Umsobomvu Municipality: Supplier Database

- POINTS TO REMEMBER -

COMPLETING THE UMSOBOMVU MUNICIPALITY SUPPLIER DATABASE REGISTRATION FORM

- Mandatory fields Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as "Mandatory Field", have been completed, and if a field is not applicable to your business type clearly mark it as N/A.
- Required documentation Please refer to the *attached table* (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached.
- Completion of Questions Clearly state Yes, No or N/A to questions asked. Do not leave any Mandatory fields blank.
- Certified Documents Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Proof of Shareholding Certificates and Tax Clearance Certificate. The stamp of certification should be on the front of the document if it is faxed to Umsobomvu Municipality
- Copies of Documents Please keep copies of the registration form and all supporting documentation submitted, for your own records and to ensure that all data is maintained and up to date on a continual basis.
- Owners, Shareholders, Partners & Top Management Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.
- Holding Companies & Trusts Please contact the Umsobomvu Municipality Supply Chain Unit on Tel 051 7530777 should your business be owned by a holding company or a trust.
- Certification of Correctness Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.
- Collection points Completed registration forms and supporting documentation can either be delivered or emailed to one of the addresses on the registration form or faxed to the numbers provided on the first page of the registration form. Please contact the Supply Chain Unit for additional collection points in outlying areas.
- Processing of registration Your completed registration will be processed, and, once verified, will be approved
 and you will be issued with a Supplier Database Registration Code to be used in all future communication with all
 of the above role players. This letter of verification will be dispatched to the correspondence details supplied on
 the third page.
- **Business Opportunities** Please note that registration on the Umsobomvu Municipality Supplier Database does not guarantee business opportunities.
- Amendments Please notify the Umsobomvu Municipality Supply Chain Unit immediately of any changes to the verified information submitted.
- Queries Should you have any queries or if you require assistance completing the registration form, please contact <u>Umsobomvu Municipality Supply Chain Unit on (T) 051-7530777.</u>

					BUSINESS TYP) E			
DOCUMENTS REQUIRED	Sole Proprietor	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organizations (NPO)	Where to get documents	Address	Telephone
Company Registration CERTIFIED COPIES	N/A	Certificate of incorporation CK1 / CK2	Partnership agreement	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies	Zanza Building, 116 Proes Street, Pretoria	012-310 8789
Proof of Ownership CERTIFIED COPIES	N/A	Shareholding CK1 / CK2	Partnership agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of Close Corporations & Companies	Zanza Building, 116 Proes Street, Pretoria	012-310 8789
Proof of Banking	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Branch of bank where account is held		
Income Tax	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)	SARS Office Port Elizabeth	0860 12 12 18
Tax Clearance Certificate	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)	SARS Office Port Elizabeth	0860 12 12 18
P.A.Y.E	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Receiver of Revenue (SARS)	SARS Office Port Elizabeth	0860 1212 18
VAT Registration	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receiver of Revenue (SARS)	SARS Office	0860 1 2 12 18
U.I.F Certificate	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour	Dept of Labour De Aar	053-631 0952
Workman's Compensation	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour	Dept of Labour De Aar	053-6310952
Security Officer's Board	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry			
Proof of Disability	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled			

	Business owned by Holding Company											
EG: Shareholding at ABC Company (Pty) Ltd	MR P. MSIYA 55%	THANDISIZWE CONSTRUCTION (PTY) LTD 50 %	MRS. NKWAKWA 45 %	MR S KHAPHELA 20 %	MRS PRINSLOO 35 %							
Type of Shareholding	Direct owner	Holding company	Shareholder of Holding Company	Shareholder of Holding Company	Shareholder of Holding Company							
Involvement in ABC Company	Actively involved in daily management and operations of ABC Company	Holding company	Actively involved in daily management and operations of ABC Company	Not actively involved in daily management and operations of ABC Company	Actively involved in daily management and operations of ABC Company							
Proof of Shareholding Required	Shareholding certificate required	Shareholding certificate required	Shareholding certificate required IF he/she is actively involved in daily management of ABC Company	NO shareholding certificate required IF he/she is not actively involved in daily management of ABC Company	Shareholding certificate required IF he/she is actively involved in daily management of ABC Company							

Umsobomvu Municipality Supplier Database

These forms must be completed and submitted to the following address:

Umsobomvu Municipality, 21 A Church Street, Private Bag X6, COLESBERG, 9795

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED

FOR OFFICIAL PURPOSES ONLY

Name of Business											
Trading Name											
Registration No.											

