

4. Supplier Grouping Detail: Type of Firm: (Please ✓ the relevant box)

1	Public Company (Ltd)		7	Sole Proprietor	
2	Private Company (Pty) Ltd		8	Foreign Company	
3	Close Corporation (cc)		9	Partnership	
4	Other (specify)		10	Trust	
5	Joint Venture		11	Section 21 Company	
6	Consortium		12	Government / Parastatals	

5. Describe main principal business activity:

List of Commodities/Specialities: (Please ✓ a maximum of two commodities or speciality per company)

1	Catering services		15	Protective clothing	
2	Civil and building construction		16	Real estate, accomodation,conference venues and facilities	
3	Corporate Branding and Clothing		17	Repairs and maintenance of pumps, valves and motors	
4	Engineering Consultants		18	Safety equipment and water chemicals	
5	Environmental Consultants		19	Sound system, chairs and tents	
6	Graphic Design and Printing		20	Supply of civil spares and instruments	
7	Hardware Materials		21	Supply of electrical spares, appliances and consumables	
8	IT Equipment and Consumables		22	Supply of galvanized pipes and spares	
9	IT Services and Telecommunication		23	Supply of groceries	
10	Locksmith Services		24	Supply of mechanical instrument and spares	
11	Marketing and Communications		25	Supply of plastic pipes and spares	
12	Office Furniture		26	Supply of pumps. Valves and engineering	
13	Office Stationery		27	Team building services	
14	Pest and control services		28	Training development services	

6. Total number of years the company has been in business

7. List all partners, proprietors and shareholders by name, identity number, Status and Ownership, as relevant

Names of owners/Share holders	Identity Number(s) of Owner(s) Shareholder(s)	HDI Status No Franchise prior to elections	Female	Disabled (Yes/no)	Youth (35 years or younger (Yes/No)	% of business enterprise owned
					TOTAL	100%

Proof of disability must be substantiated by means of the completion and submission of medical certificate duly completed by a registered medical practitioner, which must accompany this registration documents at the time of submission when claiming for disability Where owners are themselves a company or partnership, identify the Ownership of the holding firm.

8. BANKING DETAILS (Full details) (Confirmation letter from the Bank is needed or attach a cancelled cheque)

Bank :

Type of account :

Account No :

Branch code :

BANK STAMP:



PLEASE NOTE

Please attach the following documents:

- ❖ Original valid tax clearance certificate
- ❖ Copy of Company Registration certificates
- ❖ Certified copies of owners ID`s.
- ❖ Enterprise Profile
- ❖ CIDB Grading Certificate or Any other certificates with professional bodies as required if Applicable
- ❖ Proof of payment slip

PRINT NAME

Date

SIGNATURE

Date

CAPACITY IN THE COMPANY

9. For Office use only

VERIFICATION BY PROCUREMENT OFFICE

Signature

Date

APPROVAL

NAME OF APPROVING OFFICER

Date

10.

**MEDICAL CERTIFICATE FOR THE CONFIRMATION OF
PERMANENTLY DISABLED STATUS**

I, _____
(Full Name & Surname),

Identity Number: _____

Registered Medical Practitioner, attached to a public institution, with my practice

Number being _____ and

Practising at _____

(Physical and Postal Address) do hereby declare that I have examined

Mr/Ms _____

Identity Number: _____

And have found the said person to be permanently disabled.

The nature of the disability is as follows:

Thus signed at _____ (place) on this day the

_____ of _____ (Month) _____ (Year)

SIGNATURE

DATE

OFFICIAL STAMP OF MEDICAL PRACTITIONER

11. BANKING PARTICULARS OF THE BELA-BELA LOCAL MUNICIPALITY

KINDLY TAKE NOTE THAT ALL PAYMENTS IN RESPECT OF DATA BASE FORMS SHOULD BE DEPOSITED INTO THE FOLLOWING BANK PARTICULARS:

NAME : ABSA BANK
ACCOUNT : 1330000062
REF : DATABASE (AND NAME OF COMPANY)
AMOUNT : R 100.00 (NON-REFUNDABLE)

CLOSING DATE : 31ST MAY 2010

PLEASE TAKE NOTE THAT INCOMPLETE DATA BASE FORMS WILL NOT BE APPROVED FOR PROCESSING