

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form		
		2015	
		Page 1 of 9	

Application for registration on the Harry Gwala District Municipality's prospective provider's database, in respect of business classifications alluded to in Section C of the application form.

ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL

Please note that any changes to bank details in future will be subject to the same requirement.

COPIES OF THE FOLLOWING DOCUMENTS MUST BE FURNISHED TOGETHER WITH YOUR APPLICATION:

- Certified copy of, CK 1 & CK 2 forms for Close Corporations, CM [3] documents for PTY or PTY (Ltd) companies, certified copy of I D document for Sole Proprietor, copy of Partnership Agreement for Partnerships and copy of Trust Document for Trusts
- Certified copies of Identity documents of directors/owners/members/ shareholders
- Original Tax Clearance Certificate
- Company Profile
- C I D B Registration for construction (if applicable)
- Certified copy of BBBEE Certificate
- Proof of Banking Details (Attach an original cancelled cheque or stamped letter from the bank, verifying the banking details or bank statement)

Completed Supplier Application Forms, CLEARLY MARKED “**APPLICATION FOR REGISTRATION ONTO THE HARRY GWALA DISTRICT MUNICIPALITY GOODS AND/OR SERVICES DATABASE**” must be placed in the Harry Gwala District Municipality Reception desk, at Ixopo 40 Main Road.

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form		
		2015	
		Page 2 of 9	

SECTION A: Personal Information

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname: _____
(If one-man concern)

'Trading as' name of business: _____
(Contracts/Orders/Cheques will be issued in this name and invoices must reflect it)

Registered name of business: _____

Physical address of business:

Building / complex name: _____

Street name and number: _____

Suburb: _____ City: _____

Code: _____ Municipal Area: _____

Postal address of business: *(This is the address to which an Invitation to Tender / enquiry and orders / contracts must be sent to)*

Post net address: _____

P O Box / Private Bag: _____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Sales person fax number: Code: _____ Number: _____

Alternative person fax number: Code: _____ Number: _____

(Used by Sisonke District Municipality for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Is this a dedicated fax number? (y/n) _____

Business e-mail: _____

Your own business contact person/sales representative name and telephone number:

_____ Tel: _____

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form		
		2015	
		Page 3 of 9	

SECTION B: Particulars of Company/Close Corporation

Registered name _____

Trading Name _____

Income Tax number of business: _____

VAT Registration number: (if applicable) _____

Name of Banking Institution: _____

Name under which account is operated _____

Banking account number: _____

Branch: _____

Branch code: _____

Before returning, this section must be completed by your bank

I/ we confirm that the above information on the clients account at this bank/ building society is correct.

.....
Signed on behalf of bank

.....
Name

.....
Capacity

Bank Stamp

--

Please indicate (x) in the geographical areas where your business is located:

Gauteng		Kwa-Zulu Natal	
Western Cape		Mpumalanga	
Free State		Eastern Cape	
North West		Northern Cape	
Northern Province			

Are you locally based within Harry Gwala District Municipality yes/no _____

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form		
		2015	
		Page 4 of 9	

Previous name of business (if applicable)

List of directors / owners / partners /members: (Attach your own list if the space provided is inadequate)

1. Name:
Position:
% Shareholding/Members Interest
Identity Number
Nationality

2. Name:
Position:
% Shareholding/Members Interest
Identity Number
Nationality

3. Name:
Position:
%Shareholding/Members Interest
Identity Number
Nationality

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form			
			2015	
	Page 6 of 9			

