



Fezile Dabi

District Municipality

SUPPLY CHAIN MANAGEMENT UNIT

P O Box 10
Sasolburg, 1947
• E-mail: scm@nfsdc.co.za

Enquiries: Tel: (016) 970 8600
Fax:
Website: www.feziledabi.gov.za

VENDOR APPLICATION FORM

Section 112 (f), (i), (j), (k) and (l) of the Municipal Finance Management Act, (act 56 of 2003) requires that a Municipality must have measures in place to comply with the prescribed regulatory framework for municipal supply chain management.

You are kindly requested to complete this document accurately and in full as the information contained herein are required for the following purposes:

- To enable Fezile Dabi District Municipality to compile a database of registered suppliers;*
- To support Fezile Dabi District Municipality in the implementation of a system of preferences as required by the Preferential Procurement Policy Framework Act (No 5 of 2000).*
- Failure to complete the form in full may result in the supplier not being considered for the awarding of any orders or contracts by the Fezile Dabi District Municipality.*

Should you require any assistance with regard to this form please contact XXXXXXXXX at (016) 970-8600 during office hours Monday to Friday, 07:30 - 16:00.

These forms must be completed in full and returned to:

*The Supply chain Management Unit - Finance
John Vorster Road
Sasolburg
1947*

Or posted to:

*Fezile Dabi District Municipality Attention:
Acquisitions Officer
P O Box 10
Sasolburg
1947*

Please complete the form in full in print, using black ink to ensure that all information is legible. Forms that are not readable or incomplete will be rejected.

**KINDLY KEEP COPIES OF ALL SUBMITTED FORMS AND ALL DOCUMENTS FOR YOUR RECORDS AS NO COPIES WILL BE MADE BY
FEZILE DABI DISTRICT MUNICIPALITY**

KINDLY KEEP THE FOLLOWING IN MIND WHEN COMPLETING THE VENDOR APPLICATION FORMS

- ***Mandatory Fields:*** Certain fields and documents are mandatory to certain business types only. Please ensure that all fields relevant to your business type, which is marked "Mandatory Field", have been completed, and if a field is not applicable to your business, clearly mark it as N/A (Not applicable).
- ***Required documents:*** Please refer to the attached table following pages to determine the mandatory supporting documentation required by your business. Please ensure that all certified copies of Mandatory documents are attached.
- ***Completion of questions:*** All questions must be answered clearly with yes, no, or N/A. Do not leave any fields open. Please respond to all questions in the application form as incomplete forms will not be processed.
- ***Certified Documents:*** Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Proof of Shareholding Certificates, ID documents or other documents relevant to your business type. The stamp of certification should be on the front of the document.
- ***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 continuous basis.
- ***Owners, shareholders and Partners:*** Ensure that the percentage of ownership amount to 100% and that every field is fully completed for each of the business owners.
- ***Certificate of correctness:*** Kindly ensure that the Certificate of Correctness is signed and dated once all the required documents and information have been submitted.
- ***Collection Points:*** Completed registration forms and supporting documentation can be delivered to the address on the registration form.
- ***Processing of registration:*** Your fully completed application will be processed, and once verified, will be approved and your will be issued with a Supplier Database Vendor 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 application form. Please note that this administration process will take a minimum of 5 days, once your registration has been included on the Fezile Dabi District Municipality Vendor Database, your details will be accessible to the procurement department in Fezile Dabi.
- ***Business Opportunities:*** Kindly note that qualifying as a vendor does not in any way guarantee any persons, company, service provider vendor, etc. any business from the Fezile Dabi District Municipality every time a bid is put out or requests for quotations.
- ***Amendments:*** Please notify Fezile Dabi District Municipality immediately of any changes to the verified information submitted.
- ***Queries:*** Should you have any queries or need assistance in completion of the application forms, kindly contact the Supply Chain Management Unit at (016) 970-8600.
- Should a company have more than office, each office must submit a separate form, unless the point of transaction is centralized in the company's head office.
- Please note that the key facilities in the database are classified as commodities and each potential vendor must indicate the commodity/ commodities in which it would like to register for Request for Quote's.
- The main objective of this process is to enhance transparency and equality on the part of Fezile Dabi District Municipality and to facilitate effective communication with its vendors.
- Applications must be delivered by hand and must be fully completed with all the relevant documentation attached.
- It is a condition of bidding that a vendor's taxes must be in order, or satisfactory arrangements must have been made with the Receiver of Revenue to meet his/her tax obligations. In bids where consortia/joint ventures/subcontractors are involved, each party must submit a separate original tax clearance certificate. Please note that no copies, certified or scanned tax clearance certificates will be accepted.
- Fezile Dabi District Municipality Reserves the right to perform an audit to confirm or verify any of the answers supplied in the applications form.