UIF Certificate
Workman's Compensation Certificate
Security Officer's Board Registration
Vat Registration Number
P.A.Y.E.
Company Registration Document (Certified)
Proof of Ownership / Shareholder certificate (Certified)
Tax Clearance Certificate (Certified)
Proof of Banking Document
Disability Documents
Income Tax Registration number

Please tick in box													
Υ	N	NA											

Please Note: Proof of documents for all of the above are required to ensure successful registration on the Supplier Database. In the event of a document not being required please tick the N/A box.

1.	COMPANY REGISTRATION DOCUM NB. DOCUMENTARY PROOF MUST		IDED WHERE APPLI	CABLE (Please m	ark N/A	if not a	applica	able.)					
1.1 CC	OMPANY TYPE (NB Documentary Pro	oof of regi	stration must be pro	vided) (MAND	ATOR	RY D	o c u	MEN	ITS) * *			
PUB	LIC COMPANY LTD		CERTIFIED COPY	OF CERT	TFICATE	OF INC	CORPO	RATIO	ON (C	M 3)				
PRIV	ATE COMPANY (PTY) LTD		CERTIFIED COPY	OF CERT	TFICATE	OF IN	ICORP	ORAT	ION (СМ 3	3)			
CLOS	SE CORPORATION CC		CERTIFIED COPY	OF CK 1	DOCUME	ENT OR	CK 2 I	F APF	PLICA	BLE				
SOLE	PROPRIETOR		COPY OF REGIST	RATION	DOCUME	ENT								
PART	INERSHIP		COPY OF REGIONAL AGREEMENT	AL COUN	ICIL REG	SISTRA	TION D	OCUI	MENT	and	PAR	TNE	ERS	HIP
BUSI	NESS TRUST		COPY OF REGIONAL COPY OF REGISTE				ATION	DOCU	JMEN ⁻	T and	d CE	RTII	FIE)
ОТНЕ	ER		COPY OF REGIONAL COPY OF REGISTE				ATION	DOCL	JMEN ⁻	T and	d CE	RTII	FIE)
Comp	oany, CK or Regional Council Number	•												
Not a	pplicable to all companies, please specit	y if N/A		<u> </u>	•							Υ	N	NΑ
Have	you attached your Company Registratio	n documer	nt?											
1.2	PROOF OF SHAREHOLDING DOCU	MENTS	(MANDATORY	DOCU	MENT	S)**								
CERT	TIFIED COPIES of Shareholders certification	ates or CK	members share alloca	ation doc	uments m	nust be	supplie	d			г			
	pplicable to all companies, please specif	-									-	Υ	N	NΑ
	you attached proof of shareholders doci													
1.3	PROOF OF BANKING DOCUMENTS	-	DATORY DOC	UMEN	ΓS)**						Γ	V	N	NΑ
	nt bank statement or copy of cancelled or you attached proof of banking documen	•									-	•	.,	NA
1.4	VAT REGISTRATION NO (MANDA		F APPLICABLE)	**							L			
	Registration No.		. All Eloabel											
	qualify for VAT exemption, please attac	h a VAT ex	remntion document											
	pplicable to all companies, please specif		comption document								Ī	Υ	N	NΑ
	you attached proof of your VAT registra	-									-			
1.5	P.A.Y.E DOCUMENT (MANDATO		PPLICABLE)**								L			
_	E. Document	,												
Not a	pplicable to all companies, please specif	v if N/Δ						l			l	Υ	N	NΑ
	you attached proof of your P.A.Y.E docu	-									-			
1.6	UNEMPLOYMENT INSURANCE FUN		IENTS (MANDAT	ORY, I	F APPL	ICABI	LE)**				L			
Unem	ployment Insurance fund No.													
	pplicable to all companies, please specif	y if N/A			l l		I	1 1	<u> </u>		-	Υ	N	NA
1.7	WORKMAN'S COMPENSATION FUN	ID DOCUM	MENTS (MANDAT	ORY IF	- APPI	IC A R I	F)**				L			
	man's Compensation fund No.				71 1	1								
	pplicable to all companies, please specif	ν if NI/Λ									l	Υ	N	NA
	you attached your Workman's Compens	-	ıment?								-			
1.8	SECURITY OFFICERS BOARD REG			RY. IF	APPLIC	CABLE	Ξ)**				L			
	rity officers board registration No.		(<u> </u>							
	pplicable to all companies, please specif	y if N/A										Υ	N	NΑ
Have	you attached your Security Officers Boa	rd Registra	ation document?											
1.9	DISABILITY DOCUMENTS (MAND	ATORY,	IF APPLICABLE	:)**							F			
	pplicable to all companies, please specif	-										Y	N	NA
	you attached your proof of disability doc													
1.10	INCOME TAX REGISTRATION (M	ANDAT	DKY DOCUME!	NTS)**							Γ	V	N	NΑ
Have	you attached your proof of income tax re	egistration	document?								-		14	117
1.11	TAX CLEARANCE CERTIFICATE (N	•		ENTS)	* *						L	1		
	TIFIED copy of a valid Tax Clearance (,							ſ	Υ	N	NΑ

