

MOSSEL BAY MUNICIPALITY

APPLICATION FORM FOR LISTING ON ACCREDITED SUPPLIER DATABASE

This form must be duly completed, preferably with a black pen, signed as requested and placed, together with supporting documentation, in an envelope clearly marked "DATA BASE OF PROSPECTIVE SUPPLIERS" on the outside and forwarded to the Municipal Manager, PO Box 25, Mossel Bay 6500, or placed in the tender box at the Municipal Offices in Marsh Street, Mossel Bay.

PLEASE NOTE

- REGISTRATION ON THE MOSSEL BAY MUNICIPALITY SUPPLIER DATABASE DOES NOT GUARANTEE BUSINESS OPPORTUNITIES WITH THE MUNICIPALITY.
- PLEASE ENSURE THAT THE DOCUMENT IS SIGNED BY A COMMISSIONER OF OATHS AND THAT ALL REQUIRED DOCUMENTATION (SEE PAGE 13), CERTIFIED WHERE NECESSARY, ACCOMPANY YOUR APPLICATION.
- 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 THE MOSSEL BAY MUNICIPALITY.
- DOCUMENTATION PROVIDED TO THE MUNICIPALITY WILL NOT BE RETURNED SHOULD AN APPLICATION BE UNSUCCESSFUL.
- THIS FORM IS ALSO AVAILABLE ON THE MUNICIPALITY'S WEBSITE AT [HTTP://WWW.MOSSELBAYMUN.CO.ZA](http://www.mosselbaymun.co.za)

FOR OFFICIAL USE

BUSINESS NAME:	
DATE RECEIVED:	
ACCEPTED:	
DATE CAPTURED:	
DATABASE REGISTRATION NUMBER	

SECTION 1: PERSONAL / COMPANY INFORMATION

NB: PLEASE CONSULT ANNEXURE A IN CONNECTION WITH COMPLETION DETAILS AND SUPPORTING DOCUMENTATION.

1.1 TITLE , INITIALS AND SURNAME <i>IF ONE-PERSON CONCERN</i>	
➔ PROF/DR/MR/MRS/MS:	
1.2 BUSINESS TRADING NAME <i>MUST BE REFLECTED ON INVOICE& WILL BE REFLECTED ON CONTRACTS/ORDERS/CHEQUES</i>	
➔	
1.3 REGISTERED NAME OF BUSINESS	
➔	
1.4 PHYSICAL ADDRESS OF BUSINESS / ONE-PERSON CONCERN	
➔	
1.5 POSTAL ADDRESS OF BUSINESS / ONE-PERSON CONCERN	
➔	
1.6 PHYSICAL ADDRESS OF MOSSEL BAY BRANCH (IF APPLICABLE)	
➔	
1.7 TEL NO (INCL CODE)	1.8 FAX NO (INCL CODE)
➔	➔
1.9 CONTACT PERSON 1	1.10 PHONE NO + CODE
➔	➔
1.11 CONTACT PERSON 2	1.12 PHONE NO + CODE
➔	➔
1.13 CELL PHONE NO OF CONTACT 1	1.14 CELL PHONE NO OF CONTACT 2
➔	➔
1.15 E-MAIL ADDRESS OF CONTACT 1	
➔	
1.16 E-MAIL ADDRESS OF CONTACT 2	
➔	
1.17 COMMENTS (IF ANY)	

SECTION 2: TYPE OF BUSINESS*PLEASE TICK APPROPRIATE BOX*

2.1 PARTNERSHIP		2.2 SOLE PROPRIETOR		2.3 CLOSED CORP	
2.4 COMPANY		2.5 PTY LTD		2.6 TRUST	
2.7 OTHER (PLEASE SPECIFY)					
SECTION 2 A: PRINCIPAL BUSINESS ACTIVITIES (PLEASE DESCRIBE BRIEFLY)					

