



# CEDERBERG MUNICIPALITY

## APPLICATION FORM FOR LISTING ON ACCREDITED SUPPLIER DATABASE

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- Registration on data base in terms of:
1. Preferential Procurement Policy Framework Act No. 5 of 2000.
  2. Preferential Procurement Regulations (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 Municipal Manager, Private Bag X2, Clanwilliam, 8135, or handed in at the Municipal Offices at 2A Voortrekker Street, Finance Department, Clanwilliam.

### **PLEASE NOTE**

- Registration on the Cederberg 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 the Cederberg Municipality.
  - This form is also available on the Municipality's website at:  
<http://www.cederbergmunicipality.co.za>
  - All alterations must be initialled by the applicant.
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### **FOR OFFICIAL USE:**

Business Name	
Date Received	
Accepted	
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)*

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1.2 Identity number

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1.3 Business Trading Name

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

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1.4 Business Registered Name

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1.5 Physical Address

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1.6 Postal Address

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1.7 Telephone number *(incl. code)*

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1.8 Fax number *(incl. code)*

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1.9 Cell phone number

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1.10 E-mail address

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1.11 Contact person

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## **Section 2: Type of Business (Tick appropriate Box with a X)**

2.1 Sole Proprietor / One Person Business

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2.2 Partnership

☐

2.3 Company

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2.4 Close Corporation

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2.5 PTY Ltd.

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2.6 Trust

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**Section 2A: Describe briefly your business's principal activities**

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**Section 3 : Business Details**

3.1	Business Registration Number.	<hr/>
3.2	Income Tax Registration Number	<hr/>
3.3	VAT Registration Number	<hr/>
3.4	UIF Registration Number	<hr/>
3.5	Cederberg Municipal Account Number/s	<hr/> <hr/> <hr/>
3.6	Banking Details:	
	Bank Name	<hr/>
	Branch Name	<hr/>
	Branch No.	<hr/>
	Account No.	<hr/>
	Account Type	<hr/>
	Name under which account is operated	<hr/>
3.7	Number of years in business	<hr/>
3.8	Annual turnover	<b>R</b> <hr/>

#### **Section 4. Business Type**

**Please indicate the nature of operations, products or services applicable to your business by ticking the appropriate boxes with a X:**

[illegible]

CODE	COMMODITY	x	CODE	COMMODITY	x
<b>00300: ELECTRICAL AND MECHANICAL EQUIPMENT, SERVICES AND SUPPLIES</b>			<b>00700: PROFESSIONAL SERVICES</b>		
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		00705	Consulting engineering: Geo-technical	
00306	Electrical equipment repairs		00706	Consulting engineering: Mechanical	
00307	Hardware supplies		00707	Consulting engineering: Other	
00308	Lifting equipment		00708	Consulting engineering: Project management	
00309	Mechanical seals and packing		00709	Consulting engineering: Roads & Storm water	
00310	Pipe and irrigation supplies		00710	Consulting engineering: Sewerage systems	
00311	Power generation and distribution machinery and accessories		00711	Consulting engineering: Solid waste	
00312	Pump spares		00712	Consulting engineering: Structures, Building, Bridges, etc	
00313	Small tools		00713	Consulting engineering: Water systems	
00314	Transformer services		00714	Engineering services	
00315	Valves, couplings		00715	Financial services	
00316	Water meter, pipes, fittings, galvanised PVC, uPVC, mPVC, polyethylene, etcetera		00716	Land surveying	
<b>00500: OFFICE AND FACILITIES EQUIPMENT AND SUPPLIES</b>			00717	Legal services – contracts	
00501	Computer equipment, networks and software		00718	Legal services-- conveyance	
00502	Consumables		00719	Legal services – litigation	
00503	Corporate gifts		00720	Legal services – other	
00504	Domestic, industrial and cleaning equipment and supplies		00721	Medical services	
00505	Electronic equipment, including audio-visual equipment		00722	Project management	
00506	Fire protection equipment		00723	Quantity surveying	
00507	Flowers and plants		00724	Town and regional planning	
00508	Food and refreshments		<b>00800: VEHICLE SUPPLY AND TRANSPORTATION SERVICES</b>		
00509	Households furniture and equipment		00801	Alarm and tracking systems	
00510	Office furniture and equipments		00802	Auto electrical repairs	
00511	Office supplies and stationery		00803	Batteries	
00512	Printing, copying and photographic equipment and supplies		00804	Engine overhauls	
<b>00600: MISCELLANEOUS GOODS AND SUPPLIES</b>			00805	Fuel, oils and lubrications	
00601	Environmental cleansing equipment, goods and supplies		00806	Hydraulics	
00602	Fire protection equipment, goods and supplies		00807	Panel beating	
00603	Garden tools		00808	Radiator repairs	
00604	Gas		00809	Radio & Electronic equipment	
00605	Laboratory chemicals		00810	Spares and parts	
00606	Material and warehousing machinery, equipment and goods		00811	Towing services	
00607	Measuring, testing and observation equipment		00812	Transmissions	
00608	Pharmaceutical		00813	Tyres and tubes	
00609	Protective clothing and uniforms		00814	Upholstery	
00610	Security equipment, goods and services		00815	Vehicle fleet management	
00611	Specialised imported chemicals		00816	Vehicle supply	
00612	Sports and recreational equipment and goods		00817	Windscreens	
00613	Signs – traffic, road and notice boards		<b>00900 Other (please specify)</b>		

