



**APPLICATION FOR INCLUSION IN THE DATABASE
OF
SERVICE PROVIDERS**

**Enquiries : SUPPLY CHAIN MANAGEMENT UNIT
: (Procurement Section)**

Telephone : (015) 501 0243

APPLICATION FORM: SUPPLIER DATABASE REGISTER

PART 1: BUSINESS INFORMATION

1.1. Registered Name of the Business

(Please attach copy of registration certificate with CIPC)

1.2. Business Registration Number

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1.3. Description of Principle Business

1.4. Income Tax Reference Number

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(Please attach original tax clearance certificate issued by SARS)

1.5. Vat Registration Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please attach original VAT certificate issued by SARS)

1.6. Type of the Business

Example: Close Corporation (cc)

1.7. Address Details

Postal Address

Business Address

Telephone No: () _____

Fax: () _____

E-mail: _____

Contact Person: _____

Cell No: _____

1.8. Location of the Business _____

(If within the Municipality which ward number & attach proof of business physical address)

PART 2: BANK DETAILS

2.1. Any amount which accrues to me/us in terms of a contract entered into between me/us and Molemole Municipality must be paid to the credit of my/our account as follows:

Name of Account : _____

Name of the bank : _____

Name of the branch : _____

Branch Code :

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Account Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type :

Current	Savings	Transmission	Cheque	Other
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Bank Date Stamp

Name of Bank Official

Signature

PART 3:GOODS PROVIDED

3.1. Vendor to indicate if they are:

manufacturer	dealer	supplier
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3.2. List of goods your business provides in relation to the principal business of the enterprise:

1.
2.

3.2. Did you provide any of the above goods service to organ(s) of the state in the past?

YES	NO
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If so, please state particulars as follows:

Type of goods	Name of Client	Contact Number	Telephone Number
1.			
2			
3.			
4.			
5.			
6.			

PART 4:SERVICES OFFERED

4.1. Range of services offers in relation to the principal business of the enterprise:

1.
2.

4.2. Are you registered with a professional body for the services that you provide?

YES	NO
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If so, please state particulars as follows:

Name of Organization	Contact Person	Telephone No	Membership No	Date of Membership
1.				
2				
3.				
4.				

4.3. Please furnish particulars of specific expertise and experience available in your business, as follows:

Field (e.g. Municipal Finance)	Expertise	Name of Consultant	Educational qualifications of consultant	Previous work/projects completed
1.				
2				

PART 5: BEE ACHIEVEMENTS

5.1. Particulars of owners of the business

Name	Identity Number	Citizenship	HDI (Yes/No)	% Owned
1.				
2				
3.				
4.				

**HDI = Historically Disadvantage Individual*

5.2. Particulars of Managers (Board of Directors, Top Management, Middle Management)

Name	Identity Number	Position	Citizenship	HDI (Yes/No)
1.				
2				
3.				

4.				
5.				

5.3. Particulars of workforce

Category of Employment	Number of Employees	HDIs Employed			
		Black	Youth	Woman	Disabled
1.					
2.					
3.					
4.					
5.					

PART 6: DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state , or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal).In view of possible allegations of favouritisms, should the resulting bid, or part thereof , be awarded to persons employed by the state ,or to persons connected with or related to them, it is required that the bidder or his/her authorized representative declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where
 - the bidder is employed by the state ;and /or
 - the legal person on whose behalf the bidding document is signed , has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declaration acts and persons who are involved with the evaluation and or adjudication of the bid.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
 - 2.1 Full name of bidder or his or her representative.....
 - 2.2 Identity Number.....
 - 2.3 Position occupied in the company (director, shareholder etc).....
 - 2.4 Company registration number.....
 - 2.5 Tax Reference Number.....
 - 2.6 VAT Registration Number
 - 2.7 Are you or any person connected with the bidder **YES/NO**

presently employed by the state ?

2.7.1 If so furnish the following particulars:

Name of person/director/shareholder/member:.....

