



cogta

Department:
Co-operative Governance and Traditional Affairs
MPUMALANGA PROVINCIAL GOVERNMENT

For official purposes:

Application captured/Rejected:
reasons if rejected
Captured by
Date
Authorised by
LOGIS Request #
LOGIS Supplier #

APPLICATION FOR REGISTRATION AS A PROSPECTIVE SUPPLIER-DISASTER MANAGEMENT

PLEASE NOTE TO ATTACH THE FOLLOWING COMPULSORY DOCUMENTS AFTER THIS PAGE

1. Original valid Tax clearance certificate
2. BBBEE certificate(if available)
3. Copy of company registration
4. Copies of ID documents of directors
5. Copy of water and lights account
6. Proof of roadworthy and licensed delivery vehicle(if delivering of goods are part of your services)
7. Any certification if registered within specific industries(Professional bodies ,i.e. SAICA,SAQA, etc)
8. Brief company profile
9. Brochure of your products.

In terms of Section 256 of the Tax Administration Act of 2011, The contractor or service provider authorises the South African revenue Service and the Department of Cooperative Governance and Traditional Affairs to disclose 'Tax payers information' as contemplated under the provisions of Chapter 6 of TAAct in relation to the compliance status of tax registration, tax debt and filling requirements of;

Name of the contractor:

Signature:

Date:

Please indicate (with an X) the geographical areas where your company is willing and capable of supplying the Department.

1. Ehlanzeni municipality-----
2. Mkhondo-----
3. Dr JS Moroka Municipality-----
4. Pixley Ka seme Municipality-----
5. Thaba chweu-----
6. Umjindi Municipality-----
7. Nkomazi Municipality-----

A. SUPPLIER INFORMATION

| | | | |
|---|--------|-----------------------------|--|
| LEGAL NAME | | TRADING NAME | |
| ORIGINAL VALID TAX CLEARANCE ATTACHED? | YES/NO | TAX CLEARANCE NUMBER | |
| TCC APPROVE DATE | | TAX CLEARANCE EXPIRY DATE | |
| ID NUMBER | | PASSPORT NUMBER | |
| COMPANY REGISTRATION NUMBER | | INCOME TAX REFERENCE NUMBER | |
| VAT/DIESEL REGISTRATION NUMBER (INDICATE IF NOT APPLICABLE) | | PAYE REGISTRATION NUMBER | |
| SDL REGISTRATION NUMBER | | UIF NUMBER | |

CLOSING DATE: 30 APRIL 2014 AT 12H00

| | | | |
|---|--|---|--|
| ANY DISABILITY OWNERSHIP OR EMPLOYMENT? | | IF SOLE IMPORTER, MANUFACTURER, DEALERSHIP indicate here | |
| BUSINESS TYPE (circle the appropriate description) | 1 Public Company (Ltd) 2 Private Company (Pty) Ltd 3 Close Corporation (cc) 4 Other (specify) | 5 Joint Venture 6 Consortium 7 Sole Proprietor 8 Foreign Company | 9 Partnership 10 Trust 11 Section 21 Company 12 Government / Parastatal |
| B. SUPPLIER CONTACT DETAILS | | | |
| CONTACT PERSON 1 | | CONTACT PERSON 2 | |
| NAME | | NAME | |
| COMPANY POSITION | | COMPANY POSITION | |
| TELEPHONE | | TELEPHONE | |
| CELLPHONE | | CELLPHONE | |
| FAX NUMBER | | FAX NUMBER | |
| EMAIL | | EMAIL | |
| ID NUMBER | | ID NUMBER | |
| BUSINESS ADDRESS | | POSTAL ADDRESS | |
| TOLL FREE NUMBER | | WEBSITE ADDRESS | |
| BBBEE/SMME INDICATOR | S=SMME, B = BBBEE, N= NONE/NOT APPLICABLE | | |

B.2. BBBEE Certification

| | | | |
|-------------------------------|------------------------------|-----------------------------|--|
| BBBEE Credentials available | Yes <input type="checkbox"/> | No <input type="checkbox"/> | BBBEE rating Agency <input type="text"/> |
| Exempted Micro Enterprise | Yes <input type="checkbox"/> | No <input type="checkbox"/> | BBBEE Status Level Contribution <input type="text"/> |
| BBBEE certificate number | | | BBBEE Procurement Recognition Level <input type="text"/> |
| BBBEE Certificate issue date | C C Y Y / M M D D | | Black Ownership % <input type="text"/> |
| BBBEE Certificate Expiry date | C C Y Y / M M D D | | Black Woman Ownership % <input type="text"/> |

C. CREDIT ORDER INSTRUCTION

- I/We hereby request and authorise you to pay any amounts which accrue to me/us to the credit of my/our account with the mentioned bank.
- I/We understand that the credit transfer hereby authorised will be processed by computer through a system known as the ACB Electronic Fund Services, and also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

