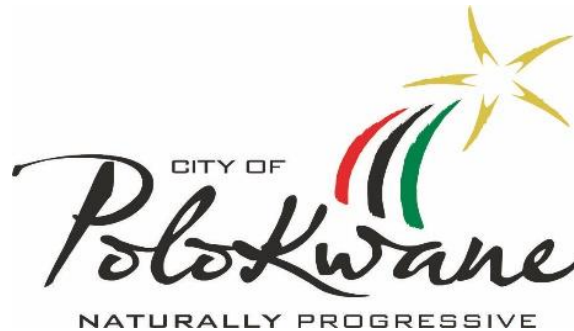


DATABASE REGISTRATION NO	
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**SERVICE PROVIDERS
DATABASE REGISTRATION FORM
ANNUAL REGISTRATION**

R30 000.00 - R200 000.00

CLOSING DATE

TUESDAY, 10 AUGUST 2021 - 12H00

2021/2022 FINANCIAL YEAR

POLOKWANE MUNICIPALITY

Building a prosperous and caring Municipality for a better life for all



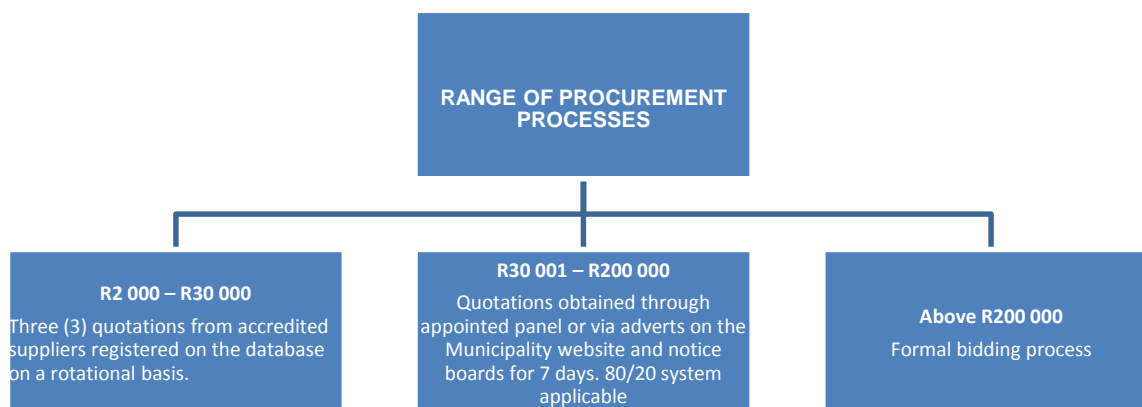
POLOKWANE MUNICIPALITY

SERVICE PROVIDER DATABASE REGISTRATION FORM

This form must be duly and fully completed, preferably with a black pen, signed as requested and placed, together with supporting documentation, in an envelope clearly marked “**Database of Prospective Service Providers**” on the outside and forwarded to the Manager: Supply Chain Management Unit, P.O Box 111, Polokwane, 0700, or forward to **Supply Chain Management Unit Office, Tender Office (Ref. Database Registration) – Ground Floor (Left hand side of the security reception at Municipal Offices, Corner Landross Mare and Bodenstein Streets, Polokwane.**

PLEASE NOTE

1. **Registration on the service provider database does not entitle the supplier to any business opportunities offered by the Polokwane Municipality nor will it place any obligation of the Municipality whatsoever.**
2. Arrangements may be made when necessary with officials of Polokwane Municipality to inspect your premises in order to assess your competency before your company is accepted.
3. All service provider information will be treated strictly confidential.
4. It should be noted that should any information provided be found to be incorrect Polokwane Municipality reserves the right to exclude the service provider from the database at any time prior to or after acceptance of the database registration form.
5. Kindly familiarize yourself with the Supply Chain Management processes:



FOR OFFICIAL USE

DATE RECEIVED:

DATE CAPTURED:

FOR OFFICIAL USE (Continue)

Note:

- All service providers who wish to be registered in the Municipality’s (Supply Chain Management) service providers’ database are required to submit the following documents listed below together with the fully completed database registration form.
- In addition to completion of the database forms, service providers are required to initial each and every page of the database registration form.
- Service providers are **required and compelled** to complete the Declaration of Interest form which is attached to the database registration form. Failure to complete the form will compel the Municipality not to register your company on the database.
- All service providers are required to attach latest bank confirmation letter from your banking institution.
- In terms of the new Preferential Procurement Regulations of 2011, all service providers are required to submit a BBEE Certificate from the accredited agencies obtained from the Department of Trade & Industry website. Service providers could attach a certified B-BBEE sworn affidavit signed by the SAPS or any other authorized institution.