SECTION 3: BUSINESS DETAILS

3.1 BUSINESS OR COMPANY REGISTRATION NO (IF APPLICABLE) <i>IF ONE-PERSON CONCERN , PLEASE FURNISH IDENTITY NUMBER AND CERTIFIED COPY OF ID DOCUMENT</i>		
→		
3.2 INCOME TAX REGISTRATION NUMBER		
→		
3.3 VAT REGISTRATION NUMBER (IF APPLICABLE)		
→		
3.4 MOSSEL BAY MUNICIPAL ACCOUNT NUMBER (IF APPLICABLE)		
→		
3.5 UIF REGISTRATION NUMBER (IF APPLICABLE)		
→		
3.6 NAME OF BANKING INSTITUTION	3.7 BRANCH	
→	→	
3.8 NAME UNDER WHICH ACCOUNT IS OPERATED		
→		
3.9 ACCOUNT NUMBER	3.10 TYPE OF ACCOUNT	3.11 BRANCH CODE
→	→	→
3.12 PREVIOUS NAME OF BUSINESS (IF APPLICABLE):		
→		
3.13 NUMBER OF YEARS IN BUSINESS	3.14 ANNUAL TURNOVER	
→	→	

3.15 DETAILS OF DIRECTORS /OWNERS/ PARTNERS /MEMBERS <i>ATTACH SEPARATE LIST IF SPACE PROVIDED IS INADEQUATE</i>		
3.15.1 NAME		3.15.1 POSITION
→		→
3.15.1 IDENTITY NUMBER	3.15.1 NATIONALITY	3.15.1 %SHAREHOLDING
→	→	→
3.15.2 NAME		3.15.2 POSITION
→		→
3.15.2 IDENTITY NUMBER	3.15.2 NATIONALITY	3.15.2 % SHAREHOLDING
→	→	→
3.15.3 NAME		3.15.3 POSITION
→		→
3.15.3 IDENTITY NUMBER	3.15.3 NATIONALITY	3.15.3 % SHAREHOLDING
→	→	→
3.15.4 NAME		3.15.4 POSITION
→		→
3.15.4 IDENTITY NUMBER	3.15.4 NATIONALITY	3.15.4 % SHAREHOLDING
→	→	→
3.15.5 NAME		3.15.5 POSITION
→		→
3.15.5 IDENTITY NUMBER	3.15.5 NATIONALITY	3.15.5 % SHAREHOLDING
→	→	→
3.15.6 NAME		3.15.6 POSITION
→		→
3.15.6 IDENTITY NUMBER	3.15.6 NATIONALITY	3.15.6 % SHAREHOLDING
→	→	→

SECTION 4: HISTORICALLY DISADVANTAGED STATUS OF SOLE PROPRIETORS, SHAREHOLDERS, PARTNERS AND SENIOR MANAGEMENT EMPLOYEES

ATTACH SEPARATE LIST IF SPACE PROVIDED IS INADEQUATE

4.1 NAME: →			
HDI: ↓	DISABLED: ↓	% SHAREHOLDING	FEMALE: ↓
YES/NO	YES/NO	→	YES/NO
DATE OF OWNERSHIP:		% TIME DEVOTED TO BUSINESS:	
4.2 NAME: →			
HDI: ↓	DISABLED: ↓	% SHAREHOLDING	FEMALE: ↓
YES/NO	YES/NO	→	YES/NO
DATE OF OWNERSHIP:		% TIME DEVOTED TO BUSINESS:	
4.3 NAME: →			
HDI: ↓	DISABLED: ↓	% SHAREHOLDING	FEMALE: ↓
YES/NO	YES/NO	→	YES/NO
DATE OF OWNERSHIP:		% TIME DEVOTED TO BUSINESS:	
4.4 NAME: →			
HDI: ↓	DISABLED: ↓	% SHAREHOLDING	FEMALE: ↓
YES/NO	YES/NO		YES/NO
DATE OF OWNERSHIP:		% TIME DEVOTED TO BUSINESS:	
4.5 NAME: →			
HDI ↓	DISABLED ↓	% SHAREHOLDING	FEMALE ↓
YES/NO	YES/NO	→	YES/NO
DATE OF OWNERSHIP:		% TIME DEVOTED TO BUSINESS:	
HDI STATUS SUMMARY			
% HDI:			
% WOMAN:			
% DISABLED:			
Listed companies do not qualify for HDI points			

SECTION 5: EMPLOYMENT INFORMATION

5.1 HOW MANY FULL TIME (FT) AND PART TIME (PT) STAFF MEMBERS DO YOU EMPLOY?

	HISTORICALLY DISADVANTAGED INDIVIDUALS		OTHER	
	FULL TIME	PART TIME	FULL TIME	PART TIME
MALE				
FEMALE				

5.1 HOW MANY FULL TIME (FT) AND PART TIME (PT) DISABLED MEMBERS DO YOU EMPLOY?

MALE				
FEMALE				

SECTION 6: SUPPLIER PROFILE

6.1 COMMERCIAL

Name 3 commercial references/referees of previous project or clients and provide contact name(s):

