



**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		21	Corporate branding and clothing	
2	Printing, binding and publication		22	Electrical materials	
3	Stationery		23	Plumbing materials	
4	Furniture		24	Mechanical materials	
5	Cleaning services e.g. carpets, curtains		25	Transport services	
6	Cleaning material		26	Building materials	
7	Tiling		27	Training (HR development services)	
8	Painting		28	Maintenance plumbing equipment	
9	Venue hire		29	Maintenance of civil and building construction	
10	Photography, frames and medals		30	Maintenance of mechanical equipments	
11	Hiring of sound system		31	Maintenance of electrical equipments	
12	Hiring of chairs, tables and tents		32	Mineral water supply	
13	Water chemicals		33	IT equipments and consumables	
14	Safety equipment		34	IT services	
15	Pest and control services		35	Events management	
16	Fertilizers		36	welding	
17	Sand, stones and plaster sand		37	Maintenance of Air conditioners	
18	Groceries		38	Other services specify	
19	Hiring of grader, excavator and tipper truck				
20	Decoration 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
					<b>TOTAL</b>	<b>100%</b>

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** ((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
- ❖ B-BBEE verification certificate
- ❖ Proof of payment slip
- ❖ Confirmation letter from the bank or cancelled cheque
- ❖ Proof of declaration of interest, Persons within the organs of the state, such as councilors, other elected representatives (members of the provincial legislature and national parliament), full time employees, national and provincial Public servants, municipal officials and other directors of the public and municipal entities.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CAPACITY IN THE COMPANY**

4.

***9. For Office use only***

**VERIFICATION BY PROCUREMENT OFFICE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPROVAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5.

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 : 31<sup>ST</sup> MAY 2012**

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