

Umsobomvu Municipality: Supplier Database

- POINTS TO REMEMBER -

COMPLETING THE UMSOBOMVU MUNICIPALITY SUPPLIER DATABASE REGISTRATION FORM

- **Mandatory fields** – Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as “Mandatory Field”, have been completed, and if a field is not applicable to your business type clearly mark it as N/A.
- **Required documentation** – Please refer to the *attached table* (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached.
- **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any Mandatory fields blank.
- **Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Proof of Shareholding Certificates and Tax Clearance Certificate. The stamp of certification should be on the front of the document if it is faxed to Umsobomvu Municipality
- **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, Partners & Top Management** – Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.
- **Holding Companies & Trusts** – Please contact the Umsobomvu Municipality Supply Chain Unit on Tel 051 – 7530777 should your business be owned by a holding company or a trust.
- **Certification of Correctness** – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.
- **Collection points** – Completed registration forms and supporting documentation can either be delivered or emailed to one of the addresses on the registration form or faxed to the numbers provided on the first page of the registration form. Please contact the Supply Chain Unit for additional collection points in outlying areas.
- **Processing of registration** – Your completed registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with all of the above role players. This letter of verification will be dispatched to the correspondence details supplied on the third page.
- **Business Opportunities** – Please note that registration on the Umsobomvu Municipality Supplier Database does not guarantee business opportunities.
- **Amendments** – Please notify the Umsobomvu Municipality Supply Chain Unit immediately of any changes to the verified information submitted.
- **Queries** – Should you have any queries or if you require assistance completing the registration form, please contact **Umsobomvu Municipality Supply Chain Unit on (T) 051-7530777.**

BUSINESS TYPE									
DOCUMENTS REQUIRED	Sole Proprietor	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organizations (NPO)	Where to get documents	Address	Telephone
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 Close Corporations & Companies	Zanza Building, 116 Proes Street, Pretoria	012-310 8789
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 Close Corporations & Companies	Zanza Building, 116 Proes Street, Pretoria	012-310 8789
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 held		
Income Tax	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)	SARS Office Port Elizabeth	0860 12 12 18
Tax Clearance Certificate	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)	SARS Office Port Elizabeth	0860 12 12 18
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	Receiver of Revenue (SARS)	SARS Office Port Elizabeth	0860 1212 18
VAT Registration	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receiver of Revenue (SARS)	SARS Office	0860 1 2 12 18
U.I.F Certificate	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour	Dept of Labour De Aar	053-631 0952
Workman's Compensation	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour	Dept of Labour De Aar	053-6310952
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			
Proof of Disability	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled			

Business owned by Holding Company					
EG: Shareholding at ABC Company (Pty) Ltd	MR P. MSIYA 55%	THANDISIZWE CONSTRUCTION (PTY) LTD 50 %	MRS. NKWAKWA 45 %	MR S KHAPHELA 20 %	MRS PRINSLOO 35 %
Type of Shareholding	Direct owner	Holding company	Shareholder of Holding Company	Shareholder of Holding Company	Shareholder of Holding Company
Involvement in ABC Company	Actively involved in daily management and operations of ABC Company	Holding company	Actively involved in daily management and operations of ABC Company	Not actively involved in daily management and operations of ABC Company	Actively involved in daily management and operations of ABC Company
Proof of Shareholding Required	Shareholding certificate required	Shareholding certificate required	Shareholding certificate required IF he/she is actively involved in daily management of ABC Company	NO shareholding certificate required IF he/she is not actively involved in daily management of ABC Company	Shareholding certificate required IF he/she is actively involved in daily management of ABC Company

1. COMPANY REGISTRATION DOCUMENTS

NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable.)

1.1 COMPANY TYPE (NB Documentary Proof of registration must be provided) (MANDATORY DOCUMENTS)**

PUBLIC COMPANY LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CLOSE CORPORATION CC	<input type="checkbox"/>	CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE
SOLE PROPRIETOR	<input type="checkbox"/>	COPY OF REGISTRATION DOCUMENT
PARTNERSHIP	<input type="checkbox"/>	COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT and PARTNERSHIP AGREEMENT
BUSINESS TRUST	<input type="checkbox"/>	COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT and CERTIFIED COPY OF REGISTRATION DOCUMENT
OTHER	<input type="checkbox"/>	COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT and CERTIFIED COPY OF REGISTRATION DOCUMENT

Company, CK or Regional Council Number

Not applicable to all companies, please specify if N/A

Have you attached your Company Registration document?