3. I/We also understand that a payment advice will be supplied by the Department of Co-Operative Governance & Traditional Affairs in the normal way, and that it will indicate the date on which funds will be available in my/our account.
4. This authority may be cancelled by me/us by giving 30/thirty day's notice by pre-paid/registered post.
5. I/We will not hold the Department of Co-Operative Governance & Traditional Affairs liable for any payment not made into our bank account if the bank account details are incorrect or were not supplied to the Department prior to payment.
6. If company is already registered with the Department and the bank details change an affidavit wherein clear reasons on why the account change must be submitted along with the copy of the company registration certificate and a copy of the ID of the Director who completed the affidavit.

| | | |
|-----------------------|----------------------|------|
| INITIALS AND SURNAME: | AUTHORISED SIGNATURE | DATE |
|-----------------------|----------------------|------|

| | |
|--|--|
| D. DETAILS OF MY/OUR BANK ACCOUNT | |
| NAME OF BANK | ACCOUNT HOLDER |
| NAME OF BRANCH | ACCOUNT NUMBER |
| BRANCH CODE | |
| ACCOUNT TYPE : | |
| 1=CHEQUE ACCOUNT 2=SAVINGS ACCOUNT 3=TRANSMISSION ACCOUNT ACCOUNT | 4=BOND ACCOUNT 5=NOT IN USE 6=SUBSCRIPTION |
| FOR COMPLETION BY BANK OFFICIAL: | DATE STAMP OF BANK |
| NAME IN PRINT: | |
| ID NUMBER: | |
| SIGNATURE: | |

| | |
|---|---|
| E. DOCUMENTATION WHICH MUST BE ATTACHED TO THIS DOCUMENT: (compulsory) | |
| ORIGINAL VALID TAX CLEARANCE CERTIFICATE | VAT REGISTRATION CERTIFICATE (if applicable) |
| VALID BBBEE CERTIFICATE | COPY OF IDENTITY DOCUMENTS OF DIRECTORS |
| COPY OF BUSINESS REGISTRATION CERTIFICATE | PROOF OF BUSINESS ADDRESS e.g. ELECTRICITY OR TELEPHONE ACCOUNT |
| COPY OF BANK STATEMENT OR CANCELLED CHEQUE | COMPANY PROFILE |

| |
|---|
| F. DECLARATION OF INTEREST (customised SBD 4 form) |
|---|

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a **proposal or written price quotation**). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected-with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or

- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder / supplier / service provider or his or her representative:

2.1 Identity Number:.....

2.2 Position occupied in the Company (director, trustee, shareholder², member):

2.3 Registration number of company, enterprise, close corporation, partnership agreement or trust:

2.4 Tax Reference Number:

2.5 VAT Registration Number:

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below.

2.7 Are you or any person connected with the bidder / supplier / service provider presently

employed by the state? YES / NO

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder / supplier / service provider is employed :

Position occupied in the state institution:.....

Any other

particulars:.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake

remunerative work outside employment in the public sector? YES / NO

2.7.2.1 If yes, did you attach proof of such authority to the bid YES / NO

Document / application form?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of a bid/ quotation / application to register.

2.7.2.2 If no, furnish reasons for non-submission of such proof:.....

"State" means –

(a) 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);

(b) any municipality or municipal entity;

(c) provincial legislature;

(d) national Assembly or the national Council of provinces; or

(e) Parliament;

"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise

2.8 Did you or your spouse, or any of the company's directors /trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES / NO

2.8.1 If so, furnish particulars:.....

2.9 Do you, or any person connected with the bidder / supplier / service provider, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid /quotations?

YES / NO

2.9.1 If so, furnish particulars.....

2.10 Are you, or any person connected with the bidder / supplier / service provider, aware of any relationship (family, friend, other) between any other bidder / supplier / service provider and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

YES / NO

2.10.1 If so, furnish particulars.....

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES / NO

2.11.1 If so, furnish particulars:.....

3 Full details of directors / trustees / members / shareholders.
(attach a separate page if insufficient space is provided below)

| Full Name | Identity Number | Personal Income Tax Reference Number | State Number / Number | Employee Peral Number |
|-----------|-----------------|--------------------------------------|-----------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4 DECLARATION

I, THE UNDERSIGNED (NAME).....
 CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.
 I ACCEPT THAT THE STATE MAY REJECT THE APPLICATION TO REGISTER/ ANY BIDS OR QUOTATIONS OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

..... Signature Date

..... Position Company name

G. List of contactable references: Compulsory

| CLIENT | PERIOD OF CONTRACT | CONTACT NAME | TELEPHONE NUMBER | DETAILS / TYPE OF GOODS SUPPLIED | DATE PROVIDED |
|--------|--------------------|--------------|------------------|----------------------------------|---------------|
| 1 | | | | | |
| 2 | | | | | |