Name of state institution to which the person is connected

Position occupied in the state institution:

Any other particulars:

.....
.....
.....

2.8 Did you or your spouse, or any of the company's director/
shareholder / members or their spouses conduct business
with the state in the previous twelve months?

YES/NO

2.8.1 If so furnish particulars:

.....
.....
.....

2.9 Do you, or any person connected with the bidder, have
any relationship (family, friend, other) with a person
employed by the state and who may be involved with
the evaluation and or adjudication of this bid?

YES/NO

2.9.1 If so, furnish particulars.

.....
.....
.....

2.10 Are you, or any person connected with the bidder,
aware of any relationship (family, friends, other) between
the bidder and any person employed by the state who
may be involved with the evaluation and or adjudication
of this bid?

YES/NO

2.10.1 If so furnish particulars

.....
.....
.....

2.11 Do you or any of the directors/shareholders/members of the
Company has any interest in any other related companies
Whether or not they are bidding for this contract?

YES/NO

(DECLARATION) I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHE 2.1 TO 2.11.1 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL
CONDITION OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....

.....

Signature

Date

.....
Position

.....
Name of bidder

PART 7: CONDITIONS

- 7.1. Applications that are incomplete or which are not accompanied by the documents required in Part 1 of this form will not be considered.
- 7.2. Completed application forms should be deposited in the tender box at the entrance of Mogwadi Offices (written databases) or can be posted to the address below:

Database Registration	OR	Hand Delivery
Molemole Municipality	303 Church Streets	25 cnr. Roets & Viviers Street
Private Bag X44	Mogwadi	Morebeng
Mogwadi	0715	0810
0715		

- 7.3. **Molemole Municipality Database Register** will be used mainly for the purpose of identifying businesses that can be approached and invited for goods and services. The fact that a business has been registered as a supplier does not constitute any contractual relationship between that business and Molemole Municipality.
- 7.4. For procurement above the financial limit applicable to price quotation, as determined from time to time by the National Treasury, **Molemole Municipality** will normally invite competitive bids by means of advertisement in the media (press). The onus is on service providers to ensure that they obtain copies of the bidding documents that are available at **Molemole Municipality** when bids are being advertised.
- 7.5. Registration of a business in Molemole database is valid for a period of one year only and must be renewed annually on submission of written confirmation by the relevant business that the registered particulars remain unchanged. Such confirmation must be accompanied by a new tax clearance certificate issued by SARS.

- 7.6. **Molemole Municipality** reserves the right to enter into contract with suppliers (instead of inviting price quotations as and when required) where the frequency of procurement of good or services warrants such an arrangement.
- 7.7. **Molemole Municipality** furthermore reserves the right to cancel the registration of a business if that business has given incorrect or false information in the application form or any correspondence relating to the application; failed to inform **Molemole Municipality** of any change in the particulars as furnished in the application, failed to renew its registration with Molemole Municipality annually, failed to comply with the conditions of any contract that might have been awarded to the business, failed to respond to requests for price quotations, or if the business has acted in an improper, fraudulent or corrupt manner.
- 7.8. **It is compulsory to attach the following documents on your application: Company Profile, Business Registration Certificate, Certified copies of ID documents of owners, Tax Clearance Certificate (or letter from SARS indicating intention of Vat registration), Banking details and in case of registration with professional bodies and copies thereof.**
- 7.9. **Registration is free of charge.**

I / We the undersigned in my/our capacity as _____ being the applicant hereby declares that the particulars furnished in this application are true and correct. I/We also accept that Molemole Municipality may act against me/us in terms of the relevant provisions of the Preferential Procurement Regulations should my/our business be registered and/or awarded contracts by Molemole Municipality as a result of incorrect information furnished by me/us to Molemole Municipality. I/We furthermore understand and accept the above conditions subject to which I/We have submitted this application.

Signed By:

Name: _____

Signature: _____

Name: _____

Signature: _____

Witnesses:

Name: _____

Signature: _____

Name: _____

Signature: _____