



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		16	Real estate, accommodation conference venues and facilities	
2	Civil and building construction		17	Repair and maintenance of pumps, valves and motors	
3	Corporate branding and clothing		18	Safety equipment and water chemicals	
4	Engineering consultants		19	Sounds system, chairs, tables and tents	
5	Environmental consultation		20	Supply of civil spares and instruments	
6	Graphic design		21	Supply of cleaning materials	
7	Hardware materials		22	Supply of electrical spares ,appliance and consumables	
8	IT equipments and consumables		23	Supply of galvanised pipes and spares	
9	IT services and telecommunication		24	Supply of groceries	
10	Legal service providers		25	Supply of mechanical instruments and spares	
11	Marketing and communication		26	Supply of plastic pipes and spares	
12	Office furniture		27	Supply of pumps, valves and engineering	
13	Office stationery		28	Team building services	
14	Pest and control services		29	Training development services	
15	Protective clothing		30	Other services	

Specify_____

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

Signature

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 2011

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