

DATABASE REGISTRATION NO	
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**SERVICE PROVIDERS
DATABASE REGISTRATION FORM
ANNUAL REGISTRATION**

R30 000.00 - R200 000.00

CLOSING DATE

FRIDAY, 25th SEPTEMBER 2020 - 12H00

2020/2021 FINANCIAL YEAR

FETAKGOMO TUBATSE LOCAL MUNICIPALITY

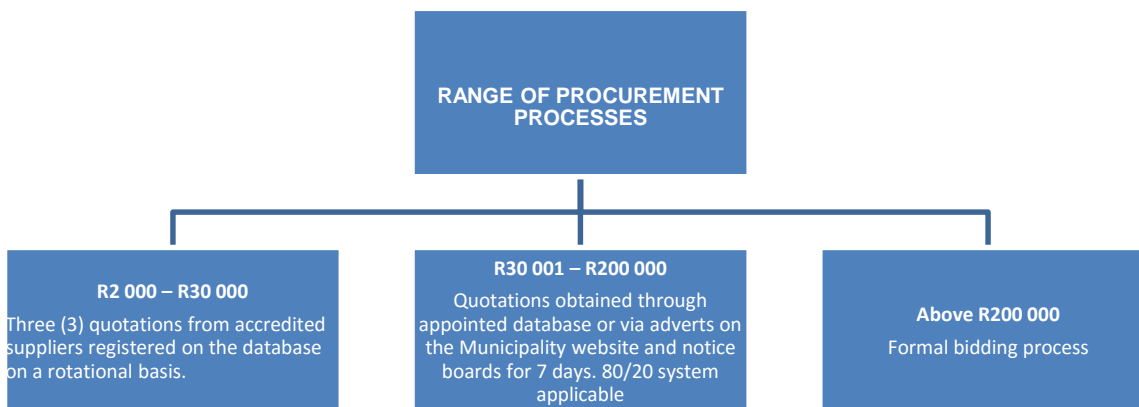
FETAKGOMO TUBATSE LOCAL MUNICIPALITY

SERVICE PROVIDER DATABASE REGISTRATION FORM

This form must be duly and fully completed with a black pen, signed as requested and placed in the tender box at first floor next to the reception at **Fetakgomo Tubatse Local Municipality`s Civic Centre, Stand No.1 Kastania Street Burgersfort 1150 and stand No. 1 Mashung Ga-Nkwana**. Service providers are advised to put the database forms in an envelope together with supporting documentation clearly marked **“Database of Prospective Service Providers”** on the outside.

PLEASE NOTE

1. **Registration on the service provider database does not entitle the supplier to any business opportunities offered by the Fetakgomo Tubatse Local Municipality nor will it place any obligation of the Municipality whatsoever.**
2. Arrangements may be made when necessary with officials of Fetakgomo Tubatse Local Municipality to inspect your premises in order to assess your competency before your company is accepted.
3. All service provider information will be treated strictly confidential.
4. It should be noted that should any information provided be found to be incorrect Fetakgomo Tubatse Local Municipality reserves the right to exclude the service provider from the database at any time prior to or after acceptance of the database registration form.
5. Kindly familiarize yourself with the Supply Chain Management processes:



FOR OFFICIAL USE

DATE RECEIVED:

DATE CAPTURED:

FOR OFFICIAL USE (Continue)

Note:

- All service providers who wish to be registered in the Municipality's (Supply Chain Management) service providers' database are required to submit the following documents listed below together with the fully completed database registration form.
- In addition to completion of the database forms, service providers are required to initial each and every page of the database registration form.
- Service providers are **required and compelled** to complete the Declaration of Interest form which is attached to the database registration form. Failure to complete the form will compel the Municipality not to register your company on the database.
- All service providers are required to attach bank confirmation letter from your banking institution.
- In terms of the new Preferential Procurement Regulations of 2011, all service providers are required to submit a BBEE Certificate from the accredited agencies obtained from the Department of Trade & Industry website. Service providers could attach a certified B-BBEE sworn affidavit signed by the SAPS or any other authorized institution.

