FREE

COMPANY NAME:		
PRODUCT / SERVICE:		

Upon completion please return to:

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

03 Nyala StreetIndustrial AreaPhalaborwa1390

Private Bag x01020 Phalaborwa 1390



1. INTRODUCTION

1.1 Instructions

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

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 persal 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.

	2. BUSINESS INFORAMTION	
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:				٦
2.6	Postal address of business:				- ¬
2.7	Premises: Ov	vned	Rented		J
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 Dire employees.	ctors/Owners / Partners ar	re ex Ba-Phalaborw	a Municipality employee	s or relatives



BA-PHALABORWA MUNICIPALITY SUPPLIER DATABASE FORM – 2016/17

3. ITEMS TO BE SUBMITTED

- 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 (BBBEE) AND OTHER COMMERCIAL INFORMATION

Submit your certified copy of your company BBBEE Certificate from accredited provider

5. REGISTRATION WITH PROFESSIONAL BODDIES

Indicate membership of	of t	ne company or its p	erson	nel to prof	essional bodies					
Professional body						Date re	egistered	t	-	
Supply references of co	ontr	acts/large orders co	nplete	d by the	company in the	past to	welve m	onths.		
Company		Contact Person		Con	tact Detail		Val	ue		
I hereby acknowled	lge	that the informa	ition	supplied	above is co	orrect a	at the	time o	of sub	mission.
Name			Signa	ture						
Designation			Date							



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	: :	Р О Вох					Co	ode:			
Physical Addre	ess:										
Contact Details	3										
a) Busines	ss Phone:										
b) Facsim	ile Number:										
d) Cell Pi	hone:										
e) E-mail	address:										
Contact persor	1:										
Payment terms	s/discount:										
VAT Registration	on Number:										
Company Regi	stration										
Bank Details:											
a) Bank											
b) Branch Na	ime										
c) Branch Co	de										
d) Account N	umber										
Type of Account	Current (Cheque)		Savii	ngs			Т	ransmiss	ion		
		PLEASE	MARK	APPLIC	ABLE B	ox with	AN "X	"			
Responsible P	erson/Accounts:										
Nomo								Donl	Ctons		ato.
Name		Desi	gnatior	11				Bank	Stam _l	o Da	ile



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

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
- 3 months Bank Statement / Letter from the bank

Notes:

- 1. Please include Business Profile in submission of this application form.
- 2. Ba-Phalaborwa Municipality is not bound to award tenders on condition of this registration.
- 3. The Municipality reserves the right to follow the formal Supply Chain Management Procedures to award any contract.
- 4. False declaration could lead to disqualification and blacklisting.
- 5. Please attach the following document:
 - a. Original Tax Clearance certificate
 - b. Certified copy of CK
 - c. Certified copy of valid ID
 - d. BEE certificate
- 6. The form should have official bank stamp for the confirmation of the banking details





BA-PHALABORWA MUNICIPALITY BUDGET AND TREASURY SUPPLY CHAIN MANAGEMENT

MBD 4

DECLARATION OF INTEREST

- 1. No bid will be accepted from persons in the service of the state¹.
- 2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.

3.	In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
	3.1 Full Name of bidder or his or her representative:
	3.2 Identity Number:
	3.3 Position occupied in the Company (director, trustee, shareholder²):
	3.4 Company Registration Number:
	3.5 Tax Reference Number:
	3.6 VAT Registration Number:
	3.7 Are you presently in the service of the state? YES / NO
	3.7.1 If yes, furnish particulars



MSCM Regulations: "in the service of the state" means to be –

- (a) a member of -
 - (i) any municipal council;
 - (ii) any provincial legislature; or
 - (iii) the national Assembly or the national Council of provinces;
- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.
- ² Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.8 Have you been in the service of the state for the past twelve months?YES / NO
3.8.1 Ifyes, furnish particulars
3.9 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid?YES / NO
3.9.1 If yes, furnish particulars.
3.10 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? YES / NO
3.10.1 If yes, furnish particulars
3.11 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? YES / NO
3.11.1 If yes, furnish particulars.



3.12 Are any spouse, child or parent of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

9	2.12.1 If you furnish particular	ro:	
3	3.13.1 If yes, furnish particula	15.	
 Eull d	otails of directors / trustoes /	momboro / sharahaldara	•••••
Full d	etails of directors / trustees / Full Name	Identity Number	State Employee Number

4.