



**TSWELOPELE**

LOCAL MUNICIPALITY

A MUNICIPALITY IN PROGRESS

**VENDOR / SUPPLIER**

**APPLICATION FORM**

**2013/14**

**FINANCIAL YEAR**

## INTRODUCTION

This is an application to be registered on Tswelopele Local Municipality vendor / supplier database of products and services.

You are requested to complete the form and return it to our offices and all supplier information will be treated strictly with confidentiality it deserves.

These forms must be marked as indicated below and posted to the following address:

**“APPLICATION: DATABASE OF SERVICE PROVIDERS”**

Attention: Supply Chain Practitioner  
Tswelopele Local Municipality  
PO Box 3  
**BULTFONTEIN**  
9670

All enquiries regarding this forms and registration process can be directed to:

Supply Chain Practitioner: Mr Malefetsane Makwetla

Phone : 051 853 1111

Fax : 051 853 1332

**PLEASE NOTE:**

1. Complete the form fully in non-erasable ink.
2. All sections must be completed by all vendors.
3. Print so that all information is legible.
4. Forms that are not readable or incomplete will be rejected/ disqualified.
5. Do not send original copies but they must be certified copies.
6. Applicants will not be noticed of the outcome but will be advised of the outcome if telephonically requested or by visiting / enquiring at the Supply Chain Management unit.

## SUPPLIER DETAILS

*[PLEASE NOTE THAT THIS PART IS COMPULSORY TO EVERY VENDOR / SUPPLIER]*

Registered Name of Business : \_\_\_\_\_

Trading Name of Business : \_\_\_\_\_

\* Business registration no : \_\_\_\_\_

Physical address of Business : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address of Business : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number : \_\_\_\_\_

Alternative Number : \_\_\_\_\_

Fax Number : \_\_\_\_\_

Contact Person / Sales Rep Name : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Cell Number : \_\_\_\_\_

Fax Number : \_\_\_\_\_

VAT Registration Number : \_\_\_\_\_

Income Tax Number : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

- *In case of one-man concern please furnish identity number plus copy of identity document*

## BUSINESS TYPE

- Public Company [Ltd]
- Private Company [Pty] Ltd
- Close Corporation [CC]
- Partnership
- Trust
- Section 21 Company
- Sole Proprietor
- Joint Venture
- Consortium
- Foreign Company
- Govern / Parastatals
- Other [Specify] : \_\_\_\_\_

*[NB: Documentary proof must be attached and please mark N / A if not applicable]*

Public Company LTD	Certified copy of certificates of incorporation [CM3]	
Private Company [PTY] LTD	Certified copy of certificates of incorporation [CM3]	
Close Corporation	Certified copy of CK1 document or CK2 if applicable	
Sole Proprietor	Copy of Identity Document	
Partnership	Copy of Partnership Agreement	
Business Trust	Copy of Registration Document	

Other [If Joint Venture]	Copy of Joint Venture Agreement	
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## SERVICES TO RENDER

List Three main services / products that you would like to provide to Tswelopele Local Municipality.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Then list two (2) alternative services/products that you would like to provide to Tswelopele municipality.

1. \_\_\_\_\_
2. \_\_\_\_\_

## VENDOR / SUPPLIER CLASSIFICATION

Is your business a / an: *[Please mark with ✗ at the relevant box]*

- |                                     |  |                                      |   |
|-------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Agent      | <input type="checkbox"/> Manufacturer  | <input type="checkbox"/> Distributor | <input type="checkbox"/> Prime Contractor |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Labour Broker |                                      |   |

Are you **ISO** listed?  Yes  No

## PREVIOUS BUSINESS INFORMATION

**3.1** Did your business exist under a previous name? Yes\_\_\_\_\_ No\_\_\_\_\_

**3.2** If yes, what name did it trade under? \_\_\_\_\_

**3.3** Previous business registration number? \_\_\_\_\_

## BANKING DETAILS

List five main services / products that you would like to provide to Tswelopele Local Municipality.

Account Holder : \_\_\_\_\_

Account No : \_\_\_\_\_

Account Type : \_\_\_\_\_

Branch : \_\_\_\_\_

Branch Code : \_\_\_\_\_

Account Status : \_\_\_\_\_

[Please attach original cancelled cheque or original bank verification letter]

## SHAREHOLDING

1. Full Names and Surname : \_\_\_\_\_

Position : \_\_\_\_\_

ID Number : \_\_\_\_\_

Shareholding % : \_\_\_\_\_

Nationality : \_\_\_\_\_

2. Full Names and Surname : \_\_\_\_\_

Position : \_\_\_\_\_

ID Number : \_\_\_\_\_

Shareholding % : \_\_\_\_\_

Nationality : \_\_\_\_\_

3. Full Names and Surname : \_\_\_\_\_

Position : \_\_\_\_\_

ID Number : \_\_\_\_\_

Shareholding % : \_\_\_\_\_

Nationality : \_\_\_\_\_

4. Full Names and Surname : \_\_\_\_\_

Position : \_\_\_\_\_

ID Number : \_\_\_\_\_

Shareholding % : \_\_\_\_\_

Nationality : \_\_\_\_\_

5. Full Names and Surname : \_\_\_\_\_

Position : \_\_\_\_\_

ID Number : \_\_\_\_\_

Shareholding % : \_\_\_\_\_

Nationality : \_\_\_\_\_

[Attach certified copies of Identity Document for all of the above]

**DECLARATION OF INTEREST**

1. No bid / registration will be accepted from persons in the service of the state\*.

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 and/or take an oath declaring his/her interest.
3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Full Name: .....

Identity Number: .....

Company Registration Number: .....

Tax Reference Number: .....

VAT Registration Number: .....

Are you presently in the service of the state\* **YES / NO**

If so, furnish particulars.

.....

.....

4. Have you been in the service of the state for the past Twelve (12) months? **YES / NO**

If so, 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.

5. Do you, have any relationship (family, friend, other) with **YES / NO**



persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid?

If so, furnish particulars.

.....  
.....

6. Are you, aware of any relationship (family, friend, other) between a 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**

If so, furnish particulars

.....  
.....

7. Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state? **YES / NO**

If so, furnish particulars.

.....  
.....

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

If so, furnish particulars.

.....  
.....

**CERTIFICATION**

**I, THE UNDERSIGNED (NAME) .....**

**CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.**

**I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....

Signature

Date

.....  
Position

.....  
Name of Bidder

**ATTACHMENTS**

DOCUMENT	TYPE	Document Attached	
		YES	N / A
Registration certificate [ID Copy if sole proprietor]	Certified Copy		
Shareholding certificate	Certified Copy		
Tax clearance certificate	Original Copy		
Service account [not older than 3 months]	Original Copy		
Cancelled cheque [proof of banking]	Original Copy		
* Company Profile	Typed		

\* Company profiles should be typed and the following should form part of the profile:

1. Registered and trading name of the company
2. Main services / product
3. Brief history of the company
4. Names members / shareholders
5. Location of active branches

**DECLARATION**

I hereby certify that the information supplied here is true and I am authorised to represent the organisation that hereby apply for registration on the database of Tswelopele Local Municipality.

**Name and Surname** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_