H. Commodities

Compulsory - please indicate which commodities you trade in or which services you provide
(A maximum of three)

GENERAL GOODS AND SERVICES

| DESCRIPTION OF COMMODITY | |
|--|---|
| ADVERTISING | X |
| AIR CONDITIONING SERVICES & REPAIRS | |
| ARCHIVING SERVICES & SYSTEMS | |
| AUCTIONEERS | |
| AUDIO VISUAL AIDS & EQUIPMENT | |
| AUDITING SERVICES | |
| BLINDS & AWNINGS | |
| BOOKS, NEWSPAPERS AND JOURNALS | |
| BOREHOLES (DRILLING AND INSTALLATION OF PUMPS) | |
| BUILDING CONTRACTORS | |
| BUILDING MATERIALS & HARDWARE | |
| BUILDING MAINTENANCE AND RENOVATION | |
| CARPENTRY | |
| CARPET CLEANING SERVICES | |
| CARTRIDGES | |
| CATERING SERVICES (executive/ VIP) | |
| CATERING SERVICES (groups from 5 to 10) | |
| CATERING SERVICES (groups from 10 to 30) | |
| CATERING SERVICES (groups from 30 to 250) | |
| CATERING SERVICES (250 people and above) | |
| CLEANING CHEMICALS AND EQUIPMENT | |
| CLOTHING GENERAL/PROTECTIVE & UNIFORMS | |
| CONFERENCING CENTRES & FACILITIES | |
| CONSULTING SERVICES (PLEASE SPECIFY) | |
| CROCKERY & CUTLERY | |
| DOCUMENT PRINTING AND BINDING SERVICES | |
| ELECTRICAL APPLIANCES | |
| ELECTRICAL COMPONENTS & EQUIPMENT | |
| EMBROIDERY SERVICES | |
| ENTERTAINMENT (PERFORMERS) | |
| EVENTS MANAGEMENT | |
| FLAGS & MAPS | |
| FLORISTS | |
| FRAMING SERVICES | |
| FURNITURE | |
| FURNITURE REMOVALS (OFFICE FURNITURE) | |
| GROCERIES (OFFICE) | |
| GRAPHIC DESIGN SERVICES | |
| GUESTHOUSE, INNS & LODGES | |
| HOTELS | |
| HYGIENE SERVICES | |
| INTERIOR DECORATORS | |
| LANDSCAPING SERVICES | |
| LOCKSMITHS | |
| PAINTING CONTRACTORS | |

| | |
|--|--|
| PAINTINGS | |
| PAVING CONTRACTORS | |
| PEST CONTROL SERVICES | |
| PHOTOGRAPHY EQUIPMENT OR SERVICES | |
| PLUMBING CONTRACTORS | |
| PRINTER REPAIRS AND MAINTENANCE | |
| REFRIGERATION EQUIPMENT & REPAIRS | |
| RENOVATION SERVICES | |
| SOFTWARE | |
| SOUND & MUSIC SYSTEMS/EQUIPMENT | |
| STATIONERY | |
| TEAMBUILDING | |
| TELECOMMUNICATION EQUIPMENT AND SYSTEMS | |
| TENTS & CANVAS GOODS | |
| TILING CONTRACTORS | |
| TOILET PAPER/MANUFACTURING & SALES | |
| TRAINING (PLEASE SPECIFY) | |
| TRANSLATION SERVICES | |
| TRANSPORT SERVICES GOODS | |
| TRANSPORT SERVICES PASSENGERS | |
| TRAVEL AGENCY | |
| UNIVERSITIES OR EDUCATIONAL INSTITUTES | |
| WATER PUMPS | |
| WATER PURIFICATION SERVICES OR CHEMICALS | |
| WATER RETUCCILATION | |
| WATER PROVISION (WATER TANKERS) | |
| WATERPROOFING CONTRACTORS | |
| OTHER NOT LISTED | |
| | |
| | |
| | |

I. Declaration of past SCM practices (customised and based on the standard bidding document no 8)

- 1 It serves as a declaration to be used by institutions 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/quotation of any bidder/ supplier may be disregarded if that bidder/supplier, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. Failed to perform on any previous contract.
- 3 **In order to give effect to the above, the following questionnaire must be completed and submitted with the application form.**

| Item | Question | Yes | No |
|-------|---|---------------------------------|--------------------------------|
| 4.1 | Is the bidder/ supplier 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? (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). 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. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.1.1 | If so, furnish particulars: | | |
| 4.2 | 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)? 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. | 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 outside of 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: | | |
| 4.4 | Was any contract between the bidder and any 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"/> |
| 4.4.1 | If so, furnish particulars: | | |

