



**APPLICATION FOR REGISTRATION AS A
SUPPLIER OF GENERAL GOODS AND SERVICES
ONTO THE SOL PLAATJE MUNICIPALITY
SUPPLIERS REGISTER**

Name of Company: _____

Applicant Name: _____

Contact Person: _____

Contact Person Tel. No: _____

For office use only

Received on: DD ____ MM ____ YY ____

Received by (print full name)

Signature: _____ Journal Number: _____

Creditor Code: _____



Terms of Reference for Registration onto Sol Plaatje Municipality (SPM) Suppliers Register

1) TERMS OF REFERENCE

1.1) Sol Plaatje Municipality (SPM) Suppliers Registration Policy

The SPM has implemented a Supplier Register to ensure that they have sufficient appropriately qualified suppliers to provide the Municipality with goods and services as and when required.

1.2) Supplier(s) Registration onto the Suppliers Register

Suppliers that wish to register onto the Suppliers Register should complete the following:

- The Application Form- Application for Registration as a Supplier of General Goods and Services onto the Suppliers Register)
- Annexure 1 - (List of Towns)
- Annexure 2 - (Commodity Categories)
- Annexure 3 - (Declaration of Interest- MBD 4)
- Returnable Documents (Refer to 10.7 of Application form)
- **Suppliers must complete a separate application form for each branch if the Company has more than one branch office.**

NB- Please use a black pen. Please print so that all information is legible. Forms which are not readable or incomplete will be rejected

1.2.1) What does it mean to be registered on the Supplier Register?

Suppliers that have been registered onto the Suppliers Register may have the opportunity to bid or quote on the Municipality's acquisition requirements. Registration onto the Suppliers Register does **not guarantee** business opportunities as all acquisition will be subject to the Supply Chain Management (SCM) policy of SPM.

1.2.2) Registration Period onto the Suppliers Register

Registration of suppliers onto the Suppliers Register will be valid for a period of 2 years from date of acceptance onto suppliers register. SPM will issue an instruction on the re-application for the registration process. The Municipality reserves the right to accept or reject any application.

1.3) Maintenance of the Suppliers Register

The Sol Plaatje Municipality will update suppliers' information on an ongoing basis. Suppliers that have registered onto the Suppliers Register should ensure that they furnish the Municipality with any change to the status of the information initially provided, as and when the information changes. **It is the supplier's responsibility to ensure that the information reflected on the Suppliers Register is correct and up to date at all times. Suppliers must ensure that they furnish the Municipality with any updates to or change of information pertaining to banking details as and when the change occurs.**

1.4) Supplier Performance Monitoring

Suppliers that have registered onto the Suppliers Register will be continuously monitored for their performance on work awarded to them by SPM. This continuous monitoring process will form the basis to evaluate Supplier performance which will have an impact on future work opportunities with the Municipality.

1.5) Confidentiality

All information provided by suppliers for registration purposes will remain confidential and will only be of use by SPM unless otherwise required by law.

1.6) Where to obtain Application forms

1.6.1) Availability of Application Forms

Application Forms can be downloaded from SPM website (<http://www.solplaatje.org.za>). Application forms can also be collected at Sol Plaatje Municipality.

No faxed or e-mailed applications will be accepted. Only original and signed copies of application will be accepted. Suppliers may not alter the Application Form in any way.



1.6.2) Application form submissions

The applications forms for registration onto the Suppliers Register will be processed at SPM. Suppliers should therefore ensure that they submit their Application Forms to the address below:

Postal Address	Hand Delivery
Helpdesk Local Economic Development Unit Private Bag X5030 Kimberley 8300 <i>(Note: Post application form by Registered Mail)</i>	Helpdesk Local Economic Development Unit Civic Center, Information Center Jan Smuts Boulevard Kimberley 8300

Note: Please keep copies of the Application form and all supporting documentation submitted as no copies will be made by the council.

