Attached is a Supplier application form to be completed, thus enabling you/company to be registered on Sisonke District Municipality's supplier database, in respect of business classifications alluded to in Section C of the application form.

ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL

Attach an original cancelled cheque or stamped letter from the bank, verifying the banking details.
Please note that any changes to bank details in future will be subject to the same requirement.

COPIES OF THE FOLLOWING CERTIFIED DOCUMENTS MUST BE FURNISHED TOGETHER WITH YOUR APPLICATION:

- Company Registration Documents (If applicable)
- Identity documents of directors/owners/members/ shareholders
- Most recently approved Annual Financial Statements
- Value Added Tax (VAT) Registration Certificate (if applicable)
- Tax Clearance Certificate
- Compensation of Occupational Injuries and Diseases (COID) Registration Certificate
- Any other relevant registration certificate pertaining to your business
- Copy of resolutions (if applicable)
- Company Profile
- C I D B Registration

Completed Supplier Application Forms, CLEARLY MARKED "**APPLICATION FOR REGISTRATION ONTO THE SISONKE GOODS AND/OR SERVICES DATABASE**" must be placed in the Sisonke District Municipality Reception desk, at Ixopo Main Road.

SECTION A: Personal Information

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname: _____
(*If one-man concern)*

'Trading as' name of business**:** _____
(Contracts/Orders/Cheques will be issued in this name and invoices must reflect it)

Registered name of business: _____

Physical address of business:
Building / complex name: _____

Street name and number: _____

Suburb: _____City: _____

Code: _____ Municipal Area: _____

Postal address of business: *(This is the address to which an Invitation to Tender / enquiry and orders / contracts must be sent to)*

Post net address: _____

P O Box / Private Bag: _____City/Town: _____ Code: _____

Telephone numbers of business: Code: _____Number: _____

Alternative number of business: Code: _____Number: _____

Sales person fax number: Code: _____Number: _____

Alternative person fax number: Code: _____Number: _____
(Used by Sisonke District Municipality for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Is this a dedicated fax number? (y/n) _____

Business e-mail: _____

Your own business contact person/sales representative name and telephone number:

_____Tel: _____

SECTION B: Business Details

Business Registration number (if applicable) _____
(*in case of one-man concern, please furnish identity number plus copy of identity documents)*

Income Tax number of business: _____

VAT Registration number: (if applicable) _____

Name of Banking Institution: _____

Name under which account is operated_____

Banking account number: _____

Branch: _____

Branch code: _____

Please indicate (x) in the geographical areas where your business is located:			
Gauteng		Kwa-Zulu Natal	
Western Cape		Mpumalanga	
Free State		Eastern Cape	
North West		Northern Cape	
Northern Province			
Are you locally based within Sisonke District Municipality yes/no _____			

Previous name of business (if applicable)

_____

_____

List of directors / owners / partners /members: (*Attach your own list if the space provided is inadequate)*

1. Name: _____

   Position: _____

% Shareholding/Members Interest _____

   Identity Number_____

   Nationality_____

2. Name:_____

   Position: _____

% Shareholding/Members Interest _____

   Identity Number_____

   Nationality_____

3. Name: _____

   Position: _____

   %Shareholding/Members Interest _____

   Identity Number_____

   Nationality_____

SECTION C: Business Classification

1) Please indicate (x) in the business classification area applicable to your business:

An agent	
Manufacturer	
Distributor	
Consultant	
Contractor	
Service provider	

Other specify	

If there are operations performed by your business, not reflected in Section C (3) below, please complete this section [i.e. C (2)].

2) Nature of Operations:

