



**BA-PHALABORWA MUNICIPALITY  
SUPPLIER DATABASE FORM  
2014/15**

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**SUPPLIER DATABASE FORM**

**COMPANY NAME:**

**PRODUCT / SERVICE:**

Upon completion please return to:

**ASSISTANT DIRECTOR: SUPPLY CHAIN MANAGEMENT  
Nyala Street, Phalaborwa Main Stores**

03 Nyala Street  
Industrial Area  
Phalaborwa  
1390

Private Bag x01020  
Phalaborwa  
1390



# **BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM 2014/15**

## **1. INTRODUCTION**

### **1.1 Instructions**

Only fully completed forms will be reviewed, incomplete forms will be returned to supplier unprocessed.

The supplier is expected to return supplier database form together with the proof of payments within maximum of 30 days from receipt of the form.

Ba-Phalaborwa Municipality reserves the right to request additional information or documents, or to perform audits and investigations to substantiate.

All bidders are requested to complete declaration forms obtainable at our main stores, and if working for government, an authority letter from your employer is required together with your personal numbers for verification purposes

Any misrepresentation may lead to disqualification of this application.

**PLEASE DO NOT USE TIPPEX ON THIS DOCUMENT RATHER DRAW A LINE AND INITIAL.**



## BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM 2014/15

### 2. BUSINESS INFORMATION

2.1 Full registered name of business:

2.2 Company registration number:

2.3 VAT registration number:

2.4 Type of business e.g. CC, PTY, etc

**Please indicate type of industry / Specialty (e.g. Service /manufacturer /agent /distributor etc.):**

Printing & Stationery	Recording Facilities
Transport	Light and Heavy Vehicles Mechanical & Auto Spares
Catering & Décor	Electrical Installation and Maintenance
Tents, Toilets, Tables & Chairs hire	Computer hardware maintenance
Cleaning Materials	Suppliers of Water & sewer pipes and fittings
Networking	Drilling and testing of boreholes contractors
Water tanks Suppliers	Building Construction and Maintenance
Pest Control and Fumigation	Professional services
Supply of Sanitary Bins & Toilet Papers	Architects
Event Management	Financial Advisory Services
Travel Agencies	Project Manager
Music & Entertainment	Training and Skills Development

2.5 Physical address of business:



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2.6 Postal address of business:

2.7 Premises:                      Owned                                             Rented

Name of landlord if rented

2.8 State any connection or vested interest of your Directors / Owners

Partners / Proprietors with Ba-Phalaborwa


2.9 Please state whether your Directors/Owners / Partners are ex Ba-Phalaborwa Municipality employees or relatives employees.



## **BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM 2014/15**

### **3. ITEMS TO BE SUBMITTED**

Submit lease agreement as proof.

- Company Registration documents
- Identity documents of the owner, partners, shareholders, directors etc.
- Partnership / Joint Venture agreements signed and witnessed by all concerned
- Share / shareholder certificates
- Proof of registration with Workman's Compensation commission & Letter of Good Standing in case of projects or small construction related work
- Proof of registration with South African Revenue Services (SARS) as a VAT vendor & Original Tax Clearance Certificate or letter of good standing

### **4. BROAD BASED BLACK ECONOMIC EMPOWERMENT (BBEE) AND OTHER COMMERCIAL INFORMATION**

- Submit your certified copy of your company BBEE Certificate from accredited provider

### **5. REGISTRATION WITH PROFESSIONAL BODDIES**

Indicate membership of the company or its personnel to professional bodies.

**Professional body**

**Date registered**

<b>Professional body</b>	<b>Date registered</b>



## BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM 2014/15

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Supply references of contracts/large orders completed by the company in the past twelve months.

Company	Contact Person	Contact Detail	Value

I hereby acknowledge that the information supplied above is correct at the time of submission.

Name		Signature	
Designation		Date	



# BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM 2014/15

## ANNEXURE 1

### BANK DETAILS

Ba-Phalaborwa Municipality. prefers effecting payment via EFT hence complete the details below

(Please attach original cancelled cheque or original bank verification letter)

Supplier Name	
Postal Address:	P O Box Code:
Physical Address:	
Telephone Numbers:	
a) Business	
b) Facsimile Number:	
c) After hours	
d) Cell Phone	
e) E-mail address	
Contact person:	
Payment terms/discount:	
VAT Registration Number:	
Company Registration Number:	
Bank Details:	
a) Bank	
b) Branch Name & Code	



## BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM 2014/15

d) Account Number									
Type of Account	Current (Cheque)		Savings			Transmission			
PLEASE MARK APPLICABLE BOX WITH AN "X"									
Responsible Person/Accounts:									
<p>.....</p> <p style="text-align: center;">.....</p>									
Name		Designation				Bank Stamp		Date	

For Internal Office Use	
<p>_____</p> <p>Chief Accountant: SCM</p>	<p>_____</p> <p>Assistant Director: Supply chain management</p>
<p>Processed by:</p> <p>_____</p> <p>Bid Administration</p>	<p>Vendor No.: _____</p>





## **BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM 2014/15**

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### **CHECK LIST**

- Company Registration documents
- Certified Identity documents of the owner, partners, shareholders, directors etc.
- Partnership / Joint Venture agreements signed and witnessed by all concerned
- Share / shareholder certificates
- Proof of registration with Workman's Compensation commission & Letter of Good Standing
- Proof of registration with South African Revenue Services (SARS) as a VAT vendor & Original Tax Clearance Certificate
- BEE Certificate
- Original Cancelled Cheque /3 months Bank Statement
- / Letter from the bank