3) Please indicate (x) nature of operation(s) applicable to your business

Vehicles		Construction		Services	
W1	Spares & parts	C1	Concrete works	S1	Advertising/communication services
W2	Auto Electrical	C2	Demolition	S2	Bookkeepers
W3	Brakes and Clutch	C3	Electrical contracts	S3	Carpet cleaning
W4	Transmissions	C4	Evacuation systems	S4	Catering/vending
W5	Panel beaters	C5	Fencing	S5	Cleaning services
W6	Tyres	C6	General building work	S6	Computer supplies/servicing
W7	Batteries	C7	Glazing	S7	Motor services/corporate
W8	Oil & Lubricants	C8	Transport	S8	Educational services
W9	Windscreens	C9	Landscaping/Earthworks	S9	Horticultural services
W10	Communicative	C10	Mechanical contracts	S10	Insurance services
W11	Engine overalls	C11	Metalwork & burglar guards	S11	Interior decorating
W12	Hydraulics	C12	Painting	S12	Laundry services
W13	Towing Services	C13	Paving	S13	Locksmith services
W14	Upholstery	C14	Plumbing	S14	Courier services
W15	Radiator repairs	C15	Pre-cast concrete manufacture	S15	Health care services
W16	Adhoc motor services	C16	Pumping installation	S16	Municipal services
		C17	Road works	S17	Personnel services
		C18	Special contracts	S18	Pest removal services
Workshop Electrical				S19	Printing/photography/graphic design
		Wholesalers/Distribution		S20	Real estate
W15	Electrical component supplies			S21	Site cleaning
W16	Electrical motor repairs	D1	Building materials	S22	Travel agencies
W17	Transformer services	D2	Cleaning supplies	S23	Security & access control
		D3	Clothing/Printing	S24	Air conditioning systems
		D4	Computers equipment& software	S25	Telemetry
		D5	Office furniture		
Mechanical		D6	Office supplies& stationery		
		D7	Fire protection equipment	Professional services	
W20	Pump spares	D8	Industrial Equipment	P1	Financial services
W21	Bolts & nuts	D9	Vehicles	P2	Architects
W22	Mechanical seals& packing's	D10	Workshop equipment	P3	Legal services
W23	Hardware supplies	D11	Consumables	P4	Corporate catering/refreshments
W24	Pipe& irrigation supplies	D12	Food supplies	P5	Land surveyors
W25	Lifting equipment	D13	Fuel supplies	P6	Medical practitioners
W26	Bearing supplies	D14	Plumbing material	P7	Project managers
		D15	Purifications	P8	Quantity surveyors
				P9	Town planners
				P10	Engineers
				P11	Consulting Engineers (Civil/Structural)
				P12	Consulting Engineers (Electrical)
				P13	Consulting Engineers (Mechanical)
				P14	Consulting Engineers (Multidisciplinary)
				P15	Consulting Engineers (Geotechnical)
				P16	Corporate Gifts

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form		
		2015	
		Page 7 of 9	

SECTION D: SUPPLIER PROFILE

In order for Harry Gwala District Municipality to establish a profile of its suppliers, please complete the following:

Commercial:

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

Environmental:

1. Do you have an Environmental Policy in place? (y/n) _____

2. Does your facility routinely work with any hazardous substances? (y/n)_____

Facilities, plant & equipment:

1. Please give a summary of your plant and facilities: _____

2. Please give a summary of your equipment: _____

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form		
		2015	
		Page 8 of 9	

HARRY GWALA DISTRICT MUNICIPALITY	Suppliers Database Registration Form		
		2015	
		Page 9 of 9	

SECTION E: DECLARATION

DECLARATION AFFIDAVIT FOR TARGETED ENTERPRISE STATUS

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and
2. The contents of this Affidavit are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
3. The enterprise will be required to furnish documentary proof if requested to do so.
4. If the information supplied is found to be incorrect then the Sisonke District Municipality in addition to any remedies, it may have; may
 - i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of any business, and/or
 - ii Take any other action as may be deemed necessary.

Signature

Name.....

I.D Number

Duly authorised to sign on behalf of:

Address

.....

.....

Telephone

SECTION F: SWORN AFFIDAVIT

Signed and sworn to before me at

on this theday ofby the Deponent, who has acknowledged that he/she knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths