

Application for Registration
NQUTHU MUNICIPALITY SUPPLIERS DATABASE



These forms must be completed and submitted to:

Nquthu Municipality
Lot 83/2 Mdlalose Street
NQUTHU
3135

OR POSTED TO:

Supply Chain Management Unit
Nquthu Municipality
Private Bag X5521
NQUTHU
3135

ENQUIRIES:

Finance Department: SCM Unit
Telephone: 034 – 271 6125
Fax: 034 – 271 6111

FOR OFFICIAL PURPOSES ONLY

NAME OF SERVICE PROVIDER:.....
DATABASE NUMBER:
RECEIVED ON:
CAPTURED ON:



NQUTHU MUNICIPALITY SUPPLIERS DATABASE

(The following information must be filled in by the applicant. Failure to submit information may invalidate the registration)

1. BUSINESS DETAILS

- 1.1 Title Initials Surname *(if registered in your name)*
- 1.2 Registered Name of Business
- 1.3 Business Trading Name.....
- 1.4 Postal address.....
- 1.5 Physical address.....
- Telephone no:..... Fax no:.....
- Cell no:..... E-mail
- 1.6 Contact person: (**Print name**).....

2. TYPE OF BUSINESS

2.1 Tick which ever block that is applicable to your business or firm:

Partnership	<input type="checkbox"/>	Private Company	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Close Corporation	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Public Company	<input type="checkbox"/>		<input type="checkbox"/>

2.2 PRINCIPAL BUSINESS ACTIVITY:

(List 3 primary activities & 3 secondary business activities)

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NB. CERTIFIED COPIES OF REGISTRATION CERTIFICATES MUST BE SUPPLIED



BUSINESS REGISTRATION DETAILS

- 3.1 Business/Company Registration No.....
(ID No. if business is registered in your name)
- 3.2 Income Tax Reference No.....
- 3.3 Vat Registration No.....
- 3.4 Municipal Account/Levy No.....
- 3.5 UIF Registration No.....
- 3.6 Banking Institution Name.....
- 3.7 Branch Name..... Branch Code.....
- 3.8 Account No..... Acc Type.....
- 3.9 Name under which account is operated.....
- 3.10 No. of years in business..... Annual Turnover.....
- 3.11 Details of Directors/Owners/Partners/Members (attach copies of ID book)

MANAGEMENT

Name & Surname	Gender	Capacity	Race	Educational Qualifications

**NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED
I.E. A COPY OR ORIGINAL BANK STATEMENT NOT OLDER THAN 30 DAYS.**



4. STATUS OF SHAREHOLDERS/PARTNERS/SENIOR MANAGEMENT

4.1

Name & Surname	HDI (Yes / No)	Disabled (Yes/No)	% Shareholding	Female (Yes/No)	% Time Devoted

4.2 Indicate whether:
 Local to Municipality : Yes/No
 Local to District: Yes/No
 Local to Province: Yes/No
 National: Yes/No

4.3 BEE Indicator Yes/No

4.4. SMME Indicator Yes/No

5. EMPLOYMENT INFORMATION

- 5.1 No. of Full Time staff members:
- 5.1.1 Historically Disadvantaged males:
- 5.1.2 Historically Disadvantaged females:
- 5.1.3 Disabled males:
- 5.1.4 Disabled females:
- 5.1.5 Other males:
- 5.1.6 Other females:
- 5.1.7 No. of Part Time staff members:
- 5.1.8 B-BBEE Level:

6. SUPPLIER PROFILE

6.1 References of previous clients (Give 3 referees)

Business Name	Contact Person	Tel No.
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.....
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6.2 Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt: Yes/No
If yes, give details:

6.3 Technical (Only if applicable)

6.3.1 SABS Permit No. and National/International standards permit:

6.4 Quality

6.4.1 Product Quality Management System and National/International certification (with copies of certificates): Yes/No

6.5 Safety

6.5.1 Does your business have an Occupational Health and Safety Policy complying with the Occupational Health Safety Act: Yes/No

6.5.2 Are you registered with the Compensation for Occupational Injuries and Diseases Act (COID): Yes/No COID Registration No.:

6.6 Environmental (if applicable)

6.6.1 Does your facility routinely work with hazardous substances? Yes/No

6.7 Facilities, Plant and Equipment (if applicable)

6.7.1 Summary of your plant and facilities:

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6.7.2 Summary of your equipment:

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6.8

6.9 Contract Experience

6.9.1 Have you or your business supplied any goods or provide any services to the Municipality during the past 5 years? Yes/No

If yes, give details:

Type of Goods/Service

Value

Type of Goods/Service	Value
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.....
.....



6.9.2 Provide details of any other relevant goods or service you or your business may have provided to State Departments or other Municipalities over the past 5 years:

Type of Goods/Service	Department/Municipality	Value
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6.9.3 CIDB (Construction Industry Development Board) Stage No.:

6.9.4 Membership of professional bodies

7. DISCLOSURE OF INTERESTS

7.2 Indicate whether your spouse, child, parent, brother or sister or principal shareholder of your enterprise is /are or has/have been in the service of the State, the Municipality or another Municipality in the previous 12 months: Yes/No

If yes, provide full details including names, relationship and capacity:

Name	Department/Municipality	Relationship	Capacity
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8. DECLARATION

Signed on thisday ofatbefore the Commissioner of Oaths.

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SIGNATURE

.....
NAME

Signed and sworn to, before me at on thisday ofby the deponent who has acknowledged that he/she has no objections taking the prescribed oath, that he/she regards the prescribed oath to be binding on his/her conscience.

.....
COMMISSIONER OF OATHS

FULL NAME:

CAPACITY:

AREA:



FOR OFFICE USE ONLY

INFORMATION CHECK LIST

Please tick if these documents are received:

Document Description	Yes	No
Certified company registration documents (including CK1 & CK2)		
Certified Identity documents of directors, owners, partners, members or shareholders		
Certified proof of shareholding documents (shareholder certificates or share allocation documents for CC members) if claiming HDI points		
Valid original tax clearance certificate		
Proof of banking documents/cancelled cheque		
Certified copy of B-BBEE Certificate		
Certified partnership agreements/Joint Ventures		
Certified Certificate of Incorporation if Public Co.(CM3)		
Certified Trust Agreement, trustee details and letter of authority in case of business trust		
Certified Certificate of Incorporation (Section 21 Company)		
VAT Registration certificate		
COID Registration certificate		
Any other relevant registration certificates pertaining to your business e.g. NHBRC, SAACE, CIDB, etc		

