



VHEMBE DISTRICT MUNICIPALITY

APPLICATION FORM FOR LISTING ON ACCREDITED
SUPPLIER DATABASE 2018/2019

- Registration on data base In terms of:
1. Preferential Procurement Policy Framework Act No. 5 of 2000.
 2. Preferential Procurement Regulation (no. R.725 of 10 August 2001)
 3. Local Government Municipal Finance Management Act No. 56 of 2003

This form must be duly completed, with a black pen, signed as requested and placed together with supporting documentation, in an envelope clearly marked "Data Base of Prospective Suppliers" and forwarded to the Vhembe District Municipality, Private Bag X5006, Thohoyandou, 0950, or handed in at Vhembe District Municipality Offices, Next to Khoroni Hotel (Former Tusk Venda hotel), Finance Department (Supply Chain Management Unit), Thohoyandou.

PLEASE NOTE

- Registration on Vhembe District Municipality Supplier Database does not guarantee business opportunities with the Municipality.
- All supplier information will be treated strictly confidential.
- Please keep copies of the application form and all documentation submitted for your own records as no copies will be made by Vhembe District Municipality.
- This form is also available on the Municipality's website at:
www.vhembe.gov.za
- All alterations must be initialed by the applicant.

FOR OFFICIAL USE:

Business Name :

Date Received :

Date Captured:

Database Registration Number:

Section 1: Personal/Business Information

Prof/Dr/Mr./Mrs./Ms

1.1 . Title, Initials and Surname :
(if one person concern)

1.2. Identity Number :

1.3. Business Trading Name :

*(must be reflected on invoice & will be
Reflected on contracts/orders/cheques)*

1.4 Business Registration Name:

1.5 Physical Address :

1.6. Postal Address :

:

:

1.7 Telephone number (incl. code):

1.8 Fax number (incl.code) :

1.9 Cell phone number :

1.10 E-mail address :

1.11 Contact person :

Section 3 :Business Details

3.1 Business Registration Number:

3.2 Income Tax Registration Number:

3.3 VAT Registration Number:

3.4 UIF Registration Number:

3.5 Banking Details: Bank Name:

Branch Name:

Branch No. :

Account No. :

Account Type:

Name under which account is operated:

3.6 Number of years in business:.....

3.7 Annual turnover : R

Section 4. Business type

Please indicate the nature of operations, products or services applicable to your business by ticking the appropriate boxes with an X: Suppliers are advised to tick a maximum of three operations, services or products.

CODE	COMMODITY	MARK (X)
001	Courier Services	
002	Special Events/Functions Management Services	
003	Media/ Publicity	
004	Video and Photography	
005	Booking of Performing Artists	
006	Hiring of stage and sound system	
007	<i>Translation and interpreting services</i>	
008	Training and Development Institutions (Accredited)	
009	Employee Wellness Programmes	
010	Motivational Speakers	
011	Software Suppliers	
012	Server Support and Maintenance	
013	Consulting Engineers(Civil, Structural, Electrical, Mechanical and industrial)	
014	Locksmith	
015	Interior Decorations(Blinds, Carpets and Curtains)	
016	Pest Controls	
017	Groceries and Kitchen Utensils	
018	Uniform and protective Clothing	
019	Supply and Maintenance of Fire extinguishers	
020	ICT Hardware and Software	
021	Networks, Communication and Infrastructure	
022	Business Continuity	
023	ICT Consulting	
024	ICT Support and Training	
025	Catering	
026	Decoration	
027	Hiring of Tents, Chairs, Tables etc.	
028	Building Maintenance	
029	Air-conditioning supply, Installation and Maintenance	
030	Supply of Cleaning Materials	
031	Supply of Stationery	
032	Hardware Materials	

Section 5: List all Directors/ Owners/ Partners/ Members

Name	ID Number	Date RSA Citizenship obtained	Date/ Position occupied in Enterprise	% Time devoted to Enterprise		HID Status		% of Business/ Enterprise owned
					No Franchise prior to elections	Women	Disabled	

*Indicate Yes or No

“Historically Disadvantaged Individual (HDI) “means a South African citizen

- (1) Who, due to the apartheid policy that had been in place had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1993 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993(Act No 200 of 1993) (“the interim Constitution”); and /or
- (2) Who is a female; and /or
- (3) Who has a disability;

Provided that a person who obtained South African citizenship on or after the coming to effect to the interim constitution, is deemed not to be an HDI.