1.6.3) Support at SPM

Any queries regarding registration can be directed to:

Helpdesk: (053) 830-6491/2/3

E-mail address: Helpdesk.procurement@spm.org.za

1.7) Criteria for Registration

Suppliers that do not meet the responsive criteria may not qualify to be registered onto the Supplier Register until full registration requirements are met.

The Responsive Criteria for suppliers to be registered onto the Supplier Register is stated below:

Responsive Criteria for Suppliers for General Goods and Services:

- Supplier should have a valid Physical Business Address
- Supplier should have a valid Postal Address
- Supplier should have a valid Telephone/Cellular Number
- Supplier should have a valid Fax Number (Optional)
- Supplier should submit a Business Profile together with the Application Form for Consulting and Professional Services
- Supplier should provide the Sol Plaatje Municipality with valid Banking details
 - Personal banking details will not be acceptable except in the case where the supplier is a Sole Trader
- Supplier should submit an Original valid Tax Clearance Certificate
 - No Supplier will be registered if such Supplier is not in "good standing" in so far as his/her tax and service charge obligations (water & electricity accounts) to the municipality are concerned, as per Act 56 of 2003 (MFMA).
 - All potential suppliers that wish to register on the municipality database must be registered with CIPRO (www.Cipro.co.za).

2) IMPORTANT GUIDELINES

2.1) General

Ensure that all applicable sections in the Application Form are completed as incomplete Application Forms will not be processed for registration onto the Supplier Register.

Verification of information provided by suppliers may be checked against third party sources such as SARS, CIPRO (etc)

Default Receiver of Contracts: The contact person that will receive notifications from the Sol Plaatje Municipality

Default Receiver of Bids: The contact person indicated will receive notification of Bids via e-mail or sms (please select the preferred option)



2.2) Important fields to complete

2.2.1) Contact Person

Please indicate one (1) individual that the Sol Plaatje Municipality should contact pertaining to Bids and/or Contracts.

2.2.2) Type of Company

Please ensure the appropriate documentary proof pertaining to your type of Company is attached and submitted together with the Application Form.

Please view below for the required documentary proof:

- I. **Partnership:** Certified copy of Partnership Agreement
- II. **Sole Proprietor:** Certified copy of valid South African Identity Document
- III. **Public Company registered in terms of the SA Companies Act:** Certified copy of Certificate of Incorporation of companies (CM1)
- IV. **Close Corporation registered in terms of the Closed Corporation Act:** Certified copy of Founding Statement CK1 or amended Founding Statement (CK2) for CC's
- V. **Private Company registered in terms of the SA Companies Act:** Certified copy of Certificate of Incorporation of companies (CM1)
- VI. **Trust:** Certified copy of Trust deed or other founding document
- VII. **Other:** Please provide appropriate documentary proof

2.2.3) Shareholder/Owner Information

Please complete all information for every shareholder/Owner listed on the form who has equity ownership in the Company. Please ensure that Total percentage of ownership amount to 100%.

Should the space provided in this section not be enough for the required information, please ensure that you make a copy of this section, complete it and submit it together with the Application Form.

2.2.4) Preference Point Information

Preference points must be claimed under Preferential Procurement Policy Framework Act, No 5 of 2000

HDI	Historically Disadvantaged Individual (HDI) means a South African citizen - <ul style="list-style-type: none"> i) who, due to the apartheid policy that had been in place, had no franchise in national elections, prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) ('the Interim Constitution"); and/or ii) who is a female; and/or iii) who has a disability: Provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an HDI.
Disability	In respect of a person, a permanent impairment of a physical, intellectual, or sensory function which results in restricted, or lack of, ability to perform an activity in the manner, or within the range, considered normal for a human being;
% Owned	The shareholding percentage owned as declared in the Company's registration documents
% Voting	The voting percentage of individuals in the Company
Date of Ownership	The Date of Ownership in the Company

Ensure that a Medical Certificate is attached and submitted together with the Application Form for all individuals claiming disability.

No Preference points will be awarded to public companies and tertiary institutions.



2.2.5) Commodity Categories

Suppliers should not tick (√) items or services which they cannot provide.

