

****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, must be 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: _____			