1.2 PROOF OF SHAREHOLDING DOCUMENTS (MANDATORY DOCUMENTS)**

CERTIFIED COPIES of Shareholders certificates or CK members share allocation documents must be supplied

Not applicable to all companies, please specify if N/A

Have you attached proof of shareholders documents?

1.3 PROOF OF BANKING DOCUMENTS (MANDATORY DOCUMENTS)**

Current bank statement or copy of cancelled cheque

Have you attached proof of banking document?

1.4 VAT REGISTRATION NO (MANDATORY, IF APPLICABLE)**

VAT Registration No.

If you qualify for VAT exemption, please attach a VAT exemption document

Not applicable to all companies, please specify if N/A

Have you attached proof of your VAT registration?

1.5 P.A.Y.E DOCUMENT (MANDATORY, IF APPLICABLE)**

P.A.Y.E. Document

Not applicable to all companies, please specify if N/A

Have you attached proof of your P.A.Y.E document?

1.6 UNEMPLOYMENT INSURANCE FUND DOCUMENTS (MANDATORY, IF APPLICABLE)**

Unemployment Insurance fund No.

Not applicable to all companies, please specify if N/A

Have you attached your UIF document?

1.7 WORKMAN'S COMPENSATION FUND DOCUMENTS (MANDATORY, IF APPLICABLE)**

Workman's Compensation fund No.

Not applicable to all companies, please specify if N/A

Have you attached your Workman's Compensation document?

1.8 SECURITY OFFICERS BOARD REGISTRATION NO (MANDATORY, IF APPLICABLE)**

Security officers board registration No.

Not applicable to all companies, please specify if N/A

Have you attached your Security Officers Board Registration document?

1.9 DISABILITY DOCUMENTS (MANDATORY, IF APPLICABLE)**

Not applicable to all companies, please specify if N/A

Have you attached your proof of disability document?

1.10 INCOME TAX REGISTRATION (MANDATORY DOCUMENTS)**

Have you attached your proof of income tax registration document?

1.11 TAX CLEARANCE CERTIFICATE (MANDATORY DOCUMENTS)**

CERTIFIED copy of a valid Tax Clearance Certificate must be supplied

Have you attached your tax clearance document?

2. BUSINESS PARTICULARS (MANDATORY FIELDS) **

2.1 Name of Business

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

2.1.1 Business Trading Name (MANDATORY FIELD) **

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

2.1.2 Head Office (MANDATORY FIELD) **

Postal address

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

City

Code

Province

2.1.3 Head Office (MANDATORY FIELD) **

Physical address

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

City

Code

Province

2.1.4 Head Office Telephone No. (MANDATORY FIELD) **

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

2.1.5 Head Office Fax No. (MANDATORY FIELD IF APPLICABLE) **

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

2.1.6 E-mail Address (MANDATORY FIELD IF APPLICABLE) **

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

2.1.7 Contact Person for correspondence as per 2.11 (MANDATORY FIELD) **

Title																				
First Name																				
Surname																				

2.1.8 Cell No. (MANDATORY FIELD IF APPLICABLE) **

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

2.1.9 Is the company currently classified by any definition as a Black Economic Empowerment (BEE) company?

Y	N

Yes / No

2.1.10 Who has provided this BEE classification for the company?

Institution	
Government	
Parastatals	
Listed Companies	
Other	

Please specify: _____

2.1.11 Correspondence Method (MANDATORY FIELD) **

Please select your preferred method of correspondence. All correspondence will be sent using the method you select below.

Explanation of abbreviations used in the following table

Capacity	
Post	P
Fax	F
E-mail	E

P	F	E
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2.1.12 How would you like to receive your correspondence from us? (MANDATORY FIELD) **

Correspondence Address																				
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

Code

Province

2.1.13 Fax Number

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

2.1.14 E-mail Address

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

3. BRANCHES, SALES AND ACCOUNTS DEPARTMENTS (MANDATORY FIELDS) **

3.1 Sales Department (MANDATORY FIELD) **

Contact Name																									
Cell No																									
Email Address																									
Telephone																									

3.2 Accounts Department (MANDATORY FIELD) **

Contact Name																									
Cell No																									
Email Address																									
Telephone																									

3.3 Branches

Y	N

Do you have any other branches in this region?

