

UMDONI MUNICIPALITY Supplier Information Form

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Attached is a Supplier Application Form to be completed, thus enabling you /your company to be registered on Umdoni Municipality's Supplier Database, in respect of business classifications alluded to in Section C of the Application Form.

ALL SUPPLIER INFORMATION WILL BE VERIFIED AND 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
- Rates account number, if residing within Umdoni boundaries
- Levy Clearance Certificate, from the applicable District Municipality
- Any other relevant Registration Certificate pertaining to your business
- Copy of resolutions (if applicable)
- Company Profile

Completed Supplier Application Forms, CLEARLY MARKED "**APPLICATION FOR REGISTRATION ONTO THE UMDONI SERVICES DATABASE**" must be placed in the Umdoni Municipality Tender Box, at the corner of Williamson and Airth Streets, Scottburgh.

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SECTION A: Personal Information

Registered name of business: _____

“Trading as” name of business:

(Contracts/Orders/Cheques will be issued in this name and invoices must reflect it)

Title (Prof. / Dr / Mr / Mrs / Ms) and Surname:

(If one-man concern)

Physical address of business:

Building, 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)*

City/Town: _____ Code: _____

Telephone numbers of business: _____

Alternative number of business: Code: _____ Number: _____

Fax number: Code: _____ Number: _____

(Used by Umdoni Municipality for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Is this a dedicated fax number?

 Y N

Business e-mail:

Preferred method of communication:

 Fax Telephone 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)

Physical Address of Head office: _____

Income Tax number of business:

Personal Income tax number: (if a one man concern)

VAT Registration number: (if applicable)

Property Rates account number:

District Levy account number:

Name of Banking Institution:

Name under which account is operated

Banking account number:

Branch:

Branch code: _____

Previous name of business (if applicable)

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SECTION C: Business Classification

- 1) Please indicate (x) the operations performed by your business, as classified below.
- 2) If there is not a classification for your business reflected below, please complete the blank section provided

Motor Trade	X	Business & Finance Services	X	Construction	X
A1 Spares & Parts		B1 Financial Services		C1 Concrete Works	
A2 Auto Electrical		B2 Architects		C2 Demolition	
A3 Brakes and Clutch		B3 Legal services		C3 Electrical Contracts	
A4 Transmissions		B5 Real Estate		C4 Evacuation Systems	
A5 Panel Beaters		B4 Land Surveyor		C5 Fencing	
A6 Tyres		B6 Medical Practitioners		C6 General Building Work	
A7 Batteries		B7 Project Managers		C7 Glazing	
A8 Oil & Lubricants		B8 Quantity Surveyors		C8 Transport	
A9 Windscreens		B9 Town Planners		C9 Landscaping/Earthworks	
A10 Corporate Vehicle Services		B10 Engineers		C10 Mechanical Contracts	
A11 Engine Overalls		B11 Consulting Engineers (Civil/Structural)		C11 Metalwork & Burglar Guards	
A12 Hydraulics		B12 Consulting Engineers (Electrical)		C12 Painting	
A13 Towing Services		B13 Consulting Engineers (Mechanical)		C13 Paving	
A14 Upholstery		B14 Consulting Engineers (Multidisciplinary)		C14 Plumbing	
A15 Radiator Repairs		B15 Consulting Engineers (Geotechnical)		C15 Pre-cast Concrete Manufacture	
A16 General Motor Services		B16 Bookkeepers		C16 Pumping installation	
A17 Vehicle retail		B17 Insurance Services		C17 Road Works	
A18 Fuel Supplies					
Wholesaler Trade, Commercial, Agents,		Electrical, Gas & Water		Catering, Accommodation & Related Trade	
D1 Building Materials		E1 Electrical Component Supplies		F1 Food supplies	
D2 Cleaning Supplies		E2 Electrical motor Repairs		F2 Office Furniture	
D3 Clothing/Printing		E3 Transformer Services		F3 Carpet Cleaning	
D4 Office Supplies & Stationery		E4 Pump Spares		F4 Catering/vending	
D5 Industrial Equipment		E5 Bolts & Nuts		F5 Cleaning Services	
D6 Workshop Equipment		E6 Mechanical Seals & Packing		F6 Interior Decorating	
D7 Fire Protection Equipment		E7 Pipe & Irrigation Supplies		F7 Laundry Services	
D8 Locksmith Services		E8 Lifting Equipment			
D9 Printing/Photography/Graphic Design		E9 Bearing Supplies			
D10 Air conditioning Systems		E10 Plumbing Material			
		E11 Purifications			
		E12 Telemetry			

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Transport, Storage & Communication Services		Community, Social & Personal Services		
G1 Advertising /Communication Services		H1 Educational Services		
G2 Courier Services		H2 Horticultural Services		
G3 Travel Agencies		H3 Health care Services		
G4 Computer Supplies/ Servicing		H4 Municipal Services		
G5 Computers Equipment & Software		H5 Pest removal Services		
G6 Personnel Services		H6 Site / Verge Cleaning		
		H6 Security & Access Control		

Business not classified.

Sector	Service	Comments

SECTION D

SMME Information

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, 4 and 5.

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	COLUMN 1		COLUMN 2		COLUMN 3		COLUMN 4		COLUMN 5
	Sector or sub-sectors In accordance with the Standard Industrial Council		Size of class		Total full time equivalent of paid employees		T o t a l a n n u a l turnover		Total gross asset value(fixed property excluded)
1	Agriculture		Medium		100		R5m		
			Small		50				
			Very Small		10				
			Micro		5				
2	Mining & Quarrying		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
3	Manufacturing		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
4	Electricity, Gas & Water		Medium		200				
			Small		50				
			Very small		20				
			Micro		5				
5	Construction		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
6	Motor Trade, retail and Repair service		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
7	Wholesale trade, Commercial Agents and Allied Services		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
8	Catering, Accommodation and other trade		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
9	Transport, Storage & Communications		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
10	Finance & Business services		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				
11	Community, Social & Personal Services		Medium		200				
			Small		50				
			Very Small		20				
			Micro		5				

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SECTION E: SUPPLIER PROFILE

In order for Umdoni Municipality to establish a Profile of its Suppliers, please complete the following:

Commercial:

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

Company	Contact person	Contact number

Financial:

Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt? (Y/N)_____ If yes, please elaborate:

Technical:

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:

Are you working to National or International Standards? (Y/N)_____ If yes, indicate products and to which standards:

Quality:

Does your business operate a Quality Management System covering the product/service applying for? (Y/N) _____ Please elaborate:

Safety:

Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act (OHSA)? (Y/N)_____

Commissioner of Occupational Injuries and Diseases Act (COID)
Registration number: _____

Environmental:

Do you have an Environmental Policy in place? (Y/N) _____

Does your facility routinely work with any hazardous substances? (Y/N)_____

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Human Resources:
Employment Equity Status:

	Male				Female				Total All
	Black	Indian	Coloured	White	Black	Indian	Coloured	White	
Employment Equity plan									
Employment Equity achieved									

Facilities, Plant & Equipment, Etc:

Please indicate the value of the following, based on the latest financial statements:

Total Assets at Book Value	
Number of Vehicles	
Stock on Hand	
Quantity of Goods Produced Annually	
Total Current Assets	
Total Current Liabilities	

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**SECTION F: 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 Umdoni 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 theday ofby 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.