



**BA-PHALABORWA MUNICIPALITY  
SUPPLIER DATABASE FORM  
2015/16**

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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



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**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  
2015/16**

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**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  
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2015/16**

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**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 (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 the company or its personnel to professional bodies.

**Professional body**

**Date registered**

Professional body	Date registered



**BA-PHALABORWA MUNICIPALITY  
SUPPLIER DATABASE FORM  
2015/16**

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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	



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**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	



**BA-PHALABORWA MUNICIPALITY  
SUPPLIER DATABASE FORM  
2015/16**

b) Branch Name & Code											
d) Account Number											
Type of Account	Current (Cheque)		Savings			Transmission					
PLEASE MARK APPLICABLE BOX WITH AN "X"											
Responsible Person/Accounts:											
<p>.....</p> <p>.....</p>											
Name		Designation				Bank Stamp		Date			

<b>For Internal Office Use</b>	
<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  
2015/16**

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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



**BA-PHALABORWA MUNICIPALITY  
SUPPLIER DATABASE FORM  
2015/16**

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**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
7. **Registration fee is R100:** Bank deposit or Cash at the Municipal Revenue office.

**Option 1: Bank deposit - STANDARD BANK**

Please attach the proof of payment on this form when you submit the form to supply chain management

**Ba-Phalaborwa Municipality Account NO: 330451367**

**Option 2: Pay at the Municipal Revenue offices**

Attach the receipt with the form.

**Money or cheques SHOULD NOT be submitted with the form.**