2.2.6) Declaration of Interest- MBD 4

Ensure that this document (Annexure 3) is submitted together with the Application Form.

2.2.7) Details of person(s) authorized to act on behalf of the Company

This section requires that suppliers provide details pertaining to the individual that the Company authorized to submit and sign the application form on their behalf.

Should the Company authorize more than one individual to submit and sign the Application Form on their behalf, please ensure that you make a copy of this section, complete it and submit it together with the Application Form.

2.2.8) Declaration/Commissioner of Oaths

This section serves as a confirmation that the information provided is true and correct and must be signed accordingly.



1. COMPANY'S BASE DATA: (Compulsory)

1.1	Name of Company:	
1.2	Trading As:	
1.3	Holding Company Name:	
1.4	Company Registration Number:	(Insert CC number, Companies Act number, etc.)
1.5	TYPE OF COMPANY (Tick applicable box and provide documentary proof):	<input type="checkbox"/> Close corporation registered in terms of the SA Companies Act <input type="checkbox"/> Public Company registered in terms of the SA Companies Act <input type="checkbox"/> One person business / sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company registered in terms of the SA Companies Act <input type="checkbox"/> Trust <input type="checkbox"/> Other: (Specify)
1.6	Telephone Number:	
1.7	Fax Number:	
1.8	Business Physical Address:	Town: <input type="text"/>
1.9	Postal Address:	Postal Code: <input type="text"/>
1.10	Located in Sol Plaatje Municipal Area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.11	Indicate the Province where the above Company/Branch is located:	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu-Natal <input type="checkbox"/> Limpopo <input type="checkbox"/> Mpumalanga <input type="checkbox"/> North West <input type="checkbox"/> Northern Cape <input type="checkbox"/> Western Cape
1.12	Date Company Established:	
1.13	VAT Registration Number:	
1.14	Company Website Address:	
1.15	Tax Clearance Certificate Number:	<input type="text"/> Certificate Expiry Date: <input type="text"/>
	Tax Certificate Approved Date:	<input type="text"/>

2. CONTACT PERSON DETAILS: (Complete for at least two Persons – Preferably Management) (Compulsory)

		CONTACT PERSON 1	CONTACT PERSON 2
2.1	Contact Name:		
2.2	Job Title:		
2.3	Receiver of Contracts:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.4	Receiver of Bids:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.5	Telephone Number:		
2.6	Fax Number:		
2.7	Cellular Number:		
2.8	E-Mail Address:		



3. DETAIL OF ALL SHAREHOLDERS AND OWNERS: (Compulsory – APPLICABLE TO OWNERS AND SHAREHOLDERS ONLY.)

Full Name (*)	ID Number	Citizenship (**)	HDI Status (***) √			Date of Ownership	% Owned	% Voting
			Qualify as HDI by virtue of not having had any Franchise in elections prior to 1983 or 1994	Qualify as HDI by virtue of being Female	Qualify as HDI by virtue of having a Disability			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Totals:							100 %	100 %

(*) Where owners are themselves a Company, Close Corporation, Partnership etc, identify the ownership of the Holding Company, together with registration number

(**) State date of South African citizenship obtained

(***) Tick "Yes" or "No" (Refer to definitions contained in the PPPF Act, 2000 (Act 5 of 2000) and the Preferential Procurement regulations, 2001)



4. SUMMARY OF THE COMPANY'S HDI (Historically Disadvantaged Individual) STATUS (Tick applicable box and complete relevant percentage for all Shareholders, and Owners)

4.1	<input type="checkbox"/> Qualify as HDI by virtue of not having had any Franchise in elections prior to 1983 or 1994	%
4.2	<input type="checkbox"/> Qualify as HDI by virtue of being Female	%
4.3	<input type="checkbox"/> Qualify as HDI by virtue of having a Disability	%
4.4	<input type="checkbox"/> Black Youth	%
4.5	<input type="checkbox"/> Non HDI	
4.6	Is the Company listed on the JSE?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. REFERENCES (List 5 contracts/projects, which your Company has been engaged in for the last 2 years)

