

Name Of the Company	
Central Suppliers Database (CSD) NO	



# **SERVICE PROVIDERS DATABASE ANNUAL UPDATE**

**R30 000.00 - R300 000.00**

**CLOSING DATE**

**Friday, 27<sup>TH</sup> August 2021 - 16H00**

**2021/2022 FINANCIAL YEAR**

**FETAKGOMO TUBATSE LOCAL MUNICIPALITY**

# SERVICE PROVIDERS DATABASE REGISTRATION AND INFORMATION UPDATE FORM

This form must be duly and fully completed, preferably with a black pen, signed as requested and placed, together with supporting documentation, in an envelope clearly marked “**Database of Prospective Service Providers**” on the outside and forwarded to the following:

HEAD OFFICE	REGIONAL OFFICE
<p><b>Physical Address</b> 1 Kastania Street, Burgersfort, 1150</p> <p><b>Postal Address</b> P.O Box 206, Burgersfort, 1150</p>	<p><b>Physical Address</b> Stand No. 1, Mashung, Ga-Nkwana, Apel 0739</p> <p><b>Postal Address</b> P.O Box 818, Apel, 0739</p>

## PLEASE NOTE

1. **Registration on the service provider database does not entitle the supplier to any business opportunities offered by the Fetakgomo Tubatse Municipality nor will it place any obligation of the Municipality whatsoever.**
2. All service provider information will be treated strictly confidential.
3. It should be noted that should any information provided be found to be incorrect Fetakgomo Tubatse 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.

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## 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 provider 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 BBBEE 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	Company registration document			
2	Municipal rates and taxes statement of account / lease agreement and a municipal statement of the lessee / letter from Tribal Authority/ Chief or Headman/ Sworn Affidavit from commissioner of oath			
3	Latest proof of registration on the Central Supplier Database (CSD Report			
4	Certified copy(ies) of ID of company director(s)			
5	B-BBEE Certificate (certified copy) / certified B-BBEE Sworn Affidavit			
6	Initialling of all pages of the database registration form			
7	Completion of the declaration of interest 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:**

<b>POSTAL CODE:</b>	

**1.5 PHYSICAL ADDRESS:**

<b>POSTAL CODE:</b>	

**1.6 TELEPHONE NUMBER**

(    )
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**FAX NUMBER**

(    )
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**1.7 CELL PHONE NUMBER**

(    )
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**E-MAIL:**

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**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.

	<b>NAME</b>	<b>ID NUMBER</b>	<b>CITIZENSHIP</b>	<b>% SHARE HOLDING</b>	<b>DISABLED Y / N</b>	<b>GENDER (MALE OR FEMALE)</b>	<b>AGE</b>	<b>MILITARY VETERAN Y / N</b>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**2.2 PLEASE PROVIDE BUSINESS TYPE:**

<b>SERVICE CODE</b>	<b>DESCRIPTION</b>	
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:

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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:

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## 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 THE COMMODITIES CATEGORIES OF SPECIALITY

CODE	COMMODITY	
<b>00100</b>	<b>CONSTRUCTION EQUIPMENT AND SUPPLIES</b>	
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	
00106	Construction machinery	
00107	Earthworks, drilling and equipping, landscaping	
00108	Supply of asphalts and paving bricks	
00109	Supply and delivery of building materials	
00110	Supply and delivery of building equipment (cement mixers, scaffolding, etc)	
<b>00200</b>	<b>DISASTER MANAGEMENT SERVICES</b>	
00201	Supply and delivery of disaster materials	
00202	Funeral Services	
<b>00300</b>	<b>OFFICE AND FACILITIES EQUIPMENT</b>	
00301	Supply and delivery of computer equipment	
00302	Supply and installation of office furniture, equipment, appliances and goods	
00303	Supply and delivery of toners and cartridges	
00304	Supply of sanitation ware and equipment	
00305	Electrical equipment repairs	
00306	Supply and delivery of information technology services and maintenance	
<b>00400</b>	<b>GENERAL SERVICES</b>	
00401	Catering services	
00402	Supply and delivery of office stationery	
00403	Burglar proofing, glazing and aluminium frames installations	
00404	Audio visual equipment systems services supplies, hiring and maintenance	
00405	Promotional materials (corporate gifts), printing and photographic services and graphic designs	
00406	Air conditioning repairs and temperature control equipment	
00407	Supply and delivery of protective clothing and uniforms	
00408	Supply and delivery of tissues and sanitizers	
00409	Other services	
00410	Other services	
00411	Other services	
00412	Other services	
00413	Other services	
00414	Other services	
00415	Other services	
00416	Other services	

**SECTION 5: DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED**

I/we, the undersigned, warrant(s) that I am/we are duly authorise 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"**

## 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:

<p>(a) a member of –</p> <ul style="list-style-type: none"> <li>(i) any municipal council;</li> <li>(ii) any provincial legislature; or</li> <li>(iii) the national Assembly or the national Council of provinces;</li> </ul> <p>(b) a member of the board of directors of any municipal entity;</p> <p>(c) an official of any municipality or municipal entity;</p> <p>(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);</p> <p>(e) a member of the accounting authority of any national or provincial public entity; or</p> <p>(f) an employee of Parliament or a provincial legislature.</p> <p><sup>2</sup> 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.</p>
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- 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.	
Name of all Directors / Trustees / Shareholders Members, identity numbers and state employee numbers must be indicated	

<p>Are you presently in the service of the State? <b>(Yes or No)</b>. (If Yes, please furnish particulars</p>	
<p>Have You in the Service of the State in the Past Twelve (12) Months <b>(Yes or No)</b>. 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. <b>(Yes or No)</b>. 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. <b>(Yes or No)</b>. 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? <b>(Yes or No)</b>. 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? <b>(Yes or No)</b>. 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 whether or not they are bidding for this contract. <b>Yes or No</b>. If yes, please furnish details.</p>	

Please provide full names, identity numbers and personnel numbers of persons employed by the State as follows:

<b>NO.</b>	<b>FULL NAMES &amp; SURNAME</b>	<b>IDENTITY NO.</b>	<b>STATE EMPLOYEE NUMBER</b>

\_\_\_\_\_  
**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><b>The Database of Restricted Suppliers now resides on the National Treasury’s website(<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) and can be accessed by clicking on its link at the bottom of the home page.</b></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><b>The Register for Tender Defaulters can be accessed on the National Treasury’s website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) by clicking on its link at the bottom of the home page.</b></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: ..... ..... .....		