



# RENEWAL FORMS SUPPLIERS DATABASE UBUHLEBEZWE MUNICIPALITY

THESE FORMS MUST BE COMPLETED AND SUBMITTED TO:

SUPPLY CHAIN MANAGEMENT UNIT  
UBUHLEBEZWE MUNICIPALITY  
29 MARGARET STREET  
IXOPO  
3276

OR POSTED TO:

P O BOX 132  
IXOPO  
3276

ENQUIRIES:

SUPPLY CHAIN MANAGEMENT UNIT  
TEL: 039-834-7700  
FAX: 039-834-2978  
039 834 1168

FOR OFFICIAL PURPOSES ONLY

NAME OF SUPPLIER : .....

REGISTRATION NUMBER : .....

CAPTURED BY : ..... DATE .....

APPROVED BY: ..... DATE .....

APRIL 2017

## INTRODUCTION AND GUIDELINES

Applicants must complete pages 1 to 11, where applicable. Failure by an applicant to provide **ALL** relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "**N/A**" in the appropriate space. If the space provided is left blank, it will be regarded as information that is outstanding and you **WILL NOT** be registered.

Applicants are advised that only **ORIGINAL** DATABASE REGISTRATION FORMS or PHOTOSTAT copies thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.

It is imperative that only supporting documents with an **ORIGINAL** signature be submitted.

All signatures to the document must be commissioned by an authorized Commissioner of Oaths. **Failure** to do so will result in the applicant **not qualifying** for registration.

A supplier registered on the Suppliers Database **MUST** notify the Supply Chain Management – Suppliers Registration Office of any changes to information provided in the initial DATABASE REGISTRATION FORMS, as captured onto the Suppliers Database. **Failure** to do so may result in such a supplier being **removed** from the Suppliers Database and/or the **cancellation of contracts** awarded to the supplier, on the basis of misrepresentation.

Suppliers providing information **incorrectly or fraudulently** in their forms will be **disqualified** from tendering and **removed** from the Suppliers Database, in addition to any other action the Municipality may institute against such a supplier. Further, in the event of the Municipality being prejudiced financially, it reserves the right to **take legal** action against the supplier.

Any **alterations** made by the supplier to its own information inserted on this document, must be **initialed** by the supplier. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business/supplier.

Reminder letters will be issued by Ubuhebezwe Municipality to suppliers to update their information. It remains the responsibility of the supplier to ensure that their information is updated in the Suppliers Database, therefore if a reminder letter is not received, the supplier must follow up with the Municipality.

### REQUIREMENTS FOR REGISTRATION ON THE DATABASE

• TAX CLEARANCE CERTIFICATE AND SARS LETTER WITH A PIN TO VERIFY COMPLIANCE STATUS	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		
• CERTIFIED COPY OF B-BBEE CERTIFICATE OR A SWORN AFFIDAVIT	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		
• PROFESSIONAL AFFILIATIONS (WHERE APPLICABLE)	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		
• BANK STATEMENT OR CONFIRMATION LETTER (NOT OLDER THAN 60 DAYS)	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		
• COMPLETED UBULEBEZWE MUNICIPALITY DATABASE FORMS SIGNED BY THE COMMISSIONER OF OATHS.	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		
• <b>CERTIFIED COPY OF RECENT MUNICIPAL ACCOUNTS OR LETTER FROM LANDLORD STATING THAT RENT IS UP TO DATE AND WHETHER THE RENT INCLUDES MUNICIPAL SERVICES OR NOT.</b>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		
• <b>AN AFFIDAVIT STATING WHETHER THE DIRECTORS/SHAREHOLDERS ARE IN THE SERVICE OF THE STATE.</b>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		
• <b>PROOF OF REGISTRATION ON CENTRAL SUPPLIERS DATABASE</b>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	YES	NO
YES	NO		

**APPLICATION FOR REGISTRATION ON UBUHLEBEZWE MUNICIPAL SUPPLIERS DATABASE**

**(The following information must be filled in by the applicant. Failure to submit ALL the required information may lead to non-registration of the applicant business)**

**A. BUSINESS PARTICULARS:**

1.1 Name of Business as registered with the Registrar of Companies/Close Corporations

\_\_\_\_\_

1.2 Name of business used for TRADING purposes, if different from 1.1 or name of business if business is not registered with the Registrar

\_\_\_\_\_

1.3 Registration Number as registered with the Registrar of companies/close corporations (if applicable) : \_\_\_\_\_

1.4 Postal address : \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Physical address : \_\_\_\_\_

\_\_\_\_\_

Ward number and ward area (If under Ubuhlebezwe Municipality) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone no. : (\_\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_\_) \_\_\_\_\_

Cell. no. : \_\_\_\_\_

E-mail address (if available): \_\_\_\_\_

Preferred Language:                      IsiZulu  English  Afrikaans

1.5 Contact person : \_\_\_\_\_

1.6 Physical location of Head Office (if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.7 Unemployment Insurance Fund no. (if applicable) : \_\_\_\_\_