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED							
DOCUMENTS REQUIRED	BUSINESS TYPE						WHERE TO FIND DOCUMENTS
	Sole Proprietor	Close Corporations & Private companies	Partnerships	Public Company	Business Trust	Non-profit organization (NPO)	
Certified copies of company registration	N/A	CK1/CK2	Partnership agreement	CMS	Trust agreement	Section 21	Registrar of Close Corporations & Companies
Certified copies of Proof of ownership	N/A	CK1/ CK2	Partnership agreement	Shareholding CMS	Trustees details: Letter of Attorney	Auditor's letter - no shareholding	Registrar of Close Corporations & Companies
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 of the business	For the company/ cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
Original Tax Clearance	For the owner of the business	For the company/ cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
PAYE	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)
VAT Registration (above R300 000 annual t/over)	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)
UIF 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
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
Security Officer's Board	If applicable - security industry	If applicable - security industry	If applicable - security industry	If applicable - security industry	If applicable - security industry	If applicable - security industry	Security Service Industry Regulatory Authority
Construction Industry Development Board	If applicable - construction industry	If applicable - construction industry	If applicable - construction industry	If applicable - construction industry	If applicable - construction industry	If applicable - construction industry	Construction industry Development Board
Certified 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	
Clear certified copy of ID	Owners Identity document	Owners Identity document	Owners Identity document	Owners Identity document	Owners Identity document	Owners Identity document	

CONTACT DETAILS

REGISTRAR OF CLOSE CORPORATIONS & COMPANIES	DEPARTMENT OF LABOUR	
Zanza Building, 116 Proes Street, Pretoria: Tel: 0861843384	Southern Life Building, Merriman Avenue, Vereeniging: Tel: (016)430-0000	
<u>SARS</u> Cnr Merriman & Joubert Street, Vereeniging: Tel: (016)4223621	DEPARTMENT OF LABOUR (WORKMANS COMPENSATION) Southern Life Building, Merriman Avenue, Vereeniging: Tel: (016) 430-0000	
SECURITY SERVICE INDUSTRY REGULATORY AUTHORITY	CONSTRUCTION INDUSTRY DEVELOPMENT BOARD	
481 Belvedere Street, Arcadia Tel: (012)337-5500	Cnr. Station & 51 Juta Str, 3 rd Floor, Room 305, DPW Braamfontein. Tel: (011)713-6030	
		Building,

COMMODITY GROUP

PLEASE NOTE THAT ANY VENDOR MAY ONLY REGISTER FOR A MAXIMUM OF FOUR

(4) COMMODITY GROUPS

(PLEASE TICK RELEVANT BOXES)

TYPE OF SUPPLIER

DISTRIBUTOR	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
MANUFACTURER & DISTRIBUTOR	<input type="checkbox"/>
SERVICE PROVIDER	<input type="checkbox"/>
OTHER (PLEASE SPECIFY:	<input type="checkbox"/>

INTEREST CATEGORY

NO	CATEGORY	<input checked="" type="checkbox"/>
1	PRODUCTS	<input type="checkbox"/>
2	CONTRACTED SERVICES	<input type="checkbox"/>
3	CIVIL ENGINEERING	<input type="checkbox"/>
4	ELECTRICAL ENGINEERING WORKS	<input type="checkbox"/>
5	GENERAL BUILDING	<input type="checkbox"/>
6	MECHANICAL ENGINEERING WORKS	<input type="checkbox"/>

REGION

KINDLY INDICATE IN WHICH REGION YOUR COMPANY IS SITUATED:

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"/>
NORTHERN PROVINCE	<input type="checkbox"/>
PROCURE DEFAULT REGION	<input type="checkbox"/>
WESTERN CAPE	<input type="checkbox"/>

COMMODITY CATEGORIES - DELIVERABLES (PLEASE TICK RELEVANT BOXES)					
✓	NO:	DESCRIPTION	✓	NO:	DESCRIPTION
	1	AGRICULTURAL SUPPLIES		27	GROCERIES
	2	AIR PURIFYING EQUIPMENT		28	HIRE
	3	ALARM AND SECURITY SYSTEM		29	KITCHEN AND FOOD APPLIANCES
	4	BEVERAGES		30	LABOUR SAVING DEVICES AND ACCESSORIES
	5	BOLTS & NUTS		31	LIBRARY SERVICES
	6	BUILDING MATERIAL		32	MEDICAL
	7	CHEMICALS		33	NUTRITIONAL CARE
	8	CLEANING EQUIPMENT AND SUPPLIES		34	MEDICAL EQUIPMENT
	9	CLOTHING		35	PAINT, SEALER, ADHESIVE AND ACCESSORIES
	10	COMMUNICATION EQUIPMENT AND ACCESSORIES		36	PHOTOGRAPHIC EQUIPMENT
	11	COMPUTER EQUIPMENT & SOFTWARE		37	REFRIGERATION, AIR CONDITIONING, AIR CIRCULATING
	12	CONTAINERS AND PACKAGING SUPPLIES		38	ROADS AND STORMWATER
	13	ELECTRIC AND ELECTRONIC COMPONENTS (INCL. TRANSFORMERS)		39	SCAFFOLDING AND LADDERS
	14	ELECTRICAL CONSUMABLES		40	SIGNS AND ACCESSORIES
	15	ELECTRICAL INSULATION AND WIRES AND BRUSHES (INCL. ELECTRICAL CABLE)		41	SOUND RECORDING AND REPRODUCING EQUIPMENT
	16	ELECTRICAL SWITCHGEAR		42	STATIONERY
	17	MINI SUBSTATION		43	STEEL: BAR, WIRE, MESH
	18	FIBRE OPTIC		44	TAR PRODUCTS
	19	FILTER		45	TOILETRIES
	20	FIRE.RESCUE AND SAFETY EQUIPMENT		46	TOOLS, HAND AND MACHINE (ALL)
	21	FIREARMS, AMMUNITION AND ACCESSORIES		47	TRAFFIC
	22	FUEL AND LUBRICANTS		48	VALVES
	23	FURNITURE		49	WASTE DISPOSAL
	24	GARDENING EQUIPMENT AND ACCESSORIES		50	WATER AND SEWER
	25	GENERAL HARDWARE		51	WATER PURIFICATION
	26	GIFTS		52	OTHER (PLEASE SPECIFY)

OTHER: _____

COMMODITY CATEGORIES - SERVICES (Please tick relevant boxes)

<input checked="" type="checkbox"/>	NO	DESCRIPTION	<input checked="" type="checkbox"/>	NO	DESCRIPTION
	1	AGRICULTURAL SUPPORT SERVICES		13	LOGISTICAL SERVICES
	2	CLEANING SERVICES		14	REPROGRAPHIC SERVICES
	3	COMMUNICATION & INFORMATION / KNOWLEDGE MANAGEMENT SUPPORT SERVICES		15	SOCIAL SERVICES
	4	FINANCIAL SERVICES		16	SHE: SAFETY (SECURITY), HEALTH & ENVIRONMENT SERVICES
	5	GENERAL SERVICES		17	SIGNAGE & ENGRAVING SERVICES
	6	HUMAN RESOURCE MANAGEMENT SUPPORT & SERVICES		18	TELECOMMUNICATION SERVICES
	7	INFORMATION TECHNOLOGY SERVICES		19	TRAINING OF STAFF & COMMUNITY TRAINING SERVICES
	8	INSTALLATIONS, MAINTENANCE & REPAIR SERVICES		20	TRANSPORT, RE-LOCATION & FREIGHT SERVICES
	9	INTERIOR DECORATING AND HOUSEHOLD SERVICES		21	VALUATION SERVICES
	10	LAND DEVELOPMENT PLANNING SERVICES		22	VEHICLE MAINTENANCE & SERVICES
	11	LAND REFORM, RESTITUTION, REDISTRIBUTION & LAND TENURE PROGRAMME SERVICES		23	PROFESSIONAL CONSULTANCY SERVICES
	12	LEGAL SERVICES		24	OTHER (PLEASE SPECIFY)

OTHER: _____

PLEASE NOTE THAT ALL FIELDS ARE MANDATORY AND ALL FIELDS NOT MANDATORY MUST BE CLEARLY MARKED NOT APPLICABLE (N/A)