No	DOCUMENTS REQUIRED	Yes	No	N/A
1	Valid tax clearance certificate pin status report from SARS			
2	Company registration form			
3	Municipal rates and taxes statement of account / lease agreement and a municipal statement of the lessee / letter from Tribal Authority			
4	Confirmation letter of the bank account from your banking institution			
5	Latest proof of registration on the Central Supplier Database (CSD Report)			
6	Certified copy(ies) of ID of company director(s)			
7	B-BBEE Certificate (certified copy) / certified B-BBEE Sworn Affidavit			
8	Initialing of all pages of the database registration form			
9	Completion of the declaration of interest form			
10	Completion of the declaration of past SCM practices form			

Checked by: _____ Signature: _____ Date: _____

Approved	Not Approved

Captured by: _____ Signature: _____ Date: _____

1. SECTION 1: PARTICULARS OF THE ORGANISATION

Please note that all information will be treated confidentially. Provide details regarding the organisation. Where organization is a joint venture the individual members of the joint venture are to separately provide information of their organization.

1.1 REGISTERED NAME OF THE ORGANISATION:

1.2 TRADING NAME:

1.3 CONTACT PERSON

1.4 POSTAL ADDRESS:

POSTAL CODE:

1.5 PHYSICAL ADDRESS:

POSTAL CODE:

1.6 TELEPHONE NUMBER

FAX NUMBER

1.7 CELL PHONE NUMBER

E-MAIL:

TYPE OF ORGANISATION:

CLOSE CORPORATION	
SOLE TRADER	
PARTNERSHIP	
OTHER SPECIFY	

(PTY) LTD	
TRUST	

1.9 COMPANY REGISTRATION NUMBER:

1.10 INCOME TAX REGISTRATION NUMBER

1.11 VAT REGISTRATION NUMBER:

1.12 UIF REGISTRATION NUMBER:

1.13 NAME OF BANKING INSTITUTION:

1.14 NAME UNDER WHICH ACCOUNT IS OPERATED:

ACCOUNT NUMBER:

TYPE OF ACCOUNT:

BRANCH CODE:

1.15 PREVIOUS NAME OF BUSINESS:

1.16 LIST OF FIRMS OR PERSONNEL PROVIDING THE FOLLOWING SERVICES TO YOUR ENTERPRISE/ORGANISATION

Service	Business Name	E-mail	Contact Person	Telephone
Legal				
Auditing				
Banking				
Insurance				
Sales				
Accounting				

2. SECTION 2: EVALUATION SECTION

2.1 PLEASE PROVIDE DETAILS OF OWNERSHIP OF THE ORGANISATION BY LISTING NAMES OF DIRECTORS, SHAREHOLDERS, OWNERS AND PARTNERS INCLUDING THEIR OWNERSHIP PERCENTAGE:

If total number exceeds 15 please attach a separate list.

	NAME	ID NUMBER	CITIZENSHIP	% SHARE HOLDING	DISABLED Y / N
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

2.3 PLEASE PROVIDE TOTAL NUMBER OF STAFF MEMBERS:

2.4 PLEASE PROVIDE BUSINESS TYPE:

SERVICE CODE	DESCRIPTION	
CON	CONSULTING SERVICES	
TOR	CONTRACTOR	
SUP	SUPPLIER	

SECTION 3: DISCLOSURE OF STATE/MUNICIPAL INTERESTS

3.1 Please 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 Fetakgomo Tubatse Municipality or another municipality in the previous twelve months. If yes, please provide full details, in which capacity it was:

3.2 Please indicate whether your spouse, child, parent, brother or sister or the spouse, child, parent, brother or sister of a director, manager, principal shareholder of your enterprise is/are or has been in the service of the State, the Fetakgomo Tubatse Municipality or another municipality in the previous twelve months. If yes, please provide the details, including names, relations and capacities:

SECTION 4: NATURE OF OPERATION, PRODUCTS OR SERVICES

Please indicate the nature of operations, products or services applicable to your business by ticking the appropriate box:

SERVICE PROVIDERS ARE EXPECTED TO CHOOSE NOT MORE THAN THREE COMMODITIES CATEGORIES

CODE	COMMODITY	√
00100	CONSTRUCTION EQUIPMENT AND SUPPLIES	
00101	General electrical installation, maintenance and supplies	
00102	General roads and storm water installation, maintenance and supplies	
00103	General building and facilities infrastructure installation, maintenance and supplies	
00104	General environment installation, maintenance and supplies	
00105	General plumbing services	
00200	DISASTER MANAGEMENT SERVICES	√
00201	Supply and delivery of disaster materials	
00202	Funeral Services	
00300	GENERAL SERVICES	√
00301	Catering services	
00302	Supply and delivery of office stationery	
00303	Burglar proofing, glazing, aluminium frames and installations and systems interior decoration and refurbishment	
00304	Supply and delivery of toners and cartridges	
00305	Electrical equipment repairs	
00306	Audio visual equipment systems services supplies, hiring and maintenance	
00307	Promotional materials (corporate gifts), printing and photographic services and graphic designs	
00308	Supply and delivery of information technology services and maintenance	
00309	Air conditioning repairs and temperature control equipment	
00310	Supply and delivery of building equipment and accessories (cement mixers, scaffolding, trowels, levels, etc)	
00311	Supply of building materials, hardware equipment, bricks, cement, sand, painting, plastic, stone, steel, tiles, etc	
00312	Construction machinery	
00313	Supply and delivery of building materials	
00314	Electrical systems, lighting, components accessories and suppliers	
00315	Earthworks, drilling and equipping, landscaping	
00316	Supply of sanitation ware and equipment	
00317	Supply of asphalts and paving bricks	
00318	Supply and delivery of protective clothing and uniforms	
00319	Supply and delivery of tissues and sanitizers	
400	OFFICE AND FACILITIES EQUIPMENT	
00401	Supply and delivery of computer equipment	
00402	Supply and installation of office furniture, equipment, appliances and goods	
00403	Occupational Health and Safety services and related items	

NB: The following are special requirements for other commodities

1. Electrical installation

- Certified copy of wireman`s licence of directors of the company
- Minimum of 1EP PE or higher registration with CIDB is required
- Wireman s registration number must appear on the proof of registration with Department of Labour

2. General Building works

- CIDB grading of 1GB or higher of the company
- 3. Plumbing services**
- CIDB grading of 1SO or higher of the company
- 4. Electrical engineering works**
- CIDB grading of 1EB, PE or higher of the company
- Wireman s registration number must appear on the proof of registration with Department of Labour
- Certified copy of wireman`s licence of directors of the company

SECTION 5: DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED

I/we, the undersigned, warrant(s) that I am/we are duly authorised to do so and on behalf of

Declare that:

1. The information contained in this document is correct.
2. All copies of relevant documentation are attached.
3. The Historically Disadvantaged status of individuals as stated is correct and based on owners/shareholders/partners actively involved in the day-to-day management of this enterprise.

If the information supplied is found to be incorrect then the Fetakgomo Tubatse Municipality in addition to any remedies, it may have; may

- (i) recover from you/your enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract; and/or
- (ii) cancel the contract and claim any damages which the Municipality may suffer by having to make favourable arrangements after such cancellations, and/or
- (iii) impose a penalty as provided in the bid/quotation documents and/or
- (iv) take any other action as may be deemed necessary.

SIGNATURE: _____ SIGNATURE: _____

NAME: _____ NAME: _____

CAPACITY: _____ NAME: _____

ID NO: _____ ID NO: _____

TEL NO: _____ TEL NO: _____

ADDRESS: _____ ADDRESS: _____

COMMISSIONER OF OATHS

Signed and sworn to before me at _____

On this _____ day of _____ by the Deponent(s), who acknowledge that he/she/they know(s) and understand(s) the contents of this document, that it is true and correct to the best of his/her/their knowledge and that he/she/they have no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her/their conscience.

SIGNATURE AND OFFICIAL STAMP: _____

NOTE: ALL PAGES OF THIS AFFIDAVIT MUST BE INITIALLED BY THE DEPONENT(S) AS WELL AS THE COMMISSIONER OF OATHS ANNEXURE "A"



CREDIT ORDER INSTRUCTION

Company's Name:

To: The Chief Financial Officer
Fetakgomo Tubatse Municipality

Date:

Dear Sirs

Bank											
Branch Name											
Branch Code											First 6 digit of 8 digit branch code
Account Nr.											
Account Type	Cheque	Savings	Transmission	Mark account type applicable							
E-Mail Address											
Fax Number											
Tel. Number											

I/We hereby, instruct and authorise you to pay amounts which may accrue to me/us to the credit of my/our account with the above-mentioned bank (or any other bank or branch to which I/We may transfer may/our account).