3) Please indicate (x) nature of operation(s) applicable to your business

Vehicles			Construction			Services		
W1		Spares & parts	C1		Concrete works	S1		Advertising/communication services
W2		Auto Electrical	C2		Demolition	S2		Bookkeepers
W3		Brakes and Clutch	C3		Electrical contracts	S3		Carpet cleaning
W4		Transmissions	C4		Evacuation systems	S4		Catering/vending
W5		Panel beaters	C5		Fencing	S5		Cleaning services
W6		Tyres	C6		General building work	S6		Computer supplies/servicing
W7		Batteries	C7		Glazing	S7		Motor services/corporate
W8		Oil & Lubricants	C8		Transport	S8		Educational services
W9		Windscreens	C9		Landscaping/Earthworks	S9		Horticultural services
W10		Communicative	C10		Mechanical contracts	S10		Insurance services
W11		Engine overalls	C11		Metalwork & burglar guards	S11		Interior decorating
W12		Hydraulics	C12		Painting	S12		Laundry services
W13		Towing Services	C13		Paving	S13		Locksmith services
W14		Upholstery	C14		Plumbing	S14		Courier services
W15		Radiator repairs	C15		Pre-cast concrete manufacture	S15		Health care services
W16		Adhoc motor services	C16		Pumping installation	S16		Municipal services
			C17		Road works	S17		Personnel services
			C18		Special contracts	S18		Pest removal services
Workshop Electrical						S19		Printing/photography/graphic design
			Wholesalers/Distribution			S20		Real estate
W15		Electrical component supplies				S21		Site cleaning
W16		Electrical motor repairs	D1		Building materials	S22		Travel agencies
W17		Transformer services	D2		Cleaning supplies	S23		Security & access control
			D3		Clothing/Printing	S24		Air conditioning systems
			D4		Computers equipment& software	S25		Telemetry
			D5		Office furniture			
Mechanical			D6		Office supplies& stationery			
			D7		Fire protection equipment	**Professional services**		
W20		Pump spares	D8		Industrial Equipment	P1		Financial services
W21		Bolts & nuts	D9		Vehicles	P2		Architects
W22		Mechanical seals& packing's	D10		Workshop equipment	P3		Legal services
W23		Hardware supplies	D11		Consumables	P4		Corporate catering/refreshments
W24		Pipe& irrigation supplies	D12		Food supplies	P5		Land surveyors
W25		Lifting equipment	D13		Fuel supplies	P6		Medical practitioners
W26		Bearing supplies	D14		Plumbing material	P7		Project managers
			D15		Purifications	P8		Quantity surveyors
						P9		Town planners
						P10		Engineers
						P11		Consulting Engineers (Civil/Structural)
						P12		Consulting Engineers (Electrical)
						P13		Consulting Engineers (Mechanical)
						P14		Consulting Engineers (Multidisciplinary)
						P15		Consulting Engineers (Geotechnical)
						P16		Corporate Gifts

SECTION D: SUPPLIER PROFILE

In order for Sisonke District Municipality to establish a profile of its suppliers, please complete the following:

Commercial:

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

_____

_____

_____

Financial:

1. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? (y/n)_____If yes, please elaborate:

_____

_____

_____

Technical:

1. Is your business a permit holder under the SABS mark scheme? (y/n): _____
   If yes, indicate product(s) for which permits are held, including permit numbers:

   _____

   _____

   _____

2. Are you working to National or International Standards? (y/n)_____If yes, indicate products and to which standards:

_____

_____

Quality:

1. Does your business operate a Quality Management System covering the product/service applying for? (y/n) _____Please elaborate:

_____

_____

_____

2. Has your Quality Management System been assessed and certified by any National / Internationally recognised accredited body? (y/n)____If yes, please provide copy of certificate.

Safety:

1. Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (OHSA)? (y/n)_____

2. Are you registered with Compensation of Occupational Injuries and Diseases Act (COID)? (y/n) _____ COID registration number: _____

Environmental:

1. Do you have an Environmental Policy in place? (y/n) _____

2. Does your facility routinely work with any hazardous substances? (y/n)_____

Human Resources:

1. Briefly state your Affirmative Action (AA) policy: _____

_____

_____

_____

Facilities, plant & equipment:

1. Please give a summary of your plant and facilities: _____

_____

_____

_____

_____

_____

_____

2. Please give a summary of your equipment: _____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION E: DECLARATION

DECLARATION AFFIDAVIT FOR TARGETED ENTERPRISE STATUS

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and

2. The contents of this Affidavit are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.

3. The enterprise will be required to furnish documentary proof if requested to do so.

4. If the information supplied is found to be incorrect then the Sisonke District Municipality in addition to any remedies, it may have; may

    i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of any business, and/or

    ii Take any other action as may be deemed necessary.

Signature .....

Name... .....

I.D Number .....

Duly authorised to sign on behalf of: …….....

Address .....

.....

.....

Telephone .....

SECTION F: SWORN AFFIDAVIT

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 document, 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 Oaths .....

NOTE: Both the Deponent and the Commissioner of Oaths must initial all pages of this Application form.