KINDLY ENSURE THAT THE FOLLOWING DOCUMENTS (WHERE APPLICABLE) ARE ATTACHED TO YOUR APPLICATION FORM			
CATEGORY	YES	NO	N/A
CERTIFIED WORKMAN'S COMPENSATION CERTIFICATE			
CERTIFIED VAT 103			
CERTIFIED P.A.Y.E./SDL/UIF (EMP 103)			
CERTIFIED COMPANY REGISTRATION DOCUMENTS			
CERTIFIED PROOF OF OWNERSHIP/SHAREHOLDER CERTIFICATE			
ORIGINAL TAX CLEARANCE CERTIFICATE			
PROOF OF BANK DETAILS			
CERTIFIED DISABILITY DOCUMENTS			
CERTIFIED SECURITY OFFICER'S BOARD REGISTRATION			
MUNICIPAL ACCOUNT			
LABOUR BROKER			

PLEASE NOTE THAT PROOF OF THE ABOVEMENTIONED DOCUMENTS 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. KINDLY REFER TO PAGE 3 FOR DETAILED INFORMATION WITH REGARD TO DOCUMENTS REQUIRED.

COMPANY REGISTRATION

A/6: Documentary proof must be provided where applicable (Please mark N/A if not applicable)

TYPE OF COMPANY	CERTIFIED COPY	✓*	REGISTRATION NUMBER
PUBLIC COMPANY LTD	Certificate of Incorporation (Cm3) and Regional Council Registration Number		
PRIVATE COMPANY (PTY) LTD	Certificate of Incorporation (CMS) and Regional Council Reiteration Number		
CLOSE CORPORATION CC	CK1 Document or CK 2 if Applicable and Regional Council Registration Number		
SOLE PROPRIETOR	Regional Council Registration Document		
PARTNERSHIP	Regional Council Registration Document and Partnership Agreement		
BUSINESS TRUST	Regional Registration Document and Registration Document		
OTHER (IF JOINT VENTURE)	Copy Of Regional Council Registration and Registration Document		

FORMS	CERTIFIED COPY	✓*	REGISTRATION NUMBER
VAT Registration (VAT 103)	- If you qualify for vat exemption, please attached a vat exemption document - Not applicable to all companies, please specify if N/A		
PAYE	- P.A.Y.E. Document (See Point 8) - Not applicable to all companies, please specify if N/A		
UNEMPLOYMENT INSURANCE FUND DOCUMENTS	Not applicable to all companies, please specify if N/A		
WORKMAN'S COMPENSATION FUND DOCUMENTS	Not applicable to all companies, please specify if N/A		
SECURITY OFFICERS BOARD REGISTRATION NO	Not applicable to all companies, please specify if N/A		
INCOME TAX REGISTRATION	- If you qualify for income tax exemption, please attach an income tax exemption document-- Not applicable to all companies, please specify if N/A		
TAX CLEARANCE CERTIFICATE	- Original of a valid Tax Clearance Certificate must be supplied - No e-mailed, faxed, certified or scanned copies will be accepted.		

If not applicable to your company, please specify N/A.

BUSINESS PARTICULARS

NAME OF BUSINESS	
TRADING AS	
HOLDING COMPANY	
COMPANY REGISTRATION NUMBER	
PHYSICAL ADDRESS _____	POSTAL ADDRESS _____
TELEPHONE NO:	FAX NO:
CELL NO:	LANGUAGE:
E-MAIL ADDRESS:	WEB-PAGE ADDRESS:
TOWN:	COUNTRY:
NUMBER OF EMPLOYEES FULL TIME:	How would you like to receive your correspondence from us? * (invite to quote <i>only</i>. Bid documents only available by e-mail, web page, hard copy or fax)
PART TIME:	
Total number of years the firm has been in business: 	Fax: <input type="checkbox"/> Post: <input type="checkbox"/> E-mail: <input type="checkbox"/> SMS*: <input type="checkbox"/>
Correspondence Address: Tel: Fax:	Contact Person for correspondence: Title: Name: Email:

SALES AND ACCOUNTS DEPARTMENTS

Sales Department:	Accounts Department:
Contact Name:	Contact Name:
Cell No:	Cell No:
Email Address	Email Address
Telephone Fax	Telephone Fax

NB: All above fields are mandatory.