I/We understand that the credit transfers hereby authorised will be processed through a computerized system, provided by the South African Banks and I/We also understand that details of each payment will be printed on my bank statement or an accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements e.g. savings account or transmission accounts). I/We understand that remittance advices will be supplied, by you in the normal way.

ACKNOWLEDGEMENT:

I/We acknowledge that save as obliged to do so by law and/or court order the party hereby authorised to effect a credit against my/our account may not cede or assign any of its rights or obligations to any third party without my/our prior written consent and that I/We may not delegate any of my/our rights or obligations in terms of his contract/authority to any third party without prior written consent of the authorised party.

This authority may be cancelled by me/us giving you thirty (30) days notice in writing.

Signed at **on this** **day of**

.....
SIGNATURE

.....
CAPACITY

.....
INITIALS & SURNAME

.....
BANK STAMP

DECLARATION OF INTEREST

- 1 No bid will be accepted from persons in the service of the State.
- 1 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 favoritism, 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 authorized representative declare their position in relation to the evaluating / adjudicating authority.
3. The Municipal Supply Chain Management Regulations regulates the status of persons who are in the service of the State but doing business with the State. The MSCM Regulations defines “in the service of the state” as follows:

(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.

- 4 In order to give effect to the above, the following questionnaires must be completed and submitted with the bid:

Full Names of the Bidder or His Representatives	
Identity No.	
Position Occupied in the Company (Director, Trustee, Shareholder)	
Company Registration No.	
Tax Reference No.	
VAT Registration No.	

<p>Name of all Directors / Trustees / Shareholders Members, identity numbers and state employee numbers must be indicated</p>	
<p>Are you presently in the service of the State? (Yes or No). (If Yes, please furnish particulars</p>	
<p>Have You in the Service of the State in the Past Twelve (12) Months (Yes or No). If Yes, please furnish details</p>	
<p>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 or No). If Yes, Please furnish details</p>	
<p>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 or No). If Yes, please furnish details</p>	
<p>Are any of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the State? (Yes or No). If yes, please furnish details</p>	
<p>Are any spouses, child or parent of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the State? (Yes or No). If Yes, please furnish details</p>	
<p>Do you or any of the Directors, trustees, managers, principal shareholders or stakeholders of this company have any interest in any other related companies or business</p>	

whether or not they are bidding for this contract. Yes or No. If yes, please furnish details.	
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Please provide full names, identity numbers and personnel numbers of persons employed by the State as follows:

NO.	FULL NAMES & SURNAME	IDENTITY NO.	STATE EMPLOYEE NUMBER

SIGNATURE OF THE BIDDER

DATE

NAME OF THE BIDDER

POSITION

DECLARATION OF BIDDER’S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Bidding document must form part of all bids invited.
- 1 It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 2 The bid of any bidder may be rejected if that bidder, or any of its directors have:
 - Abused the municipality’s / municipal entity’s supply chain management system or committed any improper conduct in relation to such system
 - Been convicted for fraud or corruption during the past five years
 - Willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - Been listed in the Register for Tender Defaulters in terms of Section 129 of the Prevention and Combating of Corrupt Activities Act (No. 12 of 2004).
- 3 In order to give effect to the above, the following questionnaires must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	<p>Is the bidder or any of its directors listed on the National Treasury’s Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury’s website(www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, furnish particulars:		
4.2	<p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p>The Register for Tender Defaulters can be accessed on the National Treasury’s website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, furnish particulars:		
4.3	<p>Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	If so, furnish particulars:		
Item	Question	Yes	No
4.4	Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, furnish particulars:		
4.5	Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.6	If so, furnish particulars:		

CERTIFICATION

**I, THE UNDERSIGNED (FULL NAME)
CERTIFY THAT THE INFORMATION FURNISHED ON THIS
DECLARATION FORM TRUE AND CORRECT.**

**I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE
TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....

.....

Signature

Date

.....

.....

Position

Name of Bidder

.....

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