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6.2 FINANCIAL

Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt: YES / NO..... If yes, please elaborate:

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6.3 TECHNICAL (IF APPLICABLE)

1. 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:

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2. Are you working to National or International Standards? YES/NO

If yes, indicate products and to which standards:

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6.4 QUALITY MANAGEMENT SYSTEM (IF APPLICABLE)

1. Does your business operate a Quality Management System covering the product/service you provide? YES / NO. If yes, please elaborate:

.....
.....
.....
.....

2. Has your Quality Management system been assessed and certified by any national/internationally recognised accredited: YES / NO.

If yes, please provide copy of certificate.

6.5 SAFETY

1. Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (OSHA): YES / NO

2. Are you registered with the Compensation for Occupational Injuries and Diseases Act (COID): YES / NO

COID Registration No :

2. Please provide details, including values, of any other relevant goods or services you or your organisation may have provided to State Departments or other Municipalities over the past five years:

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SECTION 7: DISCLOSURE OF STATE / MUNICIPAL INTERESTS

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

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

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00300: ELECTRICAL AND MECHANICAL EQUIPMENT, SERVICES AND SUPPLIES		00700: PROFESSIONAL SERVICES	
00301	Bearing supplies	00701	Accounting, auditing and management services
00302	Bolts, nuts and fasteners	00702	Architectural services
00303	Electric cables	00703	Consulting engineering – Electrical
00304	Electrical component supplies	00704	Consulting engineering - Environmental
00305	Electrical equipment repairs	00705	Consulting engineering - Other
00306	Hardware supplies	00706	Consulting engineering – Project management
00307	Lifting equipment	00707	Consulting engineering – Roads & Storm water
00308	Mechanical seals and packing	00708	Consulting engineering – Sewerage systems
00309	Pipe and irrigation supplies	00709	Consulting engineering – Structures, Buildings, Bridges, etc
00310	Power generation and distribution machinery and accessories	00710	Consulting engineering – Water systems
00311	Pump spares	00711	Consulting engineering –Geo-technical
00312	Small tools	00712	Consulting engineering –Solid waste
00313	Transformer services	00713	Engineering services
00314	Valves, couplings	00714	Financial services
00315	Water meters, pipes, fittings, galvanised PVC, uPVC, mPVC, polyethylene, etcetera	00715	Land surveying
		00716	Legal services - contracts
		00717	Legal services - conveyancing
		00718	Legal services - litigation
		00719	Legal services - other
00500: OFFICE AND FACILITIES EQUIPMENT AND SUPPLIES		00720	Consulting engineering - Mechanical
00501	Computer equipment, networks and software	00721	Medical services
00502	Consumables	00722	Project management
00503	Corporate gifts	00723	Quantity surveying
00504	Domestic, industrial and cleaning equipment and supplies	00724	Town and regional planning
00505	Electronic equipment, including audio-visual equipment		
00506	Fire protection equipment	00800: VEHICLE SUPPLY AND TRANSPORTATION SERVICES	
00507	Flowers and plants	00801	Alarm and tracking systems
00508	Food and refreshments	00802	Batteries
00509	Household furniture, appliances and goods	00803	Engine overhauls
00510	Office furniture and equipment	00804	Fuel, oils and lubrications
00511	Office supplies and stationery	00805	Hydraulics
00512	Printing, copying and photographic equipment and supplies	00806	Panel beating
		00807	Radiator repairs
		00808	Spares and parts
		00809	Towing services
00600: MISCELLANEOUS GOODS AND SUPPLIES		00810	Transmissions
00601	Environmental cleansing equipment, goods and supplies	00811	Tyres and tubes
00602	Fire protection equipment, goods and supplies	00812	Upholstery
00603	Garden tools	00813	Vehicle fleet management
00604	Material and warehousing machinery, equipment and goods	00814	Vehicle supply
00605	Measuring, testing and observation equipment	00815	Windscreens
00606	Protective clothing and uniforms	00816	Auto electrical repairs
00607	Security equipment, goods and services		
00608	Sports and recreational equipment and goods		
00609	Laboratory chemicals		
00610	Specialised imported chemicals		