If yes, kindly complete 3.3 below

Multiple copies of this page may be submitted if required.

Name / Area																									
Physical Address																									
City																									
Province																									
Code																									
Telephone																									

Name / Area																									
Physical Address																									
City																									
Province																									
Code																									
Telephone																									

Name / Area																									
Physical Address																									
City																									
Province																									
Code																									
Telephone																									

7. BUSINESS INFORMATION (MANDATORY FIELD)* *

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4.

COLUMN 1	COLUMN 2		COLUMN 3		COLUMN 4	
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE		Total annual turnover TICK WHERE APPLICABLE		Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE	
Agriculture	MORE THAN 100		MORE THAN R 4.00m		MORE THAN R 4.00m	
	LESS THAN 100		LESS THAN R 4.00m		LESS THAN R 4.00m	
Mining and Quarrying	MORE THAN 200		MORE THAN R 30.00m		MORE THAN R 18.00m	
	LESS THAN 200		LESS THAN R 30.00m		LESS THAN R 18.00m	
Manufacturing	MORE THAN 200		MORE THAN R 40.00m		MORE THAN R 15.00m	
	LESS THAN 200		LESS THAN R 40.00m		LESS THAN R 15.00m	
Electricity, Gas and Water	MORE THAN 200		MORE THAN R 40.00m		MORE THAN R 15.00m	
	LESS THAN 200		LESS THAN R 40.00m		LESS THAN R 15.00m	
Construction	MORE THAN 200		MORE THAN R 20.00m		MORE THAN R 4.00m	
	LESS THAN 200		LESS THAN R 20.00m		LESS THAN R 4.00m	
Retail, Motor Trade and Repair Services	MORE THAN 100		MORE THAN R 30.00m		MORE THAN R 5.00m	
	LESS THAN 100		LESS THAN R 30.00m		LESS THAN R 5.00m	
Wholesale Trade, Commercial Agents & Allied Services	MORE THAN 100		MORE THAN R 50.00m		MORE THAN R 8.00m	
	LESS THAN 100		LESS THAN R 50.00m		LESS THAN R 8.00m	
Catering, accommodation & other Trade	MORE THAN 100		MORE THAN R 10.00m		MORE THAN R 2.00m	
	LESS THAN 100		LESS THAN R 10.00m		LESS THAN R 2.00m	
Transport, Storage and Communications	MORE THAN 100		MORE THAN R 20.00m		MORE THAN R 5.00m	
	LESS THAN 100		LESS THAN R 20.00m		LESS THAN R 5.00m	
Finance and Business Services	MORE THAN 100		MORE THAN R 20.00m		MORE THAN R 4.00m	
	LESS THAN 100		LESS THAN R 20.00m		LESS THAN R 4.00m	
Community, Social & Personal Services	MORE THAN 100		MORE THAN R 10.00m		MORE THAN R 5.00m	
	LESS THAN 100		LESS THAN R 10.00m		LESS THAN R 5.00m	

8. OWNERS, SHAREHOLDERS, PARTNERS AND TOP MANAGEMENT

Explanation of abbreviations used in the following tables:

Capacity	
Director	D
Partner	P
Member	M
Proprietor	R
Other	O

Race Group	
Black	B
White	W
Coloured	C
Indian	I
Other	O

8.1 List all persons who are shareholders/owners as well as top management in the business (MANDATORY FIELD) **

Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied.

NB If a trust / holding company has ownership in the business,

NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED

Multiple copies of this page may be submitted if required.

First Name																			
Surname																			
Identification Number																			
Percentage Share																			%
Capacity																			D P M R O
Gender																			M F
Race Group																			B W C I O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)																			Y N
Were you a South African citizen on or before the 26 th of April 1994?																			Y N
Are you actively involved in the management and daily business operations of the business?																			Y N

First Name																			
Surname																			
Identification Number																			
Percentage Share																			%
Capacity																			D P M R O
Gender																			M F
Race Group																			B W C I O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)																			Y N
Were you a South African citizen on or before the 26 th of April 1994?																			Y N
Are you actively involved in the management and daily business operations of the business?																			Y N

8.2 PARTICULARS OF EMPLOYEES (MANDATORY FIELD) * *

State the total number of permanent and temporary staff employed.