1.8 Compensation Commissioner Registration no. (if applicable): \_\_\_\_\_

1.9 Income Tax Reference Number : \_\_\_\_\_

**N.B. \*Insert personal income tax no. if a one person business (Sole Proprietor) and Personal Income Tax Numbers of all partners in a partnership. If insufficient space, kindly attach information with original signature.**

1.10 P.A.Y.E. Number (if applicable) \_\_\_\_\_

**N.B. COPIES OF REGISTRATION CERTIFICATES FOR 1.7 AND 1.8 MUST BE SUPPLIED  
( If you cannot provide these certificates, kindly attach explanation)**

**B. BANKING DETAILS**

2.1 Name of banking institution : \_\_\_\_\_

2.2 Branch Name : \_\_\_\_\_

2.3 Town/City : \_\_\_\_\_

2.4 Banking account number : \_\_\_\_\_

2.5 Bank Branch Code : \_\_\_\_\_

2.6 Account Holder (Name under which account is operated):

\_\_\_\_\_



**C. DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES**

- 1 It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 2 The bid of any bidder may be rejected if that bidder, or any of its directors have:
  - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
  - b. been convicted for fraud or corruption during the past five years;
  - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
  - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
- 3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	<p>Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury's website(<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) and can be accessed by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	<p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p>The Register for Tender Defaulters can be accessed on the National Treasury's website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	<p>Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
Item	Question	Yes	No

4.4	<p>Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?</p> <p>Please attached recent certified copy of municipal account or letter from landlord</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.4.1	If so, furnish particulars:		
4.5	<p>Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.7.1	If so, furnish particulars:		

#### D. DECLARATION OF INTEREST

1. No application form will be accepted from persons in the service of the state<sup>1</sup>.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an application in terms of this invitation. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.
3. In order to give effect to the above, the following questionnaire must be completed and submitted with the application form.

3.1 Full Name of bidder or his or her representative:.....

3.2 Identity Number: .....

3.3 Position occupied in the Company (director, trustee, hareholder<sup>2</sup>):.....

3.4 Company Registration Number: .....

3.5 Tax Reference Number:.....

3.6 VAT Registration Number: .....

3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state? YES / NO

3.8.1 If yes, furnish particulars. ....

.....

<sup>1</sup>MSCM Regulations: "in the service of the state" means to be –

(a) a member of –

(i) any municipal council;

- (ii) any provincial legislature; or
- (iii) the national Assembly or the national Council of provinces;

- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) an employee of 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);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

<sup>2</sup> Shareholder” means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.9 Have you been in the service of the state for the past twelve months? ..... YES / NO

3.9.1 If yes, furnish particulars.....  
 .....

3.10 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid? ..... YES / NO

3.10.1 If yes, furnish particulars.  
 .....  
 .....

3.11 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? ..... YES / NO

3.11.1 If yes, furnish particulars  
 .....  
 .....

3.12 Are any of the company’s directors, trustees, managers, principle shareholders or stakeholders in service of the state? ..... YES / NO

3.12.1 If yes, furnish particulars.  
 .....  
 .....

3.13 Are any spouse, child or parent of the company’s directors trustees, managers, principle shareholders or stakeholders in service of the state? ..... YES / NO

3.13.1 If yes, furnish particulars.  
 .....  
 .....

3.14 Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract. ..... YES / NO

3.14.1 If yes, furnish particulars:  
 .....  
 .....



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

Full Name	Identity Number	State Employee Number

**CERTIFICATION**

I, THE UNDERSIGNED (NAME) .....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Supplier

**E. VERIFICATION OF INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR**

**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 ANNEXURE/S WITH ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT :**

- A. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
- B. If the information supplied is found to be incorrect then the Municipality may, in addition to any remedies it may have:
  - i Disqualify the supplier/contractor for a particular tender/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
  - ii Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the Municipality as a result of breach of the contract;

- iii. Cancel the contract and claim any damages which the Municipality may suffer by having to make less favorable arrangements after such cancellation: and/or;
- iv. De-register the suppliers registered on the Supplier Database

SIGNED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ AT \_\_\_\_\_

\_\_\_\_\_  
BEFORE THE COMMISSIONER OF OATHS

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
NAME IN BLOCK LETTERS

SUPPLIER'S NAME: \_\_\_\_\_

Signed and affirmed to, before me at, \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_, by the deponent who has acknowledged that  
he/she knows and understands, the contents of this document, and he/she has acknowledged that  
he/she has no objection to affirming, that he/she regards the affirmation to be binding on his/her  
conscience.

\_\_\_\_\_  
COMMISSIONER OF OATHS

FULL NAME:

BUSINESS ADDRESS :

CAPACITY : \_\_\_\_\_

AREA : \_\_\_\_\_

**OFFICIAL DATE STAMP**