Blouberg Municipality



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SUPPLIER DATABASE REGISTRATION FORM FOR THE YEAR ENDING 30 JUNE 2016

(Closing date for registrations is 04 December 2015)

A. Name of Company:		
B. Postal address:		Code:
C. Physical address:		
D. Tel/Cellphone no:		
E. Fax number:		Y
F. Email Address:		
G. Contact person:		
H. Banking Details:	Y	
	Branch Name:	Branch Code
I. Registration no:		
J. Tax reference no:		
K. Vat Registration no:		
L. Tax Clearance validity		
M. BBBEE status:		BBBEE Validity:
N. Duration:	(How long ha	ve you been serving the municipality?)

ADMNISTRATION FEES: R95.00 PER COMMODITY (please tick with x)

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

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 YO
	COMPANY:

Name	Position Occupied	ID Number	Citizenship	Date of ownership	% Ownership
	Occupica	<u> </u>		OWNERSHIP	Ownership

NUMBER CITIZENSHIP AND OWNER AS RELEVANT.

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	Citizenship	Date of ownership	% Ownership

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

Position | ID Number | Citizenship | PDI Status | % Voting | (Yes/No) |

Level 3: Middle Management

Name

Name	Position Occupie	ID Number	Citizenship	PDI Status (Yes/No)	Length of Service
					>
			4	7	

7. LIST ALL OWNER SHAREHOLDES IN YOUR FIRM

Name	Position Occupied	ID Number	Citizenship	PDI Status (Yes/No)	Length of Service

0	LIOW MARIN	PERMANENT STAFF	ADE EMDI	AVED BY VALID
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FIRM:						
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8.1 ATTACH THE FOLLOWING DOCUMENTS:

- Original Tax clearance certificate
- Company Registration Documents
- Certified copy of BBBEE Certificate
- A certified letter from the Bank with Company's Banking Details
- 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 (R95.00 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

No bid will be accepted from persons in the service of the state.

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.

2.	In order to give effect to the above, the following of submitted with the bid.	questionnaire must be completed and
	2.1Full name:	
	2.2 Identity Number:	RY
	2.3 Company Registration Number:	
	2.4 Tax Reference Number:	
	2.5 Vat Registration Number:	y
	2.6 Are you currently in the service of the state	YES/ NO
	2.6.1 If so, furnish particulars:	
	2.7 Have you been in the service of the state for the past twelve months	YES/ NO
	2.7.1 If so, furnish particulars:	
*	MSCM Regulations 'in the service of the state' m a) A member of : Any municipal council	neans to be:

- - Any provincial legislature The national Assembly/ national council of provinces
 - b) A member of board of directors of any municipal entity
 - c) An official of any municipality
 - d) An employee of any national / provincial public entity or constitutional institution within the meaning of Public Finance Management Act, 1999 (Act No. 1 of 1999)
 - e) A member of the accounting authority of any national or provincial public entity
 - f) An employee of Parliament or Provincial legislature
 - 2.8 Are you or any person connected with the bidder presently employed by the state?

YES/NO

2.8.1 If so,	furnish particulars
	aware of any relationship (family, friend, other) between a bidder and any person rvice of the state who may be involved with the evaluation and adjudication of this YES/ NO
2.9.1	If so, furnish particulars
	of the company's directors, managers, principle shareholder or stakeholders in YES/NO
2.10.1	If so, furnish particulars
	spouse, child or parent of the company's directors, managers, principle, n service of the state? YES/ NO
2.11.1 If so, fu	rnish particulars
CERTIFICATION	
I, the undersigned	certify that the information
furnished on this declar	aration form on theday of2015 is correct
accept that the State	may act against me should this declaration prove to be false.
Name:	Position:
Name of bidder:	
Signature:	Date:

BANKING DETAILS	
Name of company:	
Bank name:	
Branch Name:	
Branch Code:	
Account Number:	
Bank stamp:	