

VENDOR NR: _____



MSUKALIGWA LOCAL MUNICIPALITY

SUPPLY CHAIN MANAGEMENT UNIT

P.O. BOX 48
ERMELO
2350
Email: pmschololo@msukaligwa.gov.za

Enquiries: Tel: (017) 801 3541
Fax: 017-801 3851
Website: www.msukaligwa.gov.za

VENDOR APPLICATION FORM

VENDOR NAME: _____

REPORT FRAUD, THEFT & CORRUPTION

RAPPORTEER BEDROG, DIEFSTAL & KORRUPSIE

Section 112 (f), (i), (j), (k), and (l) of the Municipal Finance Management Act, (Act 56 of 2003) requires that a Municipality must have measures in place to comply with the prescribed regulatory framework for Municipal Supply Chain Management

You are kindly requested to complete this document accurately and in full as the information contained herein are required for the following purposes:

- To enable Msukaligwa Local Municipality to compile a database of registered suppliers.
- To support Msukaligwa Local Municipality with the implementation of a system of preferences as required by the Preferential Procurement Policy Framework Act (No 5 of 2000) and Broadbased Black Economic Empowerment Act, 2003 (No 53 of 2003).
- Listing Criteria for accreditation of approval as a Msukaligwa Local Municipality vendor;
 1. It is **compulsory** to attach the following documents on your application:
 - **Company Profile**
 - **Company Certificate or Shareholder(s) register**
 - **Certified ID copies of members appearing in CK Certificate,**
 - **Valid Tax Clearance Certificate**
 - **VAT registration certificate (for VAT vendors only)**
 - **Banking details**
 - **Proof of Municipal services payment.**
 - **Valid BBBEE certificate issued by SANAS accredited agencies, although this will not form part of disqualification factor. (Certified copy).**

Should you require any assistance with regard to this form please contact Ms. R.V Takalani at (017) 801 3700 during office hours Monday to Friday, 07:30 – 16:15.

These forms must be completed in full and returned to:

The supply Chain Management Unit – Finance
Corner of Kerk & Taute Street
ERMELO
2350

or posted to:

Msukaligwa Local Municipality
Attention: Acquisitions Officer
P.O. Box 48
ERMELO
2350

- If not applicable to your company, please specify N/ABUSINESS PARTICULARS (Master Detail)

NAME OF BUSINESS:		TRADING NAME:	
HOLDING COMPANY:			
LANGUAGE:			

TYPE OF SUPPLIER

DISTRIBUTOR	
MANUFACTURER	
MANUFACTURER & DISTRIBUTOR	
SERVICE PROVIDER	
OTHER (PLEASE SPECIFY):	

COMPANY REGISTRATION NUMBER:	
COMPANY VAT NUMBER:	
COUNTRY:	
TOWN:	
MUNICIPAL AREA:	
SHARE HOLDING B-BBEE %	
TAX CLEARANCE EXPIRY DATE	

(Contact Detail)

<p>HOW WOULD YOU LIKE TO RECEIVE YOUR CORRESPONDENCE FROM US? (INVITE TO QUOTE ONLY. BID DOCUMENTS ONLY AVAILABLE BY E-MAIL, WEB PAGE, HARD COPY OR FAX)</p>	
Fax:	<input type="checkbox"/>
Post:	<input type="checkbox"/>
E-mail:	<input type="checkbox"/>
SMS:	<input type="checkbox"/>

PHYSICAL ADDRESS	POSTAL ADDRESS
.....
.....

TELEPHONE NO:	
CELL NO:	
E-MAIL ADDRESS:	
FAX NO:	
WEB-PAGE ADDRESS:	

PLEASE TICK RELEVANT BOXES)

CONTACT TYPE	CONTACT PERSON	
	DIRECTOR	

FULL NAME:	
JOB TITLE:	
DATE OF BIRTH:	
ID NUMBER:	

<p>COMMODITY CATEGORIES – DELIVERABLES (PLEASE TICK RELEVANT BOXES) ONLY 3 PER VENDOR</p>
--

√	NO:	DESCRIPTION	√	NO:	DESCRIPTION
	1	AGRICULTURAL SUPPLIERS		27	GROCERIES
	2	AIR PURIFYING EQUIPMENT		28	HIRE
	3	ALARM AND SECURITY SYSTEM		29	KITCHEN AND FOOD APPLIANCES
	4	BEVERAGES		30	LABOUR SAVING DEVICES AND ACCESSORIES
	5	BOLTS & NUTS		31	LIBRARY SERVICES
	6	BUILDING MATERIAL		32	MEDICAL
	7	CHEMICALS		33	NUTRITIONAL CARE
	8	CLEANING EQUIPMENT AND SUPPLIERS		34	MEDICAL EQUIPMENT
	9	CLOTHING		35	PAINT, SEALER, ADHESIVE AND ACCESSORIES
	10	COMMUNICATION EQUIPMENT AND ACCESSORIES		36	PHOTOGRAPHIC EQUIPMENT
	11	COMPUTER EQUIPMENT AND SOFTWARE		37	REFRIGERATION, AIR CONDITIONING, AIR CIRCULATING
	12	CONTAINERS AND PACKAGING SUPPLIERS		38	ROAD AND STORMWATER
	13	ELECTRIC AND ELECTRONIC COMPONENTS (INCL. TRANSFORMERS)		39	SCAFFOLDING AND LADDERS
	14	ELECTRICAL CONSUMABLES		40	SIGNS AND ACCESSORIES
	15	ELECTRICAL INSULATION AND WIRES AND BRUSHES (INCL. ELECTRICAL CABLE)		41	SOUND RECORDING AND REPRODUCING EQUIPMENT
	16	ELECTRICAL SWITCHGEAR		42	STATIONERY
	17	MINI SUBSTATION		43	STEEL: BAR, WIRE, MESH
	18	FIBRE OPTIC		44	TAR PRODUCTS
	19	FILTERS		45	TOILETRIES
	20	FIRE, RESCUE AND SAFETY EQUIPMENT		46	TOOLS, HAND AND MACHINE (ALL)
	21	FIREARMS, AMMUNITION AND ACCESSORIES		47	TRAFFIC
	22	FUEL AND LUBRICANTS		48	VALVES
	23	FURNITURE		49	WASTE DISPOSAL
	24	GARDENING EQUIPMENT AND ACCESSORIES		50	WATER AND SEWER
	25	GENERAL HARDWARE		51	WATER PURIFICATION
	26	GIFTS		52	OTHER (PLEASE SPECIFY)

OTHER:

COMMODITY CATEGORIES – SERVICES (PLEASE TICK RELEVANT BOXES)					
√	NO:	DESCRIPTION	√	NO:	DESCRIPTION
	1	AGRICULTURAL SUPPORT SERVICES		13	LOGISTICAL SERVICES
	2	CLEANING SERVICES		14	REPROGRAPHIC SERVICES
	3	COMMUNICATION & INFORMATION / KNOWLEDGE MANAGEMENT SUPPORT SERVICES		15	SOCIAL SERVICES
	4	FINANCIAL SERVICES		16	SHE: SAFETY (SECURITY), HEALTH & ENVIRONMENT SERVICES
	5	GENERAL SERVICES		17	SIGNAGE & ENGRAVING SERVICES
	6	HUMAN RESOURCES MANAGEMENT SUPPORT & SERVICES		18	TELECOMMUNICATION SERVICES
	7	INFORMATION TECHNOLOGY SERVICES		19	TRAINING OF STAFF & COMMUNITY TRAINING SERVICES
	8	INSTALLATIONS, MAINTENANCE & REPAIR SERVICES		20	TRANSPORT, RE-LOCATION & FREIGHT SERVICES
	9	INTERIOR DECORATION AND HOUSEHOLD SERVICES		21	VALUATION SERVICES
	10	LAND DEVELOPMENT PLANNING SERVICES		22	VEHICLE MAINTENANCE & SERVICES
	11	LAND REFORM, RESTITUTION, REDISTRIBUTION & LAND TENURE PROGRAMME SERVICES		23	PROFESSIONAL CONSULTANCY SERVICES
	12	LEGAL SERVICES		24	OTHER (PLEASE SPECIFY)

Other: _____

(Banking)

--	--

BANK NAME:	
BRANCH CODE:	
ACCOUNT OWNER:	
ACCOUNT TYPE:	
ACCOUNT NUMBER:	