No	DOCUMENTS REQUIRED	Yes	No	N/A
1	Certified valid tax clearance certificate pin status report from SARS			
2	Certified company registration form			
3	Municipal rates and taxes statement of account which is not owing for more than three (3) months and which is not in arrears of more than three (3) months / lease agreement / letter from Tribal Authority			
4	Confirmation letter of the bank account from your banking institution			
5	Latest proof of registration on the Central Supplier Database (CSD (Attach latest CSD Report)			
6	Certified copy or copies of ID of company director(s)			
7	Original B-BBEE Certificate (certified copy) / certified B-BBEE Sworn Affidavit			
8	Initialling of all pages of the database registration form			
9	Completion of the declaration of interest form			
10	Completion of the declaration of past SCM practices form			

Evaluated by _____ **Signature** _____ **Date** _____

Checked by: _____ **Signature:** _____ **Date:** _____

Approved	Not Approved

Captured by: _____ **Signature:** _____ **Date:** _____

1. SECTION 1: PARTICULARS OF THE ORGANISATION

Please note that all information will be treated confidentially. Provide details regarding the organisation. Where organization is a joint venture the individual members of the joint venture are to separately provide information of their organization.

1.1 REGISTERED NAME OF THE COMPANY:

1.2 TRADING NAME:

1.3 CONTACT PERSON

1.4 POSTAL ADDRESS:

POSTAL CODE:

1.5 PHYSICAL ADDRESS:

POSTAL CODE:

1.6 TELEPHONE NUMBER

FAX NUMBER

1.7 CELL PHONE NUMBER

E-MAIL:

TYPE OF ORGANISATION:

CLOSE CORPORATION		(PTY) LTD	
SOLE TRADER		TRUST	
PARTNERSHIP			
OTHER SPECIFY			

1.9 COMPANY REGISTRATION NUMBER:

1.10 INCOME TAX REGISTRATION NUMBER

1.11 VAT REGISTRATION NUMBER:

1.12 UIF REGISTRATION NUMBER:

1.13 NAME OF BANKING INSTITUTION:

**1.14 NAME UNDER WHICH ACCOUNT IS OPERATED:
ACCOUNT NUMBER:**

TYPE OF ACCOUNT:

BRANCH CODE:

1.15 PREVIOUS NAME OF BUSINESS:

2. SECTION 2: EVALUATION SECTION

2.1 PLEASE INDICATE THE JURISDICTION OF INTEREST:

CODE	AREA	Tick
PM	POLOKWANE MUNICIPAL AREA	
LP	OUTSIDE POLOKWANE MUNICIPAL AREA BUT IN LIMPOPO PROVINCE	
OLP	OUTSIDE LIMPOPO PROVINCE	

2.2 PLEASE PROVIDE DETAILS OF OWNERSHIP OF THE ORGANISATION BY LISTING NAMES OF DIRECTORS, SHAREHOLDERS, OWNERS AND PARTNERS INCLUDING THEIR OWNERSHIP PERCENTAGE:

If total number exceeds 4 please attach a separate list.

	NAME	ID NUMBER	CITIZENSHIP	% SHARE HOLDING
1				
2				
3				
4				

2.3 PLEASE PROVIDE TOTAL NUMBER OF STAFF MEMBERS:

2.4 PLEASE PROVIDE BUSINESS TYPE:

SERVICE CODE	DESCRIPTION	
CON	CONSULTING SERVICES	
TOR	CONTRACTOR	
SUP	SUPPLIER	

SECTION 3: NATURE OF OPERATION, PRODUCTS OR SERVICES

Please indicate the nature of operations, products or services applicable to your business by ticking the appropriate box:

