Blouberg Munic	<i>ipality</i> P.O. Box 1593 SENWABARWANA 0790 Tel: No.: 015 505 7100 Fax: No.: 015 505 0568 / 0296 E-mail: <u>info@blouberg.co.za</u>
DATAE	ASE REGISTRATION FORM 2013/2014
A. Name of Company:	
B. Postal address:	
_	Code:
C. Physical address:	
D. Telephone/Cell no:	
E. Fax number:	
F. Contact person:	
G. Tax reference:	
H. Registration no:	
I. Vat registration no:	
J. BBBEE status:	
K. Location of company:	
L. Duration:	(How long have you been serving the municipality?)

NO	DESCRIPTION OF COMMODITY/BUSINESS ACTIVITY	Please tick relevant group	
1	Consultants(Engineers)		
2	Photographic, Audio, Visual Equipment		
3	Printing & Stationery		
4	Cleaning Equipment, Cleaning material, Chemicals		
5	Electrical Contractors (Registered with CIDB)		
6	Building Construction, Contractors (Registered with CIDB)		
7	Catering		
8	Event Management, Tent and Chairs hire		
9	Hiring of Sound System		
10	Electrical System, Electrical material, Components		
11	Administrative services		
12	Office furniture, Computer & Office Equipments		
13	Transport Service, Travel Agents & Private Vehicles		
14	Water services & Equipments		
15	Hardware materials, Tools		
16	Accommodation & Conferences		
17	Editorial, Design, Graphic, Fine art service		
18	Telecommunication, Information Technology		
19	Protective clothing, Accessories & Prints		
20	Publishers, Media, News Agents, Advertising agency		
21	Sports facilities, Recreational Equipments		
22	Accountants		
23	Tax Consultants		
24	Air Conditioning and Equipment		
25	Legal services, Policy Development and Review		
26	General Machinery		
27	Jewellery, Gemstone Products		
28	Registered Architectural Specialist		
29	Registered Quantity Surveyor		
30	Security Service(Registered with SIRA)		
31	Training & Skills Development		
32	Service industry, Repairs & Maintenance		
33	Occupational Health Services		

- 1. TYPE OF FIRM(e.g CLOSE CORPORATION):
- 2. REGITRATION NUMBER WITH PROFESSIONAL BODY: _____

3. COMMODITY GROUPS

- 3.1 PLEASE SPECIFY YOUR COMMODITY/BUSINESS ACTIVITY IF IT DOES NOT APPEAR ON THE ABOVE TABLE OF BUSINESS ACTIVITIES:
- 4. NUMBER OF CURRENT AND PREVIOUS APPOINTMENT WITH BLOUBERG MUNICIPALITY AND FEES EARNED UNDER THERE:

5. TOTAL NUMBER OF PARTNERS PROPRIETORS AND SHAREHOLDERS OF YOUR COMPANY:

✤ LIST ALL PARTNER AND SHAREHOLDERS WHO ARE PDI BY NAME IDENTITY NUMBER CITIZENSHIP AND OWNER AS RELEVANT.

Name	Position	ID Number	Citizens hip	Date of ownership	% Owne rship

PDI – Previously Disadvantages Individuals

PDI are those South Africa citizens who had no franchise in the national Election prior to the Constitution of South Africa citizen who had no Franchise in the nation election prior to the Constitution of South Africa, 1983 (Act 110 of 1988 or the Constitution of the Republic of South Africa 1996 Act 108 of 1996)

6. MANAGEMENT STRUCTURE OF FIRM

Level 1: Board of Directors

Name	Position occupied	ID Number	Citizen ship	Date of ownership	% Owne rship

Name	Position Occupied	ID Number	Citizen ship	PDI Status (YES/NO)	% Voting

Level 2: Top management (may also include executive directors)

Level 3: Middle Management

	orei o. mildale mailage				
Name	Position	ID Number	Citizen ship	PDI Status (YES/NO)	Length of Servic e

7. LIST ALL OWNER SHAREHOLDES IN YOUR FIRM

Name	Position	ID Number	Citizen ship	PDI Status (YES/NO)	Length of Servic e

8. HOW MANY PERMANENT STAFF ARE EMPLOYED BY YOUR FIRM:

8.1. ATTACH THE FOLLOWING DOCUMENTS:

- > Original Tax dearance certificate
- Company Registration Documents
- > Certified copy of BBBEE Certificate
- > Company Profile
- Shareholder's agreement / certificates
- Vat certificate
- > Proof of registration with any professional body
- > Current profession indemnity insurance
- > Certified ID copy of all registered members of the company
- > Receipt of administrative fees (R83.00 per commodity)

This information is provided to Blouberg Municipality in strict confident and will not be revealed to any third party. If there are any changes to information supplied on this form, please inform us as soon as possible.

DECLARATION OF INTEREST

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

	3.1 Fulln	ame:			
	3.2 Identi	ty Number:			
	3.3 Comp	bany Registrat	ion Number:		
	3.4 Tax F	Reference Nur	nber:		
	3.5 Vat R	egistration Nu	ımber:		
	3.6 Are you	u currently in t	he service of the state	Ŋ	/ES/ NO
	3.6.1	lf so, furnish p	articulars:		
		you been in th e past twelve	e service of the state months	Y	ÆS/NO
	3.7.1	lf	SO,	fumish	particulars:
*	 a) A member b) A member c) An officiar d) An empler meaning e) A member f) An empler f) An empler a.8 Are you employ 	nber of: Any n Any The er of board of al of any muni oyee of any n ng of Public F er of the acco loyee of Parlia ou or any pers oyed by the st	national / provincial public inance Management Act, 1 unting authority of any nat ament or Provincial legislat on connected with the bick ate?	nal council of provinces entity : entity or constitutiona 999 (Act No. 1 of 1999 ional or provincial publ ture der presently	al institution within the 3)
	3.8.1	If so, furnis	h particulars		

	aware of any relationship (family, friend, other) between a bidder and any person ervice of the state who may be involved with the evaluation and adjudication of this YES/ NO
3.9.1	If so, furnish particulars
	ny of the company's directors, managers, principle shareholder or stakeholders in of the state? YES/NO
3.10.1	If so, furnish particulars
	y spouse, child or parent of the company's directors, managers, principle olders in service of the state? YES/ NO
3.11.1 lf s	o, furnish particulars
CERTIFICATION	
I, the undersigned	certify that the information
furnished on this dec	aration form on theday of
that the State may ac	against me should this declaration prove to be false.
Name:	Position:
Name of bidder:	
WITNESSES:	
1. Name:	Date:
2. Name:	Date: