Ekurhuleni
METROPOLITAN MUNICIPALITY

SUPPLIER REGISTRATION FORM

For Enquiries Contact Supply Chain Management Unit
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NO 5 JUNCTION ROAD
DRIEHOEK
GERMISTON
1400

FOR OFFICE USE ONLY

DATE RECEIVED	
TRACKING NUMBER	
APPLICATION STATUS	
COMPLETED BY	

POINTS TO REMEMBER

COMPLETING THE EKURHULENI METROPOLITAN

GOODS AND SERVICE PROVIDERS REGISTRATION FORM

- **Business Opportunities** – Please note that registration on the Ekurhuleni Metropolitan Supplier Database does not guarantee business opportunities. All procurement will be subject to the procurement and tender policy of the Ekurhuleni Metropolitan Municipality and applicable legislation.

- **Mandatory fields** – Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as "Mandatory Field", have been completed, and if a field is not applicable to your business type clearly mark it as N/A.

- **Required documentation** – Please refer to the *attached table* (pages 9 and 10) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached.

- **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any Mandatory fields blank.

- **Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Proof of Shareholding Certificates and Tax Clearance Certificate. The stamp of certification should be on the front of the document.

- **Company's Owners, Shareholders, Partners & Top Management** – Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.

  - **Certification of Correctness** – Please ensure that the Certification of Correctness is signed and dated once all required documents are attached and the required information has been completed.

  - **Collection points** – Completed registration forms and supporting documentation must be delivered to the address at the bottom of this page.

  - **Processing of registration** – Your completed registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication. This letter of verification will be dispatched to the correspondence details supplied on the third page**.** Once your registration has been included on the Ekurhuleni Metropolitan Supplier Database your details will be accessible to departments in the Ekurhuleni Metropolitan Municipality.

  - **Extra pages –** If necessary make additional copies of pages in this document to ensure the completeness of information submitted.

- **Amendments** – Please notify the Tender and Procurement Office or Centralized Procurement immediately of any changes to the verified information submitted.

  - **Forms that are not readable or incomplete will not be registered on the database.**

  - **Verification – verification of the information supplied will be performed against third party sources such as SARS and CIPRO.**

- **Queries** – Should you have any queries or if you require assistance completing the registration form, please contact the Tender and Procurement Office or Centralized Procurement.

Completed forms are to be handed in at First Floor, Procurement Office, 5 Junction Road, Germiston.

NB: All fields marked with ■ are mandatory.

BUSINESS PARTICULARS

Business Name ■

Business Trading Name ■

Company Registration Number ■

VAT Registration Number (If Applicable)

Tax Registration Number ■

B-BBEE Certificate or EME Certificate ■

Telephone Number

Fax Number ■

E-mail Address (If Applicable)

Website Address

Municipality Name ■

Municipal Account Number ■

BUSINESS ADDRESSES

Business Physical Address ■

Street - Address

City Code

Province

Business Postal Address

Postal - Address

City Code

Province

COMPANY CONTACT PERSON, SALES AND ACCOUNTS DEPARTMENTS

Contact Person Information ■

Title
First Name
Surname

Cell Phone Number ■

Telephone Number

Fax Number ■

E-mail Address (If Applicable)

Correspondence Postal Address ■

Postal Address
City
Province
Code

Preferred Correspondence Method (Indicate with an X)

Postal Address		Fax Number		E-mail Address	

Contact Person Sales Department

Title
First Name
Surname

Cell Phone Number

E-mail Address

Telephone Number

Fax Number

Contact Person Accounts Department

Title	
First Name	
Surname	

Cell Number

Telephone Number

Fax Number

E-mail Address

BANK DETAILS ■

PAYMENT TO BE EFFECTED VIA ELECTRONIC TRANSFER OR CHEQUE

Bank Name				
Bank Account Name				
Bank Account Number				
Branch Code				
Bank Account Type				
Payment Method	ELE		CHEQUE	

Please indicate with an X next to the preferred payment method

COMPANY OWNERS /SHAREHOLDERS / PARTNERS / MEMBERS ■

List all persons who are shareholders/owners/partners/members in the business

Explanation of abbreviations used in the following table:

Capacity		Race Group	
Director	D	Black	B
Partner	P	White	W
Member	M	Coloured	C
Sole Proprietor	S	Indian	I
Other	O	Other	O

Multiple copies of this page may be submitted if required or attach list.

First Name															
Surname															
Identification Number															
Percentage Share															

Capacity

D	P	M	S	O

If Other please specify: _____

Gender

M	F

Race Group

B	W	C	I	O

If Other please specify: _____

Disabled (a permanent impairment of physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being). **Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied.**

Y	N

Are you a South African Citizen?

Y	N

If you are a naturalized South African citizen, please indicate your previous nationality:

Are you actively involved in the management and daily business operations of the business?

Y	N

BLACK ECONOMIC EMPOWERMENT (B-BBEE) INFORMATION

Is the company currently classified as a BEE company? If Yes, attach proof of classification.

Y	N

PLEASE KEEP COPIES OF THE REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED

NB: DOCUMENTARY PROOF MUST BE CERTIFIED AND PROVIDED WHERE APPLICABLE TO ENSURE SUCCESSFUL REGISTRATION ON THE SUPPLIER DATABASE

COMPANY REGISTRATION DOCUMENTS ■

PUBLIC COMPANY LTD		Certified Copy of Certificate of Incorporation (Relevant CM documents)
PRIVATE COMPANY (PTY) LTD		Certified Copy of Certificate of Incorporation (Relevant CM documents)
CLOSE CORPORATION CC		Certified Copy of CK1 Document or CK2 if Applicable
SOLE PROPRIETOR		Certified Copy of ID
PARTNERSHIP		Partnership Agreement
BUSINESS TRUST		Certified Copy of Registration Document
NON PROFIT ORGANISATION		Certificate of Incorporation Section 21

Have you attached your Company Registration document?

Y	N	NA

PROOF OF SHAREHOLDING DOCUMENTS ■

Certified copies of Shareholders Certificates or CK Members Share Allocation

Not applicable to all companies

Have you attached proof of shareholding documents?

Y	N	NA

REGIONAL COUNCIL REGISTRATION DOCUMENTS

Have you attached your latest Municipal Statement or Account?

Y	N	NA

PROOF OF BANKING DOCUMENTS ■

Current Bank Statement or copy of Cancelled Cheque

Have you attached proof of banking documents?

Y	N	NA

VAT REGISTRATION DOCUMENT

Have you attached proof of your VAT registration?

Y	N	NA

P.A.Y.E DOCUMENT

Have you attached proof of your P.A.Y.E document?

Y	N	NA

UNEMPLOYMENT INSURANCE FUND DOCUMENT

Have you attached proof of your U.I.F document?

Y	N	NA

WORKMAN'S COMPENSATION FUND DOCUMENT

Have you attached proof of your Workman's Compensation document?

Y	N	NA

REGISTRATION TO A STATUTORY BODY REGULATING YOUR INDUSTRY

Have you attached proof of your registration document?

Y	N	NA

DISABILITY DOCUMENT

Have you attached proof of disability document?

Y	N	NA

INCOME TAX REGISTRATION ■

Have you attached proof of income tax registration document?

Y	N	NA

TAX CLEARANCE CERTIFICATE ■

Have you attached your tax clearance certificate? **(ORIGINAL)**

Y	N	NA

IDENTITY DOCUMENT ■

Have you attached a copy of your ID document? **(CERTIFIED)**

Y	N	NA

B-BBEE OR EME CERTIFICATE ■

Have you attached proof of B-BBEE or EME registration document?

Y	N	NA

DECLARATION BY BUSINESS UNDER OATH. ■

I/ we .....declare that the above particulars and information furnished to the Ekurhuleni Metropolitan Municipality for the purposes of registering our organisation on the supplier database are true in substance and in fact and that I / We fully understand the meaning thereof.

(SIGNATURE).....

IN HIS/HER CAPACITY AS .....

ON BEHALF OF (SUPPLIER'S NAME) .....

Signed and sworn to before me at .....on this

the.....day of.....

By the deponent, who has acknowledged that he/she knows and understands the contents of this affidavit, that is it true and correct to the best of his /her knowledge and that he/she has no objection to taking the prescribed oath, and the prescribed oath will be binding on his/her conscience.

.....

COMMISIONER OF OATHS

NOTE: Suppliers providing false or fraudulent information or documentation shall subject themselves to immediate disqualification.

NOTE: Incomplete submissions will not be processed. This includes the supporting documentation as stipulated on the above pages.

COMMODITY LIST

Please select only five (5) categories. If more is selected Ekurhuleni Metropolitan Municipality will only load the first five (5) categories.