Section 6: Employment Information:

6.1 How many full time and part time staff members do you employ?

Gender	Historical Disadvantaged Individuals		OTHER	
	Full Time	Part time	Full time	Part time
Male				
Female				

Section 7: Supplier Profile

7.1 Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt?

Yes/ No

If yes, please elaborate:

7.2 Is your business a permit holder under the SABS mark scheme?

Yes/ No

If yes, indicate product(s) for which permits are held, including permit numbers

7.3 Does your business operate a Quality Management System covering the product/Service?

You provide

Yes/No : _____

If yes, please elaborate

7.4 Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act?

Yes/No : _____

7.5 Are you registered with the Compensation for Occupational Injuries and diseases Act (COID)?

Yes/No: _____

If yes, provide COID Registration No: _____

7.6 Do you have Environmental policy in place?

Yes/No: _____

Section 8: Disclosure of state / Municipal interests:

8.1 Please indicate whether you or a director, manager, principal shareholder of your enterprise is/are of has/have been in the service of the state, Vhembe District Municipality or another Municipality in the previous twelve months. If YES, please provide full details, in which capacity it was:

8.2 Please indicate whether your spouse, child, parent, brother or sister or the spouse, child, parent, brother or sister of a director, manager, shareholder or stakeholder of your enterprise is/ are or has/have been in the service of the State, Vhembe District Municipality of another Municipality in the previous twelve months. If YES, please provide details, including names, relationships and capacities.

Section 9: Declaration of Correctness of information provided:

I/We the undersigned, warrant that I am/we are duly authorized to do so and on behalf of

Declared that:

1. That 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 the owners/ shareholders/ partners actively involved in the day-to-day management of this enterprise.

If the information supplied is found to be incorrect then Vhembe District Municipality in addition to any remedies, it may have;

- (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 favorable arrangements after such cancellations, and/or,
- (iii) Impose a penalty as provided in the Tender Documents, and/or,
- (iv) Take any other action as may be deemed necessary.

Signature:

Signature:

Name :

Name: _____

ID number:

ID number:

Capacity :

Capacity:

Telephone no:

Telephone no:

Date:

Date:

Address:

Address:

:

:

:

:

:

:

Commissioner of Oaths:

Signed and sworn to, before me at

On this.....day of20.....by the Deponent(s), who

Acknowledged 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 DOCUMENT MUST BE INITIALED BY THE DEPONENT AS WELL AS THE COMMISSIONER OF OATHS.

ANNEXURE A

INFORMATION AND GUIDELINES FOR COMPLETING AND SUBMITTING VHEMBE DISTRICT MUNICIPALITY DATA BASE LISTING APPLICATION FORM

- **Completion of Questions:** Please use a black pen and complete the form in block letters. Complete all fields. If a field is not applicable to your business or situation clearly mark as “Not Applicable” or “N/A” Clearly state YES/No by circling your choice or N/A to questions asked. Do not leave any field blank as this may result in the rejection of your application.
- **Signatures:** Please ensure that the form is signed by an authorized person(s) and that the signatories as well as the Commissioner of Oaths initial all pages.
- **Owners, Shareholders and Partners:** Please ensure that the percentages of ownership, amount to 100% and that every field is completed for each of the business owners.
- **Declaration of Correctness:** Please ensure that the Declaration of Correctness (Section 9) is signed and dated once all required documents and information have been submitted.
- **Processing of registration:** Your completed registration will be processed and, following verification and approval, you will be issued with a Supplier Database Registration Code to be used in all future communication with Vhembe District Municipality. This letter of verification will be dispatched to the correspondence details supplied by you on the application form.
- **Business Opportunities:** Please note that registration on Vhembe District Municipality Supplier Database does not guarantee business opportunities. All procurement will be subjected to the SCM Policy of Vhembe District Municipality.
- **Amendments or changes:** Please notify Vhembe District Municipality Supply Chain Management (SCM) immediately of any changes to the information submitted.
- **Multiple offices:** if a company has more than one office, each office must fill in a separate, unless the point of transaction is centralized in the company’s head office.
- **Commodity classification:** Please note that the key facilities in the Database are classified as commodity and each potential supplier must indicate the commodities in which it would like to register for Request for Quotation (please refer to section 4).
- **Taxes:** It’s a condition of bidding or tendering for the delivery of goods and services that a provider’s taxes must be in order, or satisfactory arrangements must have been made with the South African Receiver of Revenue to meet his/her tax obligations. In bids where partnerships/ consortia/Joint ventures/sub contractors are involved, each party must submit a separate Tax Clearance Certificate.
- **Municipal obligations:** No listing will take place if a provider is not in good standing in as far as his/her tax and municipal service obligations (e.g. water, electricity, etc.) are concerned.
- **Proof of Disability** has to be submitted and can be obtained from: Department of Social Welfare Disability Grant registration; Medical Assessment report.
- **Required documentation:** Please ensure that all copies of mandatory documents (certified copies, where applicable) are attached. Failure to submit requested

