

SEKHUKHUNE DISTRICT MUNICIPALITY



SUPPLIER REGISTRATION APPLICATION FORM 2011/12

INSTRUCTIONS TO THE APPLICANTS

- Application forms must be completed in legible block letters
- Application forms must be delivered to 26 Hereford Street, Groblersdal on or before the closing date with proof of payment

APPLICANT DECLARATION

I declare that the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.

Initials & Surname

Date

Signature

The Sekhukhune District Municipality hereby invites current and prospective service providers and suppliers to be accredited and registered on the municipal supplier database.

This is done in terms of Municipal Finance Management Act 56 of 2003 and its Regulations as well as SDM Supply Chain Management Policy. It is mandatory that all prospective service providers and suppliers must be accredited and registered on the SDM database before they can be considered for business.

MANDATORY DOCUMENTS FOR SUBMISSION:

Document	Sole Proprietor	Close Corporation	Partnership	Private/Public Company	Trust	Non-Profit Organisation	Issuing Institution
1. Certified Co Registration							
2.. Proof of Ownership							
3. Proof of Banking							
4. Original Tax Clearance Certificate							
5.VAT Registration							
6.People with Disability							
7. Certified Copy of ID							
8. Proof of PAYE Registration							

The fact that a business has been registered as a supplier does not constitute any contractual relationship between the supplier and SDM. It is the responsibility of a registered supplier to inform SDM immediately in writing of any change. Registration of a supplier in the supplier database is valid for a period of one year only and must be renewed annually.

(PLEASE INITIAL EACH PAGE)

Bank Name

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Branch Name

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Branch Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Holder's Name

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Account Type	Cheque	Savings	Transmission
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Authorisation for electronic transfer of funds (EFT) to supplier's bank account

I, the undersigned hereby authorize the Sekhukhune District Municipality to credit my company account via Electronic Funds Transfer as afore mentioned with amount payable/due to specified beneficiary for goods and services rendered.

Full Name

Capacity

Date

Signature

NB: *Please request your Bank to certify the above as correct or attach cancelled cheque. Your application may otherwise be disqualified.*

<p>Bank Date Stamp</p>

Name of bank official

Signature

4. PRODUCTS AND SERVICES OFFERED

4.1 List of goods/services your business provides in relation to the principal business of the enterprise. **NB: Please list a maximum of two services/goods, failure will disqualify your listing in SDM supplier database**

4.2 **Did You provide any of the goods/service to organ/s of the state in the past?**

YES	NO
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If yes, please state particulars as follows:

Type of good/s & Value	Name of client	Contact person	Telephone number

4.3 Are you registered with a professional body for the services that you provide?

YES	NO
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If yes, please state particulars as follows:

Name of organization	Contact person	Telephone number	Membership number	Date of membership

4.4 Please furnish particulars of specific expertise and experience available in your business, as follows:

Field (e.g. Municipal Finance)	Expertise	Name of consultant	Educational qualifications of consultant	Previous work/projects completed

5. BEE ACHIEVEMENTS

5.1 Particulars of owners of the business:

Name & ID no.	Citizenship	HDI *(YES/NO)				% owned
		Black	Youth	Woman	Disabled	

* HDI = Historically disadvantaged individual

5.2 Particulars of managers

Name & ID no.	Citizenship	HDI *(YES/NO)				Capacity
		Black	Youth	Woman	Disabled	

5.3 Particulars of workforce

Category of employment	of	Number of employees	HDIs employed			
			Black	Youth	Woman	Disabled

5.4 Development of employee skills

Category of employment	Number of skilled employees	Number of trainees	Training costs as % of wage bill

5.5 Preferential procurement

Procurement from black owned and empowered enterprises as % of the total amount spent annually on the procurement of goods and services

6. SMME INDICATOR

6.1 Please indicate whether your business is a small, medium or micro enterprise, as defined by the National Small Business Act (No 102 of 1996)

YES	NO
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If so, please mark the category that applies to your business

SMALL

MEDIUM

MICRO

6.2 Standard industrial classification

Sector or sub-sector	
Size or class	
Total full time equivalent of paid employees	
Total annual turnover	
Total gross asset value *	

* Excluding fixed property

7. DECLARATION OF INTEREST

7.1 Are you or any of your member(s) / shareholder(s) presently in the service of the State?

YES	NO
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If so, please furnish particulars

7.2 Have you or any of your member(s) / shareholder(s) been in the service of the State for the past twelve months?

YES	NO
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If so, please furnish particulars

7.3 Do you or any of your member(s) / shareholder(s) have any relationship (family, friend or other) with a person employed by **SDM** who may be involved with the database of supplier of database, the invitation of price quotations/bids and or the award of contracts?

YES	NO
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If so, please furnish particulars