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

Name	ID Number	Date RSA Citizenship obtained	Date / Position occupied in Enterprise	% Time devoted to Enterpri se	* HDI Status			% Of Business / Enterprise owned
					No Franchise prior to elections	Women	Disabl ed	

\* 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, 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.

## **Section 6 : Employment Information:**

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

Gender	Historically 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 judgements against your business or has your business ever been declared bankrupt:

Yes / No

If yes, please elaborate:

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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

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7.3 Does your business operate a Quality Management System covering the product / service you provide?

Yes / No

If yes, please elaborate:

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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 or has/have been in the service of the State, the Cederberg Municipality or another Municipality in the previous twelve months. If YES, please provide full details, in which capacity it was:

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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, the Cederberg Municipality or another Municipality in the previous twelve months. If YES, please provide details, including names, relationships and capacities:

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**Section 9 : Declaration of Correctness of information provided:**

I / We the undersigned, warrant 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 Cederberg 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	_____
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 of.....20..... 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 THE CEDERBERG MUNICIPALITY DATA BASE LISTING APPLICATION FORM**

- **Completion of Questions:** Please use a black pen and complete form in block letters. Complete all fields. If a field is not applicable to your business or situation clearly mark it as “Not Applicable” or “N/A.” Clearly state YES/NO by circling your choice or N/A to questions asked. Do not leave any fields blank as this may result in the rejection of your application.
- **Signatures:** 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.
- **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 Cederberg 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 Cederberg Municipality Supplier Database does not guarantee business opportunities. All procurement will be subjected to the SCM Policy of the Cederberg Municipality.
- **Amendments or changes:** Please notify the Cederberg 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 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.

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 shareholder
  - ◆ 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
  - ◆ Any other relevant registration certificate pertaining to your business, e.g. NHBRC, SAACE, et cetera.
  - ◆ Proof of Municipality Levy Registration
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- **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 be 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
<b>COMPANY REGISTRATION CERTIFIED COPIES</b>	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
<b>PROOF OF OWNERSHIP CERTIFIED COPIES</b>	N/A	Shareholding CK1 / CK2	Partnership agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter – no shareholding	Registrar of CC's & Companies
<b>PROOF OF BANKING</b>	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.
<b>TAX CLEARANCE CERTIFICATE</b>	For the owner or the business	For the company / cc	For each individual shareholder	For the company	For the trust	For the NPO	SARS
<b>P.A.Y.E</b>	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
<b>VAT REGISTRATION</b>	Yes	Yes	Yes	Yes	Yes	Yes	SARS
<b>U.I.F. Certificate</b>	YES	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Department of Labour
<b>Workman's Compensation</b>	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
<b>Security Officer's Board</b>	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
<b>Proof of Disability</b>	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
<b>Proof of Identity CERTIFIED</b>	Owner	Directors / Members	Partners	Directors	Trustees	Directors	