Have you attached your tax clearance document?

2. 2.1		SINES ne of				JLAR	RS (MΑ	N D	ATC	RY	FI	EL	DS)	**												
2.1	IVali	ile Oi	Du	SIIIC	33																						
211		Busir	2000	Tro	dina	, Nor	ma (NA A B	ID V	TOD'	/ E16	-	* *														
2.1.1		busii	ies	sira	amç	ıvar	ne (IVIAI	IDA	IOR	TFIE	LU)										1		1			
							<u> </u>																				
2.1.2		Head		ice (MAN	IDA	IOR	Y FIL	LD)	* *	ı			1		ı	ı	ı		ı	1	ı	ı	1			
Pos	taı a	ddres	SS																								
				City	,																	Cc	de				
				-																		00	ı				
					vinc																						
2.1.3		Head	Off	ice (MAN	IDAT	ror'	Y FIE	ELD)	* *																	
	/sica																										
add	Iress																										
				0:4	l																	0					
				City																		C	ode				
					vinc																						
2.1.4	H	Head	Off	ice 1	Tele p	ohon	e No	o. (M	AND	ATO	RY	FIEL	D) *	*													
2.1.5	-	Head	Off	ice F	ax I	No. (MAN	IDA1	ORY	/ FIE	LDI	F AF	PLI	CAB	LE) [,]	* *	l	<u> </u>		<u> </u>		l	l	l			
	Ī	1000	0		<u>u</u> , .				<u> </u>			- /			,												
2.1.6		E-ma	:I A	ddro	00 /	N/I A B	IDAT	COD.	V EIE			DDI I	CAD	1 =\ :	* *												
2.1.0		E-IIIa	ΙΙΑ	uare	55 (IVIAIN	IDA	UK	I FIE	LUI	FAI	PLI	CAB	LE								1	1	1			
													L					L									
2.1.7	Г	Conta	act	Pers	on f	1		-	dend	e as	per	2.11	(M/	AND	ATO	RY F	IELD)) * *		1	1	1		1			
Title	9					Fire	st Na	me																			
Sur	name	e																									
2.1.8		Cell N	No i	MΔN	NDΔ.	TOR	l Y FII	FLD	IF Δ	PPI I	CAF	RIF)	* *			l	l					l	<u> </u>	<u> </u>			
	Ì		10.	(1017 (1	10/1	. O.K	<u></u>	<u> </u>	<u> /\</u>	<u>-</u> .		,, 															
		- 46					-41.4	-1	.:4: -	-l la		-l - f:	- 141 -		- DI				- F-				/DEI			2	
2.1.9	•	s the	; CO	mpa	ny c	urrei	ntiy	cias	sine	и бу	any	aem	iitio	n as	а ы	ack	ECOI	iom	IC EI	npov	verii	ient	(DEI	=) 66	mpa	ny r Y	N
V	/ NI =																									-	.,
Yes																_											
2.1.1	U	vvn	o n					BEE	cias	SITIC	atioi	n tor	tne	com	pany	<i>y</i> ?											
		<u> </u>	.			utior	1		_																		
				ernm					_																		
				stata d Co		nioo			-																		
			Othe		ппра	iiiics			۱.	Pleas	a en	acify															
											-	-															
2.1.1																											
Plea	se se	elect	you	r prei	terre	d me	thod	ofc	orres	spone	denc	e. A	II coi	rresp	onde	ence	will k	oe se	ent us	sing	the n	netho	od yc	ou se	lect b	pelov	٧.
		_ <u>F</u>	хріа			or ab		iatic	ns u	sea	ın tr	е то	llow	ing t	abie												
		-	Post		capa	acity		Р	-																		
			ax					F	_																		
			E-ma	ail				E	-																		
			_ ''''	<i>.</i>																					Р	F	Е
2 1	12	How	wo	uld v	ou I	ika t	o roc	oive	/^!	ır co	rroc	none	lone	o fro	m II	c2 (I	ЛΛΝ	DAT	OPV	FIE	: וחו	* *					
				uiu y	ou i	ING U	U I E	CIVE	you	11 00	1163	pone	Jenic		ill u	3: (I	NAIN	ואט	OK I	· 'L		1	1	1			
Add		ndend	jе																								
, , , ,																											
				0:4																		Cc	de				
				(:1+1	v																						
				City																			I				
					y ovinc	e																	uc				
						e																	,uc				
2.1.1	3 F	ax N	uml	Pro		е																					
2.1.1	3 F	ax N	umk	Pro		ce																					
2.1.1				Pro	ovino	e																					

BRANCHES, SALES AND ACCOUNTS DEPARTMENTS (M A N D A T O R Y FIELDS) ** 3. Sales Department (MANDATORY FIELD) * * 3.1 Contact Name Cell No **Email Address** Telephone Fax Accounts Department (MANDATORY FIELD) * * 3.2 Contact Name Cell No **Email Address** Telephone Fax **Branches** 3.3 Do you have any other branches in this region? If yes, kindly complete 3.3 below Multiple copies of this page may be submitted if required. Name / Area Physical Address Code City Province Fax Telephone Name / Area Physical Address City Code Province Fax Telephone Name / Area Physical Address City Code

