



EMERGING SUPPLIERS AND CONTRACTORS DATABASE REGISTRATION

For Office Use

Supplier/Vendor Name:	Supplier Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Supplier/Vendor Number:	Approved By:
Captured By:	Designation:
Date Captured:	Date of Approval:
Reviewed By:	
Date Reviewed:	

SECTION 1- COMPANY DETAILS

1.1. COMPANY NAME/ NAME OF COOPERATIVE:

1.2. COMPANY REG. NO: _____
Registration no as registered with the Registrar of Companies/Close Corporations

(Please attach certified copy of registration documents)

1.3. TRADING NAME: _____

Trading name if different from above

1.4. Type of business:

(Please tick appropriate box)

- Close Corporation
- Private Company (Pty) Ltd
- Public Company
- Partnership
- Sole Trade/Proprietor
- Cooperative
- Other

If other is selected, please provide details:

1.5. Central Supplier Database Number: _____
(Please attach Proof)

1.6. Tax Clearance Number or Unique SARS Pin: _____
(Please attach Proof)

1.7. Vat Number: _____
(If Applicable)

1.8. PAYE Number: _____
(If Applicable)

Municipal Fees

ILEMBE DISTRICT MUNICIPALITY - SMME'S DATABASE REGISTRATION FORM

Please furnish the information below for verification purposes. It must be noted that in terms of the Municipality's Supply Chain Management Policy, the Municipality is not allowed to do Business with any Service Provider whose Municipal Fees are not in order. If your Municipal Fees are not fully paid up, please attach proof that arrangements have been concluded with the Municipality to pay the said Fees. It must be further noted that the Municipality reserves the right to deduct any monies due or which may become due to the Services or Goods Provider in lieu of Municipal Fees owing. **Please note that this information also relates to fees owed to other local municipalities in the district.**

Account Description	Account Number
Rates	
Electricity	
Water	
Proof of Address or Letter from Ward Councillor	
Other:	

LOCATION OF THE BUSINESS *(Pleas Tick the appropriate box)

- KwaDukuza
- Mandeni
- Maphumulo
- Ndwedwe
- Other _____

3.3 PHYSICAL ADDRESS:

3.7 POSTAL ADDRESS:

3.12 PHYSICAL LOCATION OF HEAD OFFICE (If applicable):

3.13 WEB ADDRESS:

3.14 PREFERRED METHOD OF COMMUNICATION:

EMAIL FAX PHONE
(Please tick appropriate box)

3.15 CONTACT PERSON DETAILS *

TITLE: _____

NAMES: _____

LAST NAME: _____

CONTACT TEL NO: _____ **(CELL)** _____

(H) _____ **(W)** _____

FAX No: _____

E-mail Address: _____

3.17 BANKING DETAILS *

NAME OF BANKING INSTITUTION: _____

BRANCH NAME: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT* (Please tick the appropriate box)

CURRENT ACCOUNT

SAVINGS ACCOUNT

TRANSMISSION ACCOUNT

CHEQUE ACCOUNT

OTHER (PLEASE SPECIFY) _____

(Attach proof of banking details cancelled cheque or letter from the bank)

3.18 SUPPLIER CLASSIFICATION * (Please tick the appropriate box)

Supplier classification

Micro

Very Small

Small

- Medium
- Other (specify) _____

3.16 BUSINESS DETAILS *

Business Type *(Please tick appropriately)*

- Supplier
- Main Contractor
- Sub-contractor
- Labour-only Contractor
- Consultant
- Manufacturer
- Professional Services

Business Classification

Service Providers are required to provide hereunder a short summary of their **CORE** field/s of expertise (**Maximum 3**). Please note that the field/s of expertise detailed below must be justified by the information submitted below and supported by the relevant certification if applicable. (Attach a copy of your Company's Profile if necessary).

1.	
2.	
3.	

SECTION 4:

DECLARATION: CONFLICT OF INTEREST *

Other Business interests

Does the business/shareholders/members/directors have ownership in other entities?

Yes No

If yes please furnish the following information

Name(s) of Co/CC

Percentage Ownership

Supplier additional information

Has your Business undergone a formal B-BBEE Level of Accreditation? Yes No

If yes, please attach the certification of accreditation issued by the accreditation agency

B-BBEE Status Level of Contributor:

Are you or any of the other owners of your company currently employed by the state?

Yes No:

If yes furnish the following details:

Surname

Full Names

Identity Number

(Attach a separate sheet if necessary)

Affidavit: Verification of Information Supplied

ILEMBE DISTRICT MUNICIPALITY - SMME'S DATABASE REGISTRATION FORM

Signatory

Signature

Signed and sworn to before me at

.....

On this the day of..... 20.....,by the Deponent,

who has acknowledge that she/he 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 prescribe oath, and that the prescribed oath shall be binding on his/her conscience.

Full Name

.....

Capacity.....

Commissioner of Oaths.....

NOTE : All pages of this Affidavit must be initialed by both the Deponent and the Commissioner of Oaths

Commissioner of Oaths

Stamp

ANNEXURE "A"

Required document checklist

Please ensure that all documentation listed below is attached (where applicable) to the registration form.

Document Name	Attached
Duly completed suppliers database form	<input type="checkbox"/>
B – BBEE Status Level Verification Certificate	<input type="checkbox"/>
Company Registration Documents	<input type="checkbox"/>
Certified copies of Identity Documents of directors/owners/members/shareholders	<input type="checkbox"/>
Banking Details and attach the recent bank statement	<input type="checkbox"/>
Tax Clearance Certificate or SARS Unique Pin	<input type="checkbox"/>
Latest statements or bills on municipal services charges (electricity, water and sanitation, rates etc).	<input type="checkbox"/>
Compensation of Occupational Injuries and Diseases (COID) Registration Certificates <i>(if applicable)</i>	
All relevant registration certificate pertaining to your business, incl. but not limited to <i>(if applicable)</i>	
<ul style="list-style-type: none"> • NHBRC Registration Certificate <input type="checkbox"/> • CIDB Registration Certificate <input type="checkbox"/> • SETA Registration <input type="checkbox"/> • SAQA pertaining to business sector <input type="checkbox"/> • Trade test certificates <input type="checkbox"/> • SOB Registration <input type="checkbox"/> • Membership certificates for professional services <input type="checkbox"/> 	