PAYMENT METHOD	CHEQ	
	ELECTRONIC	

**DATE STAMP OF BANK
CERTIFIED AS CORRECT**

CONFIRMATION OF BANK DETAILS BY BANK OFFICIAL:

Initials and Surname (Bank officials): _____

Telephone number (Bank official): (_____) _____

Signature (Bank official): _____

SIGNATURE AUTHORITY

*Signature _____ duly authorized to sign on behalf of

_____ (Name of organization) address

Telephone no. (_____) _____

Date _____

DATE

SIGNATURE

PLEASE NOTE THAT ALL FIELDS ARE MANDATORY AND ALL FIELDS NOT

MANDATORY MUST BE CLEARLY MARKED NOT APPLICABLE (N/A)

KINDLY ENSURE THAT THE FOLLOWING DOCUMENTS (WHERE APPLICABLE) ARE ATTACHED TO YOUR APPLICATION FORM			
CATEGORY	YES	NO	N/A
CERTIFIED COMPANY REGISTRATION DOCUMENTS			
CERTIFIED PROOF OF OWNERSHIP/SHAREHOLDER CERTIFICATE			
ORIGINAL TAX CLEARANCE CERTIFICATE			
CERTIFIED COPY OF BBBEE CERTIFICATE			
PROOF OF BANK DETAILS			
CERTIFIED DISABILITY DOCUMENTS			
CERTIFIED PROFESSIONAL BODY CERTIFICATE			
MUNICIPAL ACCOUNT			

FOR OFFICE USE ONLY – MSUKALIGWA LOCAL MUNICIPALITY	
CAPTURED BY	
DATE OF CAPTURE	
SIGNATURE	

COMPLETE THE FOLLOWING FOR THE SHAREHOLDERS WHO ARE ACTIVELY INVOLVED IN THE MANAGEMENT AND DAILY BUSINESS OPERATION OF THE BUSINESS.

OWNER NAME AND SURNAME	ID NO.	CAPACITY D/P/M/R/O	% O/S

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

Multiple copies of this page may be submitted if required

CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/We the undersigned is/are duly authorised to do so on behalf of the firm certify that:

1. The information supplied is correct.
2. All copies of relevant information are attached.

SIGNATURE OF AUTHORISED PERSON

DATE

PERSONAL INFORMATION IN BLOCK LETTERS

NAME:	
SURNAME:	
TELEPHONE:	
CAPACITY:	
ON BEHALF OF: (SUPPLIERS NAME)	

Signed and sworn to before me at _____ on this the _____ day of by the Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, 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 OATH

Signature: _____

Date: _____

COMMISSIONER STAMP

MBD 4

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state', or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a/ person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 full Name of bidder or his or her representative:

2.2 Identity Number:

2.3 Position occupied in the Company (director, trustee, shareholder², member):
.....

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:
.....

2.5 Tax Reference Number:

2.6 VAT Registration Number:

2.6.1 The names of all directors/trustee/shareholders/members, their individual identity numbers, tax reference number and, if applicable, employee/PERSAL numbers must be indicated in paragraph 3 below.

"State" means-

- a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- b) any municipality or municipal entity;
- c) provincial legislature;
- d) national Assembly or the national Council of provinces; or
- e) Parliament.

"shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES/NO**

2.7.1 If so, furnish the following particulars:

Name of person/ director/ trustee/ shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed:

Position occupied in the state institution:

Any other particulars:

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

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES/NO**

2.7.2.1 If yes, did you attach proof of such authority to the bid Document? **YES/NO**

Note: Failure to submit proof of such authority, where Applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

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

2.8 Did you or your spouse, or any of the company's directors / trustees/ shareholders/ members of the spouses conduct business with the state in the previous twelve months? **YES/NO**

2.8.1 If so, furnish particulars:

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

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.9.1 If so, furnish particulars.

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

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder or any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

YES/NO

2.10.1 If so, furnish particulars.

.....

2.11 Do you or any of the directors/ trustees/ shareholders/ members of the company's have any interest in any other related companies whether or not they are bidding for this contract?

YES/NO

2.11.1 If so, furnish particulars.

.....

3. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Income Tax Reference Number	State Employee number / Persal Number

4. DECLARATION

I THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 AND 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS
DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

November 2011