Fax

Province

Telephone

4.1 CORE BUSINESS (Mark with X in applica				(IVI A	ANL	JAI	OR	YF	IEI	, ט	• •											
Prime Contractor								than ntrac		% ge	nera	ted			Labo	ur-o	nly C	Contra	actor			
Supplier			1		actur	•	C 00	iiiac	101)				-									_
Professional Services			Ec		ion,		elopr	ment	& T	raini	ng S	Servi	се									
Other,																					ple	ase
specify																					•	
40 ANNUAL AVERAG		DNG				D 4	T	D.V			- \ + +											
4.2 ANNUAL AVERAC				-																		
ndicate annual average t	urnove	er ex	cludi	ng V	alue	Adde	ed la	ax du	iring	the p	oast 1	three	yea	rs:								
R																						
5. FINANCIAL DETA	ILS (B	BANK	(ING	i) (МΑ	N D	Δ Τ (O R Y	' FI	EL	D)*	*										
Banking institution name				, <u>,</u>							-, 											
Branch																						
Town / City																						
Banking account numbe	r																					
Account Type																						
Account holders name																						
NB. DOCUMENTARY P	ROOF	OF	BAN	IKIN	G IN	STIT	UTIC	ON M	UST	BE	SUP	PLIE	D ((Canc	elled	l Ch	egue	e / Ba	ink S	State	men	t)
													-				-					-
6. PREVIOUS BUSINE	SS IN	FOR	MAT	TION																		
																					Υ	N
6.1 Did your business e	exist ur	nder	a pr	eviou	ıs na	me?																
6.2 If yes, what name d	lid it tra	ade ı	ınde	r?																		
6.3 Previous business r	registra	ation	num	ber?	>																	
6.4 Who were the owne	rs. par	tners	s and	d dire	ectors	s?																
First Name	, ,																					
Surname																						
Identification Number																						
							l		l			l	l		l	l			l	l		
First Name																						
Surname																						
Identification Number																						
First Name																						
Surname																						
Identification Number																						
identification Number																					<u>j</u>	
First Name																						
Surname																						
Identification Number																						
				1	1				I			I	I		I	I			I	I		
First Name																						
Surname																						
Identification Number	1	I	1	Ì	1	I	l	l	I	l	l	I	l	1	l	l	I	l	I	l	1	, !

7. BUSINESS INFORMATION (MANDATORY FIELD)* *

