------------------|----------|
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7.2 Indicate whether your spouse, child, parent, brother or sister or principal shareholder of your enterprise is /are or has/have been in the service of the State, the Municipality or another Municipality in the previous 12 months: Yes/No
 If yes, provide full details including names, relationship and capacity:

| Name | Department/Municipality | Relationship | Capacity |
|-------|-------------------------|--------------|----------|
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8. DECLARATION

Signed on thisday ofatbefore the Commissioner of Oaths.

.....
SIGNATURE

.....
NAME

Signed and sworn to, before me at on thisday ofby the deponent who has acknowledged that he/she has no objections taking the prescribed oath, that he/she regards the prescribed oath to be binding on his/her conscience.

.....
COMMISSIONER OF OATHS

FULL NAME:

CAPACITY:

AREA:

FOR OFFICE USE ONLY

INFORMATION CHECK LIST

Please tick if these documents are received:

| Document Description | Yes | No |
|--|------------|-----------|
| Certified company registration documents (including CK1 & CK2) | | |
| Certified Identity documents of directors, owners, partners, members or shareholders | | |
| Certified proof of shareholding documents (shareholder certificates or share allocation documents for CC members) if claiming HDI points | | |
| NB: B-BBEE status level certificates | | |
| Valid original tax clearance certificate | | |
| Proof of banking documents/cancelled cheque | | |
| Certified partnership agreements/Joint Ventures | | |
| Certified Certificate of Incorporation if Public Co.(CM3) | | |
| Certified Trust Agreement, trustee details and letter of authority in case of business trust | | |
| Certified Certificate of Incorporation (Section 21 Company) | | |
| Proof of disability | | |
| VAT Registration certificate | | |
| COID Registration certificate | | |
| Any other relevant registration certificates pertaining to your business e.g. NHBRC, SAACE, CIDB, etc | | |