

**\*\*MANDATORY\*\* LISTING CRITERIA**

CENTRAL SUPPLIER DATABASE REGISTRATION NUMBER (CSD): \_\_\_\_\_

1	Company name					
2	Contact details	Telephone Number	Fax Number:	Cell phone number:		
	Email address	_____				
	Contact person:	_____				
3	Postal Address:					
4	VAT registered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If registered, VAT Registration No:		
5	Settlement discount allowed	_____ %	For payment within	_____ days		
6	Bank account details	Account No.:		Branch No.:		
	Bank Name	_____				
	Branch Name	_____				
	Bank account type	_____				
7	Business Municipal Rates and Service Account Number: ** A current (30 days) account, or Lease Agreement in the case of a Landlord responsible for account, <b>must be</b> attached to this document **			_____		
8	Located in Sol Plaatje Municipal Area		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
9	% owned by black male: _____ %		% owned by black female: _____ %			
	% owned by black youth: _____ %		% owned by white female: _____ %			
	% owned by disabled persons: _____ %					
10	B-BBEE status level of contribution:					
11	Indicate main sector. Please select one (1) only: Agriculture <input type="checkbox"/> ; Mining and Quarrying <input type="checkbox"/> ; Manufacturing <input type="checkbox"/> ; Electricity, Gas, Water <input type="checkbox"/> ; Construction <input type="checkbox"/> ; Retail & Motor Trade & Repairs <input type="checkbox"/> ; Wholesale Trade, Commercial Agents and Allied Services <input type="checkbox"/> ; Catering & Accommodation & other Trade <input type="checkbox"/> ; Transport, Storage & Communications <input type="checkbox"/> ; Finance and Business Services <input type="checkbox"/> ; Community, Social and Personal Services <input type="checkbox"/>					
12	Amount full time employed staff: _____	Annual Turnover: R _____		Asset Value (Excluding fixed property) R _____		
	13 It is the responsibility of the Supplier/Bidder to inform Sol Plaatje Municipality of any changes during the contract period					
	NAME (PRINT) _____		SIGNATURE: _____			
	CAPACITY: _____					
	WITNESS (NAME): _____		SIGNATURE: _____			
	DATE: _____					