CORE BUSINESS OPERATION

(Mark with X in applicable fields)

- | | | |
|---|--|---|
| <input type="checkbox"/> Prime Contractor | <input type="checkbox"/> Sub-Contractor * | <input type="checkbox"/> Labour-only contractor |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Labour Agency |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Construction (CIDB) | <input type="checkbox"/> Education, Development & Training Service Provider |
| <input type="checkbox"/> Other, please specify: | | |

.....

Sub-contractor: less than 25% generated turnover as prime contractor)

ANNUAL AVERAGE TURNOVER

Indicate annual average turnover excluding Value Added Tax during the past three years:

R

PREVIOUS BUSINESS INFORMATION

Did your business exist under a previous name?	YES / NO
If yes, what name did it trade under?	
Previous business registration number?	

BUSINESS INFORMATION

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

ECONOMIC SECTOR		TYPE OF BUSINESS	
	Agriculture		ISO Listed
	Mining and Quarrying		Manufacturer
	Manufacturing		Distributor
	Electricity, Gas and Water		Sales
	Construction		Services
	Retail, Motor Trade and Repair Services Wholesale Trade, Commercial Agents & Allied Services		Importer Exporter
	Catering, accommodation & other Trade		Repairer
	Transport, Storage and Communications		SMME Status
	Finance and Business Services		Small
	Community, Social & Personal Services		Medium
			Micro
			Established

LABOUR BROKERS

*Please answer the questions by marking the appropriate column with an "X".
Please do not leave out any questions relating to your special circumstances.*

		YES/NO
1.	Do you render the service to the FDDM through a Company, Close Corporation or Trust?	
2.	Are you an independent Contractor?	
3.	Are you a Labour Broker? <i>If yes = taxable unless IRP30 certificate is received. If no, see next questions</i>	
4.	Are the services personally rendered by a person who is a connected person (shareholder, member, trustee, beneficiary, relative of the afore-mentioned, etc) in relation to the Company/ Close Corporation or trust? <i>If yes, see question 5, 6, 7, 8 and 9. If no = not subject to employees tax</i>	
5.	Does the entity employ four or more full-time employees, (other than shareholders, members or connected persons) who are on a full-time basis engaged in the business of rendering services to clients? <i>(This implies that the tea lady and gardener would not be considered in determining the full-time staff members rendering services to clients).</i>	
6.	Would the person who is rendering the service be regarded as an "employee" of the FDDM?	
7.	Is the person who is rendering the service subject to the control or supervision of the FDDM as to the manner in which duties are performed or as hours of work?	
8.	Do the amounts paid in respect of services rendered include earnings that are payable at regular, daily, weekly, monthly or other intervals/ (This is normally on the basis that you charge your client for the person in question's salary plus commission for your service.)	
9.	Does the Company/Close Corporation or Trust, during its financial year, receive or anticipate to receive more than 80% of the income for this specified service from the FDDM? <i>If yes to any one of questions 6,7,8, or 9, then taxable, except if an IRP30 certificate can be submitted. If no to all four questions (6, 7, 8. and 9) = Not subject to employees tax.</i>	
	Subject to employees tax	

HDI INFORMATION

Explanation of abbreviations used in the **yes, which facilities are shared?**

CAPACITY		HDI STATUS	
DIRECTOR	D	HDI	H
PARTNER	P	WOMAN	W
MEMBER	M	DISABLED	D
PROPRIETOR	R		
OTHER	O		

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

Do you share any facilities? Yes No

If yes, which facilities are shared? _____

With whom do you share facilities? (Name of firms / individuals)

Is the firm registered or does it have a business license(s)? Yes No

If yes, give details and quote relevant reference numbers and dates.

Details all trade associations in which you have a membership:

COMPLETE THE FOLLOWING FOR THE SHAREHOLDERS WHO ARE ACTIVELY INVOLVED IN THE MANAGEMENT AND DAILY BUSINESS OPERATION OF THE BUSINESS.

OWNER NAME AND SURNAME	ID NO.	NAME & ADDRESS OF OTHER FIRM	CAPACITY D/P/M/R/O	% O/SHIP	RACE B/W/A	GENDER M/F	DISABILITY YES/NO
Disabled (a permanent impairment of a physical, intellectual or sensory functions resulting in restricted or lack of ability to perform in a manner considered normal for a human being)							Q Yes/HH No
Were you a South African citizen on or before the 26th of April 1994?				<input type="checkbox"/> Yes/	<input type="checkbox"/> No		
Are you actively involved in the management and daily business operations of the business?						CH Yes/Q No (Please provide a written breakdown e.g. company profile)	

NB: CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP MUST BE SUPPLIED

Multiple copies of this page may be submitted if required.

PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or bidding experience? Yes No

If yes, please complete the table below. List the fast 3 contracts awarded to you (the bidder) or previous experience with other businesses related to this type of work or supply.

1. Employer/Department		
Contact Person		
Contact Number		
Estimated Contract Value in Rand		Year Awarded:
Year Completed / Still in Progress:		Proof documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer/Department		
Contact Person		
Contact Number		
Estimated Contract Value in Rand		Year Awarded:
Year Completed / Still in Progress:		Proof documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer/Department		
Contact Person		
Contact Number		
Estimated Contract Value in Rand		Year Awarded:
Year Completed / Still in Progress:		Proof documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

In terms of section 37(2) of the Occupational Health and Safety Act 1993 (Act 85 of 1993) as amended the mandatory (contractor) hereby acknowledges that he is an employer in his own right. He undertakes to determine all risks associated with the work he is required to perform and to determine and implement all cautionary measures to mitigate or remove such risk. The mandatory will take all necessary steps to ensure compliance with the Occupational Health and Safety Act 1993.

Where the mandatory is found not to comply with the requirements of the occupational Health and Safety Act the FDDM or its representative will be able to stop the activities of the mandatory, without any cost to the FDDM, until such time as the mandatory complies with the requirements of the Act.

FINANCIAL DETAILS (BANKING)

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (CANCELLED CHEQUE / BANK STATEMENT

NAME OF BANK	
BRANCH NAME: BRANCH CODE:	
TOWN/CITY	
BANK ACCOUNT NUMBER	
ACCOUNT TYPE	
ACCOUNT HOLDERS NAME <i>(only to be filled in if the name of the account holder is not the same as the name of the vendor)</i>	

DATE STAMP OF BANK
CERTIFIED AS CORRECT

CONFIRMATION OF BANK DETAILS BY BANK OFFICIAL:

Initials and Surname (Bank official):

Telephone number (Bank official) :

Signature (Bank official):

SIGNATURE AUTHORITY

Signature _____ **duly authorized to sign on behalf of**

_____ **(Name of organization)**

Address _____

Telephone :(____) _____ **Date:** _____

**AUTHORISATION FOR ELECTRONIC TRANSFER OF FUNDS (EFT) TO VENDOR'S BANK
ACCOUNT**

PLEASE COMPLETE IN BLOCK LETTERS

SURNAME/COMPANY NAME:							
FIRST NAMES/COMPANY ACCOUNT HOLDER:							
ADDRESS:							
TELEPHONE:				FAX:			
MOBILE:				EMAIL:			
BANK:				ACCOUNT #:			
BRANCH:				BRANCH #:			
TYPE OF ACCOUNT:		CHEQUE	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	TRANSMISSION	<input type="checkbox"/>

I, the undersigned hereby authorise the Fezile Dabi District Municipality to credit my account via EFT as afore mentioned with the amount payable/due to specified beneficiary for goods and services rendered.

Please Note: That if a cancelled cheque is not attached, an official stamp should be obtained from the bank to confirm the information given above.

DATE	SIGNATURE
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FOR OFFICE USE ONLY - FEZILE DABI DISTRICT MUNICIPALITY Information confirmed and submitted to computer on:

SIGNATURE: _____ **DATE** _____

CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/We the undersigned is/are duly authorised to do so on behalf of the firm certify that:

1. The information supplied is correct.
2. All copies of relevant information are attached.
3. The HDI points claimed are correct and based on owners/shareholders who are actively involved in the day to day management of the enterprises.
4. I take note that payment will be effected 30 days after delivery was affected if delivered with an original invoice.
5. If I am classified as a dependant service provider/labour broker as stated in the fourth schedule of the Income Tax act I hereby authorise the FDDM to deduct PAYE and supply me with a yearly IRP 30 (only if no valid Labour Broker Certificate can be supplied).