Contract Description	Location	Client	Client Telephone Number	Contract Amount	Completed / Expected Completion Date

6. MAIN SECTOR (Please select only ONE (1))

- Agriculture Catering & Accommodation Community, Social and Personal Services Construction Electricity, Gas, Water
 Finance and Business Services Manufacturing Mining and Quarrying Retail & Motor Trade & Repair Transport, Storage & Communications Wholesale Trade, Commercial Agents and Allied Services



7. SMME Status of Enterprise (Please tick (✓) relevant box per Sector in each column)

Sector	Full time paid employees				Annual Turnover (millions)				Total Gross Asset Value (Excl. Fixed Asset) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
	Employed	Employed	Employed	Employed	R mil	R mil	R mil	R mil	R mil	R mil	R mil	R mil
Agriculture <input type="checkbox"/>	100	50	10	5	R5m	R3m	R0.50m	R0.20m	R5m	R3m	R0.50m	R0.10m
Catering & Accommodation and other Trade <input type="checkbox"/>	200	50	20	5	R13m	R6m	R5.10m	R0.20m	R3m	R1m	R1.90m	R0.10m
Community, Social and Personal Services <input type="checkbox"/>	200	50	20	5	R13m	R6m	R1m	R0.20m	R6m	R3m	R0.60m	R0.10m
Construction <input type="checkbox"/>	200	50	20	5	R26m	R6m	R3m	R0.20m	R5m	R1m	R0.50m	R0.10m
Electricity, Gas, Water <input type="checkbox"/>	200	50	20	5	R51m	R13m	R5.10m	R0.20m	R19m	R5m	R1.90m	R0.10m
Finance and Business Services <input type="checkbox"/>	200	50	20	5	R26m	R13m	R3m	R0.20m	R5m	R3m	R0.50m	R0.10m
Manufacturing <input type="checkbox"/>	200	50	20	5	R51m	R13m	R5m	R0.20m	R19m	R5m	R2m	R0.10m
Mining and Quarrying <input type="checkbox"/>	200	50	20	5	R39m	R10m	R4m	R0.20m	R23m	R6m	R2m	R0.10m
Retail & Motor Trade & Repair Services <input type="checkbox"/>	200	50	20	5	R39m	R19m	R4m	R0.20m	R6m	R3m	R0.60m	R0.10m
Transport, Storage & Communications <input type="checkbox"/>	200	50	20	5	R26m	R13m	R3m	R0.20m	R6m	R3m	R0.60m	R0.10m
Wholesale Trade, Commercial Agents and Allied Services <input type="checkbox"/>	200	50	20	5	R64m	R32m	R6m	R0.20m	R10m	R5m	R0.60m	R0.10m



8. BANKING DETAILS (A copy of a cancelled cheque must be attached- Compulsory)

Name of Account Holder																					
Bank																					
Type of Account	<input type="checkbox"/> Current Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Transmission Account <input type="checkbox"/> Bond Account <input type="checkbox"/> Other (Please specify)																				
Branch Code	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Account Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

It is hereby confirmed that these details have been verified against the following screens: ABSA - CIF Screen FNB - Hogan's system on the CIS4 STD Bank - Lookup screen Nedbank - Banking platform under the Client Details Tab Other Banks - Client information screen <i>NB: It is the Supplier's responsibility to ensure that the details provided are correct</i>	<p>Bank stamp here</p>
	Bank Official Name: _____ Contact Details: _____

9. PROVINCES WHERE GOODS / SERVICE CAN BE PROVIDED: (Compulsory - Complete detail in Annexure1 for the "Only certain Towns" selection.)