SERVICE PROVIDERS ARE EXPECTED TO CHOOSE NOT MORE THAN THREE COMMODITIES CATEGORIES

CODE	COMMODITY	<input checked="" type="checkbox"/>
00100	CONSTRUCTION EQUIPMENT AND SUPPLIES	
00101	General electrical installation, maintenance and supplies	
00102	General water and sanitation installation, maintenance and supplies	
00103	General roads and stormwater installation, maintenance and supplies	
00104	General building and facilities infrastructure installation, maintenance and supplies	
00105	General waste installation, maintenance and supplies	
00106	General environment installation, maintenance and supplies	
00200	PROFESSIONAL SERVICES	<input checked="" type="checkbox"/>
00201	Arts & Culture and related services	
00202	Events management and social events facilitation	
00203	Fire and disaster services supplies and maintenance	
00300	GENERAL SERVICES	<input checked="" type="checkbox"/>
00301	Catering services	
00302	Stationery including toners and cartridges	
00303	Functions equipment hire (tents, chairs, tables, toilets (including VIP toilets)	
00304	Audio visual equipment systems services supplies, hiring and maintenance	
00305	Promotional materials (corporate gifts), printing and photographic services and graphic designs	
00306	Information technology services, maintenance and supplies	
00307	Other services	
00308	Other services	
00309	Other Services	
00310	Other Services	

SECTION 5: DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED

I/we, the undersigned, warrant(s) that I am/we are duly authorise to do so and on behalf of

Declare that:

- 1. The information contained in this document is correct.
- 2. All copies of relevant documentation are attached.
- 3. The Historically Disadvantaged status of individuals as stated is correct and based on owners/shareholders/partners actively involved in the day-to-day management of this enterprise.

If the information supplied is found to be incorrect then the Polokwane Municipality in addition to any remedies, it may have; may

- (i) recover from you/your enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract; and/or
- (ii) cancel the contract and claim any damages which the Municipality may suffer by having to make favourable arrangements after such cancellations, and/or
- (iii) impose a penalty as provided in the bid/quotation documents and/or
- (iv) take any other action as may be deemed necessary.

SIGNATURE: _____ SIGNATURE: _____

NAME: _____ NAME: _____

CAPACITY: _____ NAME: _____

ID NO: _____ ID NO: _____

TEL NO: _____ TEL NO: _____

ADDRESS: _____ ADDRESS: _____

COMMISSIONER OF OATHS

Signed and sworn to before me at _____

On this _____ day of _____ by the Deponent(s), who acknowledge that he/she/they know(s) and understand(s) the contents of this document, that it is true and correct to the best of his/her/their knowledge and that he/she/they have no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her/their conscience.

SIGNATURE AND OFFICIAL STAMP: _____

NOTE: ALL PAGES OF THIS AFFIDAVIT MUST BE INITIALLED BY THE DEPONENT(S) AS WELL AS THE COMMISSIONER OF OATHS

DECLARATION OF INTEREST

- 1 No bid will be accepted from persons in the service of the State.
- 1 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 favoritism, 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 authorized representative declare their position in relation to the evaluating / adjudicating authority.
3. The Municipal Supply Chain Management Regulations regulates the status of persons who are in the service of the State but doing business with the State. The MSCM Regulations defines “in the service of the state” as follows:

(a) a member of –

- (i) any municipal council;
- (ii) any provincial legislature; or
- (iii) 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.

² Shareholder” means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

- 4 In order to give effect to the above, the following questionnaires must be completed and submitted with the bid:

Full Names of the Bidder or His Representatives	
Identity No.	
Position Occupied in the Company (Director, Trustee, Shareholder)	
Company Registration No.	
Tax Reference No.	
VAT Registration No.	

Name of all Directors / Trustees / Shareholders Members, identity numbers and state employee numbers must be indicated	
Are you presently in the service of the State? (Yes or No) . (If Yes, please furnish particulars	
Have You in the Service of the State in the Past Twelve (12) Months (Yes or No) . If Yes, please furnish details	
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 or No) . If Yes, Please furnish details	
Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the State who may be involved with the evaluation and or adjudication of this bid. (Yes or No) . If Yes, please furnish details	
Are any of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the State? (Yes or No) . If yes, please furnish details	
Are any spouses, child or parent of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the State? (Yes or No) . If Yes, please furnish details	
Do you or any of the Directors, trustees, managers, principal shareholders or stakeholders of this company have any interest in any other related companies or business	

whether or not they are bidding for this contract. Yes or No. If yes, please furnish details.	
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Please provide full names, identity numbers and personnel numbers of persons employed by the State as follows:

NO.	FULL NAMES & SURNAME	IDENTITY NO.	STATE EMPLOYEE NUMBER

SIGNATURE OF THE BIDDER

DATE

NAME OF THE BIDDER

POSITION