



TSWELOPELE

LOCAL MUNICIPALITY

A MUNICIPALITY IN PROGRESS

VENDOR / SUPPLIER

APPLICATION FORM

2014/15

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: PJ Loape

Phone : 051 853 1111

Fax : 086 539 3183

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	:	_____
Contact Person / Sales Rep Name	:	_____
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

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 : _____

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

DECLARATION OF INTEREST

1. No bid 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.

3.1 Full Name:

3.2 Identity Number:

3.3 Company Registration Number:

3.4 Tax Reference Number:

3.5 VAT Registration Number:

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

3.6.1 If so, furnish particulars.

.....

.....

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

3.7.1 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.

3.8 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?

3.8.1 If so, furnish particulars.

.....

.....

3.9 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**

3.9.1 If so, furnish particulars

.....
.....

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

3.10.1 If so, furnish particulars.

.....
.....

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

3.11.1 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

BEE / HDI / SMME STATUS

BEE Definitions and Concepts

The BEE Commission defined **BEE** as a strategy aimed at substantially increasing black participation at all levels in the economy. BEE is aimed at redressing the imbalances of the past by seeking to substantially and equitably transfer ownership, management and proportionate control of South Africa's financial and economic resources to the majority of its citizens. It also aims to ensure broader and meaningful participation in the economy by black people.

A black company is seen as one which is 50.1 % owned by black persons and where there is substantial management control. Ownership refers to economic interest while management refers to the membership of any board or similar governing body of the enterprise.

A black empowered company is one that is least 25.1% owned by black persons and where there is substantial management control. Ownership refers to economic interests. Management refers to executive directors. This is whether black enterprise has control or not.

A black woman-owned enterprise is one with at least 50% representation of black women within the black equity and management portion.

A community or broad-based enterprise has an empowerment shareholder who represents a broad base of members such as a local community or where the benefits support a target group, for example black women, people living with disabilities, the youth and workers. Shares are held via direct equity, non-profit organisations and trusts.

A co-operative or collective enterprise is an autonomous association of people who voluntarily join together to meet their economic, social and cultural needs and aspirations through the formation of a jointly-owned enterprise and democratically controlled enterprise.

[Please note that information supplied must be reliable]

BLACK ENTERPRISES

Definition: **“Black”** means South African citizen who are Black, Indian or Colored persons and exclude individuals belonging to such communities from any other country.

The following is a guide to you as to how Tswelopele Local Municipality qualifies Black Woman Owned [BWO], Small Black Suppliers / SMME's and Large Black Suppliers of BEE's [Black Empowering Enterprises]:

Black Women Owned Enterprises [BWO]:

- More than 50 % of the voting shares or interests are held and controlled by Black Women, and
- Black Women have contributed more than 50% of the required capital, and Black Women in the enterprises have not been given voting shares or interest just to capture or retain contracts, and
- Black Women participate in the day to day management and decision making of the enterprises. They necessarily have the aptitude and potential to understand all issues involved in the running of the enterprises including knowledge of the product and market within which their enterprise operates.
- In a joint venture, skills must be transferable to the Black entrepreneur, which means that the Black entrepreneur must have the required educational level and / or aptitude.
- Enterprises with sales or turnover of less than R 25 million a year.

Based on the above, does your enterprise qualify as a SMME?

☐

Yes

☐

No

Small Medium Micro Enterprise [SMME]:

- More than 50% of the voting shares or interest are held and controlled by Blacks, and
- Blacks have contributed more than 50% of the required capital, and
- Blacks in the enterprise have not been given voting shares or interest just to capture or retain contracts, and
- Blacks participate in the day to day management and decision making of the enterprise. They necessarily have the aptitude and potential to understand all issues involved in the running of the enterprises including knowledge of the product and market within which their enterprise operates.
- In a joint venture, skill must be transferable to the black entrepreneur, which means that the Black entrepreneur must have the required educational level and / or aptitude.
- Enterprises with sales or turnover of less than R 25 million a year.

Based on the above, does your enterprise qualify as a SMME?

☐

Yes

☐

No

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 : _____