COMMODITY DESCRIPTION	***TICK***		
AGRICULTURAL SUPPLIES		LAND DEVELOPMENT PLANNING SERVICES	
AGRICULTURAL SUPPORT SERVICES		LAND REFORM, RESTITUTION, REDISTRIBUTION & LAND TENURE PROGRAMME SERVICES	
AIR PURIFYING EQUIPMENT		LEGAL SERVICES	
ALARM AND SECURITY SYSTEM		LIBRARY SERVICES	
BEVERAGES		LOGISTICAL SERVICES	
BOLTS & NUTS		MEDICAL	
BUILDING MATERIAL		MEDICAL EQUIPMENT	
CATERING		MINI SUBSTATION	
CHEMICALS.		MOBLE CONTAINER HOME AND OFFICES	
CLEANING EQUIPMENT AND SUPPLIES		MOTORISED PLANT SPARES	
CLEANING SERVICES		NUTRITIONAL CARE	
CLOTHING		PAINT,SEALER,ADHESIVE AND ACCESSORIES	
COMMUNICATION & INFORMATION MANAGEMENT SUPPORT SERVICES		PHOTOGRAPHIC EQUIPMENT	
COMMUNICATION EQUIPMENT AND ACCESSORIES		PRECAST CONCRETE	
COMPUTER EQUIPMENT & SOFTWARE		PROFESSIONAL SERVICES (INCLUDING CONSULTANTS)	
CONTAINERS AND PACKAGING SUPPLIES		PUBLISHERS & SUPPLIERS OF BOOKS	
ELECTRICAL COMPONENTS (INCLUDING TRANSFORMERS)		PUMPS & VALVES	
ELECTRICAL INSULATION AND WIRES AND BRUSHES (INCL.CABLE)		RAIN WATER GOODS	
ELECTRICAL SWITCHGEAR		REFRIDGERATION,AIR CONS,AIR CIRCULATION	
ELECTRONIC COMPONENTS		REPROGRAPHIC SERVICES	
ENGINEERING SERVICES		SANITARY WARE	
FIBRE OPTIC		SCAFFOLDING AND LADDERS	
FILTER		SHE: SAFETY (SECURITY), HEALTH & ENVIRONMENT SERVICES	
FINANCIAL SERVICES		SIGNAGE & ENGRAVING SERVICES	
FIRE,RESCUE AND SAFETY EQUIPMENT		SIGNS AND ACCESSORIES	
FIREARMS, AMMUNITION AND ACCESSORIES		SOCIAL SERVICES	

FLEET MANAGEMENT		SOUND RECORDING EQUIPMENT AND ACCESORIES	
FUEL AND LUBRICANTS		STATIONERY	
FURNITURE		STEEL: BAR, WIRE, MESH	
GARDENING EQUIPMENT AND ACCESSORIES		TAR PRODUCTS	
GENERAL HARDWARE		TELECOMMUNICATION SERVICES	
GENERAL SERVICES		TOILETRIES	
GIFTS		TOOLS, HAND AND MACHINE (ALL)	
GROCERIES		TRAFFIC	
HIRE		TRAINING OF STAFF & COMMUNITY TRAINING SERVICES	
HUMAN RESOURCE MANAGEMENT SUPPORT & SERVICES		TRANSPORT, RE-LOCATION & FREIGHT SERVICES	
INFORMATION TECHNOLOGY SERVICES		VALUATION SERVICES	
INSTALLATIONS, MAINTENANCE & REPAIR SERVICES		VEHICLE MAINTENANCE & SERVICES	
INTERIOR DECORATING AND HOUSEHOLD SERVICES		WASTE DISPOSAL	
KITCHEN AND FOOD APPLIANCES		WATER AND SEWER	
LABORATORY & ENVIRONMENTAL EQUIPMENT		WATER PURIFICATION	
LABOUR SAVING DEVICES AND ACCESSORIES		WELDING RELATED EQUIPMENT	
CONSTRUCTION			

MBD 4

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state[1].
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.

3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1 Full Name of bidder or his or her representative:……..

3.2 Identity Number: …….

3.3 Position occupied in the Company (director, trustee, shareholder[2]):……..

3.4 Company Registration Number: …….

3.5 Tax Reference Number:……

3.6 VAT Registration Number: ……

3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state?

YES	NO

3.8.1 If yes, furnish particulars.

…..……

……..

[1]MSCM Regulations: "in the service of the state" means to be –

(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.

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

YES	NO

3.9.1 If yes, furnish particulars ...……..
……

3.10 Do you have any relationship (close family member, partner or associate) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid?
……

YES	NO

3.10.1 If yes, furnish particulars.
……
……

3.11 Are you aware of any relationship (close family member, partner or associate) 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	NO

3.11.1 If yes, furnish particulars
……
…….....

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

YES	NO

3.12.1 If yes, furnish particulars.
…….
…….

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

YES	NO

3.13.1 If yes, furnish particulars.
…….
…….

3.14 Do you or any of the directors, trustees, managers, principle 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	NO

3.14.1 If yes, furnish particulars:
……..
……..

4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

…….. ……..
Signature **Date**

……. ……
Capacity **Name of Bidder**