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE	Total annual turnover TICK WHERE APPLICABLE	Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE
Agricultura	MORE THAN 100	MORE THAN R 4.00m	MORE THAN R 4.00m
Agriculture	LESS THAN 100	LESS THAN R 4.00m	LESS THAN R 4.00m
Mining and Quarrying	MORE THAN 200	MORE THAN R 30.00m	MORE THAN R 18.00m
Mining and Quarrying	LESS THAN 200	LESS THAN R 30.00m	LESS THAN R 18.00m
Manufacturing	MORE THAN 200	MORE THAN R 40.00m	MORE THAN R 15.00m
Manufacturing	LESS THAN 200	LESS THAN R 40.00m	LESS THAN R 15.00m
Floatricity Coo and Water	MORE THAN 200	MORE THAN R 40.00m	MORE THAN R 15.00m
Electricity, Gas and Water	LESS THAN 200	LESS THAN R 40.00m	LESS THAN R 15.00m
Construction	MORE THAN 200	MORE THAN R 20.00m	MORE THAN R 4.00m
Construction	LESS THAN 200	LESS THAN R 20.00m	LESS THAN R 4.00M
Datail Mater Trade and Danair Coming	MORE THAN 100	MORE THAN R 30.00m	MORE THAN R 5.00m
Retail, Motor Trade and Repair Services	LESS THAN 100	LESS THAN R 30.00m	LESS THAN R 5.00m
Wholesale Trade, Commercial Agents &	MORE THAN 100	MORE THAN R 50.00m	MORE THAN R 8.00m
Allied Services	LESS THAN 100	LESS THAN R 50.00m	LESS THAN R 8.00m
Catarina a casarana dation 9 athau Trada	MORE THAN 100	MORE THAN R 10.00m	MORE THAN R 2.00m
Catering, accommodation & other Trade	LESS THAN 100	LESS THAN R 10.00m	LESS THAN R 2.00m
Transport Starses and Communications	MORE THAN 100	MORE THAN R 20.00m	MORE THAN R 5.00M
Transport, Storage and Communications	LESS THAN 100	LESS THAN R 20.00m	LESS THAN R 5.00m
Finance and Business Consises	MORE THAN 100	MORE THAN R 20.00m	MORE THAN R 4.00m
Finance and Business Services	LESS THAN 100	LESS THAN R 20.00m	LESS THAN R 4.00m
Community Conin & Description	MORE THAN 100	MORE THAN R 10.00m	MORE THAN R 5.00m
Community, Social & Personal Services	LESS THAN 100	LESS THAN R 10.00m	LESS THAN R 5.00m

8. OWNERS, SHAREHOLDERS, PARTNERS AND TOP MANAGEMENT

Capacity	
Director	D
Partner	Р
Member	M
Proprietor	R
Other	0

Race Group	
Black	В
White	W
Coloured	O
Indian	I
Other	0

Explanation of abbreviations used in the following tables:

8.1 List all persons who are shareholders/owners as well as top management in the business (MANDATORY FIELD) **

Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied.