SIGNATURE OF AUTHORISED PERSON	DATE
PERSONAL INFORMATION IN BLOCK LETTERS	
NAME:	
SURNAME:	
TELEPHONE:	
CAPACITY:	
ON BEHALF OF: (SUPPLIERS NAME)	
	before me at _____ on this the _____ day of _____ 20 _____

Signed and sworn to before me at _____ on this 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 OATH

SIGNATURE: _____

DATE: _____

STAMP

GENERAL PRE-CONDITIONS FOR CONSIDERATION OF QUOTATIONS AND BIDS

Disclosure of benefits

5. (1) *A staff member of a municipality who, or whose spouse, partner, business associate or close family member, acquire or stands to acquire any direct benefit from a contract concluded with the municipality, must disclose in writing full particulars of the benefit to the council.*

(2) *This item does not apply to a benefit which a staff member, or a spouse, partner, business associate or close family member, has or acquires in common with all other residents of the municipality."*

Section 168 of the Local Government Municipal Finance Management Act, Act 56 of 2003 made the regulations as set out in the Schedule - Supply Chain Management Regulations and indicates as follows:

"Part 2: Acquisitions Management

13. **General pre-conditions for consideration of Quotations and bids**

A municipality may not consider a written quotation or bid unless the provider who submitted the quotation or bid -

(a) has furnished the municipality with their:

full name

identification number or company or other registration number;

tax reference number and VAT registration number (if applicable - Annual turnover more than R300 000-00)

(b) has authorised the municipality to obtain a tax clearance from the South African Revenue Services that the provider's tax matters are in order; and

(c) has indicated:

(i) whether he or she is in the service of the state, or has been in the service of the state (municipality) in the previous twelve months;

(ii) if the provider is not a natural person, whether any of its directors, managers, principal shareholders or stakeholders is in the service of the state or has been in the service of the state in the previous twelve months; or

(iii) whether a spouse, child or parent of the provider or of a director, manager, shareholder or stakeholder referred to in subparagraph (ii) above is in the service of the state, or has been in the service of the municipality in the previous twelve months."

All quotations submitted must reflect the following information:

- On letterhead
- Business street/physical address
- Business telephone and fax number
- Quotation reference number
- Vat Registration Number (if applicable)

- Tax reference number

All original tax invoices submitted for payment must reflect the following information:

- On letterhead
- Business street/physical address
- Business Telephone and fax number
- Quotation reference number
- Company Vat Registration Number (if applicable)
- Fezile Dabi District Municipality's VAT registration number: 4320105465
- Tax reference number
- Company registration number

"Part 4: Other matters

**45. Awards to close family members of persons in the service of the State (Municipality) -
*The notes to the annual financial statements must disclose particulars of any award of more than R2 000 to a person who is a spouse, child or parent of the a person who is in the service of the state, or has been in the service of the state in the previous twelve months, including -***

- (a) The name of the person;*
- (b) The capacity in which that person is in the service of the state; and*
- (c) The amount of the award*

You are kindly requested to disclose to council any information relating to the above issues by completing and signing the declaration form below,
 In lieu of the above, your application to become a service provider on the Fezile Dabi District Municipality data base will be finalised and a vendor number will be issued to all accredited prospective suppliers and service deliverers.

Please contact XXXXXXXXXXXXXXX at (016) 970-8603 should you have any further queries.

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state*.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.
3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
 - 3.1 Full Name:

3.2 Identity Number:

3.3 Company Registration Number:

3.4 Tax Reference Number:

3.5 VAT Registration Number:

3.6 Are you presently in the service of the state

YES / NO

3.6.1 If so, furnish particulars.

3.7 Have you been in the service of the state for the past twelve months?

YES / NO

3.7.1 If so furnish particulars

3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid

YES / NO

3.8.1 If so furnish particulars

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid?

3.9.1 If so, furnish particulars

YES / NO

3.10 Are any of the company's directors, managers, principle shareholders or stakeholders in service of the state?

YES / NO

3.10.1 If so, furnish particulars.

3.11 Are any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders in service of the state?

YES / NO

3.11.1 If so, furnish particulars.

MSCM Regulations: "in the service of the state" means to be -

(a) A member of -

- any municipal council;***
- any provincial legislature; or***
- the national Assembly or the national Council of provinces;***

(b) a member of the board of directors of any municipal entity;

(c) an official of any municipality or municipal entity;

(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the public Finance Management Act, 1999 (Act No 1 of 1999);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) an employee of Parliament or a provincial legislature.

CERTIFICATION

**I, THE UNDERSIGNED (NAME) _____ CERTIFY THAT THE INFORMATION
FURNISHED ON THIS DECLARATION FORM IS CORRECT.
I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE
FALSE.**

SIGNATURE

DATE

POSITION

NAME OF BIDDER