



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	Supply of concrete cutter blades		35	Events management	
16	Fertilizers		36	welding	
17	Sand, stones and plaster sand		37	Maintenance of Air conditioners	
18	Advertising		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
					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** ((Confirmation letter from the Bank is needed or attach a cancelled cheque)

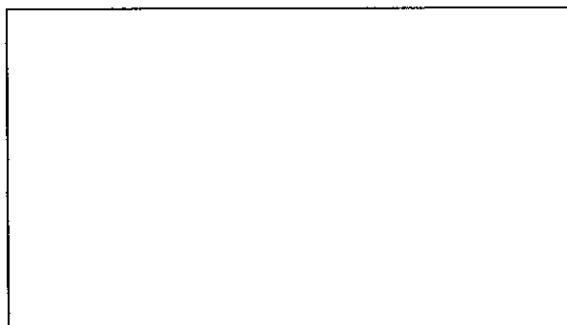
Bank :

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

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

PLEASE NOTE

1. ALL PAYMENTS IN RESPECT OF APPLICATIONS FOR REGISTRATION ON THE MUNICIPALITY'S DATABASE SHOULD BE PAID AT THE CASHIERS HALL (58 CHRIS HANI ROAD, BELA-BELA).

2. THE COST FOR THE DATABASE APPLICATION IS R100 PER FORM.

3. THE CLOSING DATE IS THE 31st OCTOBER 2014

PLEASE TAKE NOTE THAT INCOMPLETE DATABASE FORMS WILL NOT BE APPROVED FOR PROCESSING.

MBD 4

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state¹.
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, shareholder²):.....

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.

.....

¹MSCM 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 (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 / NO
- 3.10.1 If yes, furnish particulars.
.....
.....
- 3.11 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 / 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