NB If a trust / holding company has ownership in the business,

NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED Multiple copies of this page may be submitted if required.

		•	•				•															
First Name																						
Surname																						
Identification Number																						
Percentage Share																						%
																		D	Р	M	R	0
Capacity																						
Gender																					М	F
																		В	W	С	ı	0
Race Group																						
Disabled (a permanent im	nairn	nont	of a	nhvo	ical	intall	octu	al ar	cond	corv	funct	ion r	ocult	ina i	roc	tricto	d or	lack	of		Υ	N
ability to perform in a man											iuiici		CSuit	ıı ıy ıı	1163	liicie	u oi	iack	Oi			
						414			_												Υ	N
Were you a South African	citiz	en or	n or b	pefor	e the	26 ["]	of A	pril 1	1994	?												
Are you getively involved i	n the				t 000	المماا		ninna		oroti	000	of the	, hua	inaa	-2						Υ	N
Are you actively involved i	in the	mai	nage	men	t and	i dali	y bus	sines	s op	erau	ons	oi trie	bus	mes	5 ?							
First Name																						
Surname																						
Identification Number																						
Percentage Share																						%
•																		D	Р	М	R	0
Capacity																						
•																					М	F
Gender																		В	w	С	ı	0
Race Group																		В	VV	C		U
rado Croup																					Υ	N
Disabled (a permanent im ability to perform in a man											funct	tion r	esult	ing ir	n res	tricte	d or	lack	of			
ability to perform in a man	illei c	201151	uere	u no	IIIIai	101 a	Hull	iaii L	eirig))											Υ	N
Were you a South African	citiz	en or	n or b	oefor	e the	26 th	of A	pril 1	1994	?												
																					Υ	N
Are you actively involved i	in the	e mai	nage	men	t and	l dail	y bus	sines	s op	erati	ons (of the	bus	ines	s?							
																						_

8.2 PARTICULARS OF EMPLOYEES (MANDATORY FIELD)* *

State the total number of permanent and temporary staff employed.