	MALE		FEMALE	
	Permanent	Temporary	Permanent	Temporary
BLACK				
COLOURED				
INDIAN				
WHITE				
OTHER				
DISABLED				

9. BEE INITIATIVES (Mark with X) (MANDATORY FIELDS) * *

9.1 Does the company have an employment equity programme?
Yes / No?

Y	N

9.2 How many permanent employees are at management level or can be classified as professional?

9.3 How many of the permanent staff that are management or are professional are previously disadvantaged?

9.4 How many people of the board and senior management are previously disadvantaged?

9.5 Have you formed alliances with BEE entities through partnering, joint ventures or other similar initiatives?
Yes / No

Y	N

Are the above alliances with?

Listed Companies Private Companies Closed Corporations Partnerships Individuals

10. PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience?

Y	N

If yes, please complete the table below. List the last 2 contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.

Employer/Department																				
Contact Person																				
Contact Number																				
Estimated Contract Value in Rands											R									
Year Awarded					Year Completed / Still in Progress															
Proof documents attached?																	Y	N		

Employer/Department																				
Contact Person																				
Contact Number																				
Estimated Contract Value in Rands											R									
Year Awarded					Year Completed / Still in Progress															
Proof documents attached?																	Y	N		

11. PROCUREMENT (Mark with X)

11.1 Does your company have a formalised procurement policy to support BEE (Black Economic Empowerment)?
Yes / No?

Y	N

11.2 How much was spent on purchases for operational purposes in the past 12 months?
Estimated value in Rands R

11.3 How much was spent on capital expenditure in the past 12 months?
Estimated value in Rands R

11.4 How much was spent with BEE (Black Economic Empowerment) companies in the past 12 months?
Estimated value in Rands R

12. RDP, Social Responsibility and Social Upliftment

12.1 Does your company have a formal RDP, Social Responsibility or Social Upliftment policy or programme?

Yes / No?

Y	N

12.2 Do you contribute financially to charities, non-profit organizations and causes in support of disadvantaged or underprivileged communities?

Yes / No?

Y	N

13. DEVELOPMENT

13.1 Does your company have formalized development, training, skills transfer and Upliftment policies or practices in place?

Yes / No?

Y	N

13.2 What type of policies or practices do you have in place?

(Mark with X)

Formalised development policies and procedures

Formalised training

Formalised skills transfer policies and procedures

Upliftment policies

13.3 Does your company support any external education, development and accelerated learning programs?

Yes / No?

Y	N

13.4 What type of support do you provide?

(Mark with X)

External education for previously disadvantaged individuals

Development programs for previously disadvantaged individuals

Accelerated learning programs for previously disadvantaged individuals

External education for previously disadvantaged communities

Development programs for previously disadvantaged communities

Accelerated learning programs for previously disadvantaged communities

14. OTHER INITIATIVES

14.1 Does your company have any other internal or external initiatives that qualify as social investment or philanthropic initiatives?

Yes / No?

Y	N

14.2 Are these initiatives related to: -

(Mark with X)

Environmental issues

Health

Crime prevention

Other

If other, please specify: _____

15. **CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT (MANDATORY)****

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT: -

1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have: -
 - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
 - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or
 - iii. Impose a penalty on the contractor as provided for in the relevant organisation's regulations.

SIGNED **ON** **THIS** _____ **DAY** **OF** _____ **200**____
AT _____

(SIGNATURE)

IN HIS /HER CAPACITY AS

ON **BEHALF** **OF** **THE** **(SUPPLIER'S**
NAME) _____

16. CLASSIFICATION FOR UMSOBOMVU MUNICIPALITY SUPPLIER DATABASE (M A N D A T O R Y) * *

IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

To assist us in the classification process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specializations.

COMPANY: _____

REGISTRATION NO: _____
(for office use only)

TEL NO: _____

FAX NO: _____

Our core business is.....
.....
.....
.....
.....

Key words:
.....
.....

Specializations:
.....
.....