10. COMMODITY CATEGORIES: (Compulsory - Select / Specify Commodity Categories and Commodity Sub Categories from Annexure 2)

11. DECLARATION OF INTEREST- MBD 4: (Compulsory - Complete details as per Annexure 3)



12. DETAILS OF PERSON(S) AUTHORIZED TO ACT ON BEHALF OF THE COMPANY (Mandatory)

RESOLUTION OF OWNERS/DIRECTORS/ MEMBERS/PARTNERS

RESOLUTION of a meeting of the Board of *Directors / Members / Partners/ Owners of:

_____ (Legally correct full name and registration number of the Enterprise, if applicable)

Held at _____ (Place)

On _____ (Date)

RESOLVED that:

1. The Company submits an application to the Sol Plaatje Municipality for registration on SPM's Supplier Register.

2. *Mr/Mrs/Ms: _____

in *his/her Capacity as: _____ (Position in the Enterprise)

and who will sign as follows: (insert specimen signature) _____

be, and is hereby, authorised to sign any documents and/or correspondence in connection with and relating to the Application Form as well as to sign any Contract, and any and all documentation on behalf of the Company.

	Name	Capacity	Signature
1			
2			
3			
4			
5			
6			

Note:

- * Delete which is not applicable
- NB.** This resolution must be signed by all the Directors / Members / Partners and Owners of the Bidding Enterprise
- Should the number of Directors / Members/Partners and Owners exceed the space available above, additional names and signatures must be supplied on a separate page

ENTERPRISE STAMP



13. DECLARATION:

By completing this application form, the Company declares that:

- 10.1 All the information supplied in this application is true and correct.
- 10.2 The Company will, without protest submit itself to procedures instituted by the Sol Plaatje Municipality.
- 10.3 The Company will, if requested to do so supply further information and documentary evidence for scrutiny.
- 10.4 The Company will update their registration particulars whenever a significant change in their details occurs.
- 10.5 The Company acknowledges that any false information provided can lead to disqualification from the Supplier Register and being listed on Sol Plaatje Municipality non-preferred supplier list.
- 10.6 The Company acknowledges that it can be penalized for poor performance as the Municipality deems necessary.

Is there any relationship between your organization and any Sol Plaatje Municipality employees?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify nature of relationship and name of person			
Family <input type="checkbox"/>	Friend <input type="checkbox"/>	Business Partner <input type="checkbox"/>	
Full Name:	Full Name :	Full Name :	

10.7 RETURNABLE DOCUMENTS (Certified copies are acceptable) (Compulsory)

General:	Yes	No	N/A
10.7.1 Documentary Proof of Company's Registration (Refer to 2.5.4)	▲	▲	▲
10.7.2 VAT Registration Certificate	▲	▲	▲
10.7.3 Tax Clearance Certificate (Original and valid for a minimum of 12 months)	▲	▲	▲
10.7.4 PSIRA Certificate (Applicable to suppliers in the Security Industry)	▲	▲	▲
10.7.5 Certificate of Acceptability from Municipality (Applicable to suppliers providing Food and Catering Services)	▲	▲	▲
10.7.6 Medical Certificate (For Disability Status)	▲	▲	▲
10.7.7 Accreditation Certificate (Applicable to suppliers providing computer software and hardware)	▲	▲	▲
10.7.8 Business Profile	▲	▲	▲
10.7.9 List of Towns where Goods and Services can be Supplied (Annexure 1)	▲	▲	▲
10.7.10 Commodity Categories (Annexure 2)	▲	▲	▲
10.7.11 Declaration of Interest- MBD 4 (Annexure 3)	▲	▲	▲

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Duly authorized to sign on behalf of: _____ (Name of Company)

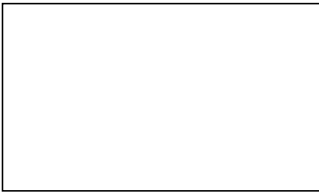
The undersigned who warrants that he / she is duly authorized to do so on behalf of the Company, confirms that the contents of the application are within my personal knowledge and are to the best of my belief both true and correct.

Signature	Full Name	Capacity	Date

14. COMMISSIONER OF OATHS:

Signed and sworn to before me at _____ (Place)
on this the _____ day of _____ by the Deponent, who has
acknowledged that he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of
his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be
binding on his/her conscience.

Commissioner of Oaths _____ Name: _____



Stamp

Signature _____

Note: All pages of this Affidavit must be initiated by both the Deponent and the Commissioner of Oaths.

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