BLACK COLOURED INDIAN WHITE OTHER DISABLED

MALE											
Permanent	Temporary										

FEMALE							
Permanent	Temporary						

9.	BEE INITIATIVES (Mark	with	X) ((M A	N D	ΑT	O R	ΥF	IEL	DS) * *											
9.1	Does the company have an employment equity programme? Yes / No?										Y	N											
9.2	How many permanent employees are at management level or can be classified as professional?																						
9.3	How many of the permanent staff that are management or are professional are previously disadvantaged?																						
9.4 How many people of the board and senior management are previously disadvantaged?																							
9.5 Have you formed alliances with BEE entities through partnering, joint ventures or other similar initiatives? Yes / No									Υ	N													
Are the above alliances with? Listed Companies Private Companies Closed Corporations Partnerships Individuals																							
10.	PREVIOUS CONTR	RACT	OR	TEN	IDER	RING	EXP	ERI	ENC	E (N	lark ı	with)	()									Υ	N
Do yo	ou have any previous	con	tract	work	c or t	ende	ring	ехре	erien	ce?												-	
	s, please complete other businesses r										ts a	ward	ed t	о уо	u (th	ne te	nder	er) (or pr	evio	us e	xperi	ience
Empl	oyer/Department																						
Conta	act Person																						
Conta	act Number																						
Estim	nated Contract Value	in R	ands			1							R										
Year	Awarded											Yea	ar Co	ompl	eted	/ Stil	l in F	rogr	ess				
Proof	f documents attached	d?																				Υ	N
Empl	oyer/Department																						
Conta	act Person																						
Conta	act Number																						
Estim	nated Contract Value	in R	ands	i		_							R										
Year	Awarded											Yea	ar Co	ompl	eted	/ Stil	l in F	rogr	ess				
Proof	f documents attached	d?																				Υ	N
11.	PROCUREMENT (I	Mark	with	V 1																			
11.1	Does your compar			-	nalis	ed p	rocu	ırem	ent	polic	y to	sup	oort	BEE	(Bla	ack E	Econ	omi	c Em	pow	/erm	ent)?	?
																						Υ	N
Yes /	No? How much was sp	ont c	.n nı	ırabı		for	onor	ati a i	aal n	urna		in th	0 n	o 4 1	2 ma	n4h	. 2						
	nated value in Rands		nı pu	ii Ciia	ases	101	oper	atioi	iai p	urpc)562	iii ui	R P	151 1	2 1110	HILLIS	s r						
	and an income												[1]		
11.3 How much was spent on capital expenditure in the past 12 months?																							
Estin	nated value in Rands	;											R										
11.4	1.4 How much was spent with BEE (Black Economic Empowerment) companies in the past 12 months?																						
	nated value in Rands			_	,	_						٠,٠	R										

12.	RDP, Social Responsibility and Social Upliftment		
12.1	Does your company have a formal RDP, Social Responsibility or Social Upliftment policy or programme	?	
		Υ	N
Yes	/ No?		
12.2	Do you contribute financially to charities, non-profit organizations and causes in support of disadvant privileged communities?	taged	or under-
\/	/NI=0	Υ	N
Yes	/ No?		
13.	DEVELOPMENT		
13.1	Does your company have formalized development, training, skills transfer and Upliftment policies or pro-	actice Y	s in place?
Yes	/ No?		
13.2 (Mai	What type of policies or practices do you have in place? rk with X)		
For	malised development policies and procedures		
For	malised training		
For	malised skills transfer policies and procedures	-	
Upli	iftment policies		
13.3	Does your company support any external education, development and accelerated learning programs?	Υ	N
Yes	/ No?		
13.4	What type of support do you provide?		
(Mai	rk with X)		
Exte	ernal education for previously disadvantaged individuals		
Dev	elopment programs for previously disadvantaged individuals		
Acc	elerated learning programs for previously disadvantaged individuals		
Exte	ernal education for previously disadvantaged communities		
Dev	elopment programs for previously disadvantaged communities		
Acc	elerated learning programs for previously disadvantaged communities		
14.	OTHER INITIATIVES		
14.1	Does your company have any other internal or external initiatives that qualify as social investment of initiatives?	or phi	lanthropic
Yes	/ No?	Υ	N
14.2	Are these initiatives related to: -		
•	rk with X)	Г	
	rironmental issues	-	
Hea		-	
	ne prevention	-	
Oth	er		1

If other, please specify: __

- 15. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT (MANDATORY)**

 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 SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT: -
 - 1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
 - 2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have:
 - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
 - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or
 - iii. Impose a penalty on the contractor as provided for in the relevant organisation's regulations.

SIGNED AT	ON	THIS	 	DAY	OF		200
(SIGNATURI	E)				IN HIS /h	IER CAPACITY	AS
ON NAME)	BE	HALF	OF		THE		(SUPPLIER'S

16.	CLASSIFICATION FOR UMSOBOMVU	MUNICIPALITY SUPPLIER	DATABASE (MANDATORY	′) **
-----	-------------------------------------	------------------------------	---------------------	--------------

IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

To assist us in the classification process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specializations.

COMPANY:		
REGISTRAT	TION NO:	
(for office u	se only)	
TEL NO:		
FAX NO: _		
0		
	siness is	
Kay warda:		
ney words:		
Specialization	ons:	