

<b>SISONKE DISTRICT MUNICIPALITY</b>	<b>Supplier Application Form</b>		
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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.

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**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: \_\_\_\_\_

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**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)

\_\_\_\_\_

\_\_\_\_\_

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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 \_\_\_\_\_



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

<b>Vehicles</b>		<b>Construction</b>		<b>Services</b>	
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
<b>Workshop Electrical</b>				S19	Printing/photography/graphic design
		<b>Wholesalers/Distribution</b>		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		
<b>Mechanical</b>		D6	Office supplies& stationery		
		D7	Fire protection equipment	<b>Professional services</b>	
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

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**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:

\_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**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.**