SECTION 9: DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED

I/we, the undersigned, warrant(s) that I am/we are duly authorised to do so and on behalf of

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

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

- (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 favourable 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:

CAPACITY: CAPACITY:

ID NO: ID NO:

TEL NO: TEL NO:

ADDRESS:

COMMISSIONER OF OATHS:

Signed and sworn to before me at

on this the day of 2007 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 APPLICATION MUST BE INITIALLED BY THE APPLICANT(S)

ANNEXURE A

INFORMATION AND GUIDELINES FOR COMPLETING AND SUBMITTING THE MOSSEL BAY MUNICIPALITY DATA BASE LISTING APPLICATION FORM

- Please use a black pen and complete form in block letters.
- Please complete all fields. If a field is not applicable to your business or situation clearly mark it as "Not Applicable" or "N/A." Do not leave any field blank as this may result in the rejection of your application.
- **Completion of Questions:** Clearly state YES/NO by circling your choice or N/A to questions asked. Do not leave any fields blank.
- Please ensure that the form is signed by an authorised person(s) and that the signatories as well as the Commissioner of Oaths initial all pages.
- **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.

All or some of the following documentation may be relevant to your application:

- Certified company registration documents (including CK1 and CK2)
- Certified identity documents of directors, owners, partners, members or shareholders
- Certified proof of shareholding documents (shareholder certificates or share allocation documents for CC members) if claiming HDI points.
- **Valid original tax clearance certificate.**
- Proof of banking document / cancelled cheque
- Partnership agreements in the case of partnerships - certified
- Certificate of incorporation if Public Company (CM3) - certified
- Trust agreement, trustee details and letter of authority in the case of business trust - certified
- Certificate of Incorporation (Section 21 Company) - certified
- Proof of Disability
- Value Added Tax (VAT) Registration Certificate (if applicable)
- Compensation of Occupational Injuries and Diseases (COID) Registration Certificate
- Proof of District Municipality Levy Registration
- Any other relevant registration certificate pertaining to your business, eg NHBRC, SAACE, etcetera.

PLEASE CONSULT ATTACHED SCHEDULE

- **Certification of Documents:** Please ensure that a Commissioner of Oaths has certified your company Registration Documents as well as Proof of Shareholding Certificates. The stamp of certification should be on the front of the document.
- **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.
- **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 the Mossel Bay 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 the Mossel Bay Municipal Supplier Database does not guarantee business opportunities.
- **Amendments or changes:** Please notify the Mossel Bay 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 form, unless the point of transaction is centralised in the company's head office.
- **Commodity classification:** Please note that the key facilities in the database are classified as commodities and each potential supplier must indicate the commodities in which it would like to register for Request for Quotations (Please refer to Section 8).
- **Business guarantee:** Please note that inclusion of a potential supplier's name in the supplier database does not in any way guarantee any persons, company, service provider vendor, etc. any business from the Mossel Bay Municipality. All procurement will be subject to the SCM Policy of the Mossel Bay Municipality.
- **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.
- **Historically Disadvantaged Individual (HDI)** means a South African citizen –
 - (1) Who had no franchise (voting rights) in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (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 of the Interim Constitution, is deemed not to be an HDI.
- **Return of documents:** Documents submitted to the Municipality in support of this application will not be returned if an application is unsuccessful or under any other circumstances.

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DOCUMENTS REQUIRED

DOCUMENTS REQUIRED	Sole Proprietor	CC's and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organisations (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 CERTIFIED COPIES	N/A	Shareholding CK1 / CK2	Partnership agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of CC'S & Companies
MUNICIPAL ACCOUNT	Yes	Yes	Yes	Yes	Yes	Yes	Local Municipality
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 at which account is.
VALID ORIGINAL 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
VAT REGISTRATION	Yes	Yes	Yes	Yes	Yes	Yes	SARS
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 Service Regulatory Authority
Proof of Disability	If owner is disabled	If Shareholder is disable	If Shareholder is disabled	If Shareholder is disabled	If Shareholder is disabled	If Shareholder is disabled	
Proof of Identity CERTIFIED	Owner	Directors / Members	Partners	Directors	Trustees	Directors	