

Name Of the Company	
Central Suppliers Database (CSD) Number	



FETAKGOMO TUBATSE LOCAL MUNICIPALITY

SERVICE PROVIDERS DATABASE ANNUAL UPDATE

R30 000.00 – R200 000.00

CLOSING DATE

Thursday, 31st August 2023 - 16H00

2023/2024 FINANCIAL YEAR

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, in the tender boxes at the following addresses:

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

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 on 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 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.
4. All service providers who wish to be registered in the Municipality's accredited service providers' database are required to submit the following documents listed below together with the fully completed database registration form:
 - 4.1** Proof of company/close corporation registration (CIPC);
 - 4.2** Certified ID copy(ies) of the owner/director(s)/member(s)/shareholder(s)/partners of the company;
 - 4.3** A valid Tax Compliance Status (TCS) Pin;
 - 4.4** The company's Bank Confirmation letter;
 - 4.5** Proof of VAT registration, where applicable;
 - 4.6** Proof of registration at the Construction Industry Development Board (CIDB), where applicable;
 - 4.7** An originally certified copy of a valid B-BBEE status level verification certificate.
 - Exempted Micro Enterprises (EME's) and Qualifying Small Enterprises (QSE's) may submit an originally certified Sworn Affidavit, signed buy SAPS or any other relevant authority, as per their sector codes;

- 4.8** Proof of registration with the Central Supplier Database (CSD Report);
- 4.9** Latest submission of Municipal rates and taxes or municipal service invoice issued to the bidder and all directors, by any other municipality or municipal entity. The rates and taxes charges must not be in arrears for more than three months (90 days) for both the company & directors.
- If staying in a non-rate-able area, please attach an original letter from the Tribal Authority/ Chief or Headman or municipal proof of address;
 - If the business is operated from the residence of the director, please attach an original sworn affidavit stating the address of the business premises;
 - If you are renting, attach valid signed lease agreement;
 - Non-tribal area will make a sworn affidavit from commissioner of oath stating that they are not paying rates and taxes.
5. Failure to submit the documents listed above, and incomplete registration forms will invalidate your application.
6. Service providers are required and compelled to accurately complete the Municipal Bidding Documents (MBD) and Declaration forms attached to this database registration form. Failure to complete the forms will compel the Municipality not to register your company on the database.
7. Please note that as an accredited supplier, it is your responsibility to inform Fetakgomo Tubatse Local Municipality's Supply Chain Management unit of any change(s) that relates to the company information including your company's banking details, contact details, declaration of interest, etc.
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1. SECTION 1: PARTICULARS OF THE ORGANISATION

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

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:

1.8 TYPE OF ORGANISATION:

CLOSE CORPORATION		PROPRIETARY LIMITED –[(PTY) LTD]	
SOLE TRADER		TRUST	
PARTNERSHIP			
OTHER - SPECIFY			

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)	GENDER (MALE OR FEMALE)	AGE	MILITARY VETERAN (Y/N)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

2.2 PLEASE PROVIDE BUSINESS TYPE

SERVICE CODE	DESCRIPTION	
CON	CONSULTING SERVICES	
TOR	CONTRACTOR	
SUP	SUPPLIER	

3. 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, 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, Fetakgomo Tubatse Municipality or another municipality in the previous twelve months. If yes, please provide the details, including names, relations and capacities:

4. 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 ALLOWED TO CHOOSE A MAXIMUM OF FIVE (5) OF THE BELOW THE COMMODITIES CATEGORIES OF SPECIALITY

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	Electrical systems, lighting, components accessories and suppliers	
00314	Earthworks, drilling and equipping, landscaping	
00315	Supply of sanitation ware and equipment	
00316	Supply of asphalts and paving bricks	
00317	Supply and delivery of personal protective clothing and uniforms	
00318	Supply and delivery of tissues, sanitizers and other sanitation consumables	
00400	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	
00500	OTHER – PLEASE SPECIFY	

5. 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 my enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of a contract/purchase order; and/or
- (ii) cancel the contract/purchase order 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: _____ CAPACITY: _____

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/OR OFFICIAL STAMP: _____

NOTE: ALL PAGES OF THIS AFFIDAVIT MUST BE INITIALED BY THE DEPONENT(S) AS WELL AS THE COMMISSIONER OF OATHS



FOR OFFICIAL USE

DATE RECEIVED:

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DATE CAPTURED:

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Note:

- ❖ Use the checklist below to verify whether **ALL** the compulsory requirements have been complied with for this application:

No	DETAILS	Yes	No	N/A
1	Completion and initialing of the application form			
2	Completion of MBD forms and Declarations attached			
3	Proof of company/close corporation registration (CIPC)			
4	Certified copy(ies) of ID of company director(s)			
5	Valid Tax Clearance Status Pin (TCS)			
6	Bank confirmation letter			
7	Proof of VAT registration			
8	Proof of registration with CIDB			
9	B-BBEE status level verification/sworn affidavit			
10	Latest CSD Report			
11	Rates & Taxes/Invoice for Company OR Letter of Tribal Authority OR Copy of Lease Agreement OR Sworn Affidavit by the Commissioner of oath / SAPS			
12	Rates & Taxes/Invoice for ALL directors OR Letter of Tribal Authority OR Copy of Lease Agreement OR Sworn Affidavit by the Commissioner of oath / SAPS			

Checked by: _____ Signature: _____ Date: _____

Approved	Not Approved

Captured by: _____ Signature: _____ Date: _____

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, hareholder²):.....
- 3.4 Company Registration Number:
- 3.5 Tax Reference Number:.....
- 3.6 VAT Registration Number:
- 3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.
- 3.8 Are you presently in the service of the state? **YES / NO**
- 3.8.1 If yes, furnish particulars.

¹MSCM 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.

3.9 Have you been in the service of the state for the past twelve months? **YES / NO**

3.9.1 If yes, furnish particulars.....

.....

3.10 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**

3.10.1 If yes, furnish particulars.

.....

.....

3.11 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**

3.11.1 If yes, furnish particulars

.....

.....

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

3.12.1 If yes, furnish particulars.

.....

.....

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

3.13.1 If yes, furnish particulars.

.....

.....

3.14 Do you or any of the directors, trustees, managers, principle 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. **YES / NO**

3.14.1 If yes, furnish particulars:

.....

.....

4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

.....
Signature

.....
Date

.....
Capacity

.....
Name of Bidder

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2 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.
- 3 The bid of any bidder may be rejected if that bidder, or any of its directors have:
 - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
 - b. been convicted for fraud or corruption during the past five years;
 - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
- 4 **In order to give effect to the above, the following questionnaire 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"/>
4.1.1	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"/>
4.2.1	If so, furnish particulars:		

4.3	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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	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"/>
4.4.1	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"/>
4.7.1	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