documentation may result in the rejection of the application. **The onus is on the applicant to ensure that all such documentation is submitted and certified where necessary** and the Municipality is under no obligation nor does it accept responsibility for contacting applicants in any way should all required documents not be attached.

The following compulsory documents must be returned with the form

- Company profile
- Valid Original tax clearance certificates
- Certified copy of Company registration certificate
- Certified Copy/ copies of members' IDs
- BBEE Certificate
- Proof of registration with professional bodies, if applicable.
- Cancelled cheque/ bank statement
- Certificate of acceptability for food premises(Catering)
- Proof of trade references (for old company).
- CSD Registration summary
- Municipal accounts.
- **Copies of Documents:** Please keep copies of the registration form and all supporting documentation submitted, for your own records and to ensure that all data is maintained and up to date on a continual basis.
- **Return of documents:** Documents submitted to the Municipality in support of this application will not returned if an application is unsuccessful or under any other circumstances.

Please consult attached schedule

DOCUMENTS REQUIRED

DOCUMENTS REQUIRED	Sole Proprietor	CC's and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organisation (NPO)	Where to get documents
COMPANY REGISTRATION CERTIFIED COPIES	N/A	Certificate of incorporation CK1 /CK2	Partnership agreement	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of CC's & Companies
PROOF OF OWNERSHIP	N/A	Shareholding CK1 /CK2	Partnership agreement	Shareholding CM3	Trustees details:	Auditor's letter-no	Registrar of CC's &

**CERTIFIED
COPIES**

	Letter of Authority	Shareholding Companies					
PROOF OF BANKING	Bank statement/ Cancelled Cheque	Bank statement/ Cancelled Cheque	Bank statement/ Cancelled Cheque	Bank statement/ Cancelled Cheque	Bank statement/ Cancelled Cheque	Bank statement/ Cancelled Cheque	Branch of bank where account is.
TAX CLEARANCE CERTIFICATE	For the owner or the business	For the company/ cc	For each individual shareholder	For the Company	For the trust	For the NPO	SARS
P.A.Y.E	If staff are Employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	SARS
VAT REGISTRATION	Yes	Yes	Yes	Yes	Yes	Yes	SARS
U.I.F Certificate	YES	YES, if staff Remuneration	YES, If Staff remuneration	YES, If staff remuneration	YES,if staff remuneration	YES, If staff remuneration	SARS Labour
Workman's Compensation	YES,if staff remuneration	YES,if staff remuneration	YES,if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Department of labour
Security Officer's Board	If applicable- for security Industry	If applicable- for security industry	If applicable- for security industry	If applicable - for security industry	If applicable- for security Industry	If applicable- for security industry	Security Services Regulatory Authority
Proof of Disability	If owner is disabled	If shareholder is disabled	If shareholder is disabled	If shareholder is disabled	If shareholder is disabled	If shareholder is disabled	department of social Welfare- Disability Grant Registration
Proof of Identity	Owner	Directors/ Members	Partners	Directors	Trustees	Directors	

FOR OFFICE USE ONLY

CHECKED: _____

DATE: _____

APPROVED BY : _____

DATE : -----