

**UMNGENI MUNICIPALITY**



P.O. Box 5  
3290  
Howick, South Africa

**DATABASE FORMS CHECKLIST**

**COMPULSORY DOCUMENTS TO BE ATTACHED TO DATABASE REGISTRATION FORMS, FAILURE TO ATTACH WILL RESULT IN APPLICATION NOT BEING CONSIDERED**

**Kindly use this as checklist as confirmation that ALL the required information/documents have been submitted.**

**Please indicate with an "X"**

<b>The following documents have been attached:</b>	<b>Supplier</b>	<b>SCM Official Use Only</b>
Database forms pages fully completed		
Original Valid tax clearance certificate with tax pin		
Proof of VAT Registration (if applicable)		
Central Supplier Satabase (CSD) summary report attached		
Company registration documents		
Certified copies of all listed directors/trustees/shareholders/members		
Original BBBEE or certified copy		
Proof of banking/cancelled cheque		
Proof of paid-up-to-date municipal bill/rates and taxes		
Company profile		
Valid Construction Industry Development Board Registration Certificate (if applicable)		
COIDA Registration (if applicable)		
<b>The following fields have been completed:</b>		
Business particulars		
Banking information		
type of business		
Products and or services offered		
Ownership information		
Authorised signature affidavit signed before commissioner of oath		
Proof of address		
Declaration of interest form		
Verification of information		

**FOR SCM OFFICIAL USE ONLY:**

**I acknowledge that the supplier database form on this file was or has been checked by me, and that all the required information and returnable documents have been furnished.**

**Signed:** \_\_\_\_\_

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

**Initials & Surname:** .....



**PART A**

**APPLICATION FOR REGISTRATION ON THE  
UMNGENI MUNICIPALITY DATABASE**

**(SUPPLIER / CONTRACTOR / SERVICE PROVIDER)**

Name of Enterprise.....

Trading name: .....

a) Postal Address :  
.....  
.....  
.....Postal Code : .....

b) Physical Address :  
.....  
.....  
.....Postal Code : .....

c) Telephone no.: Area code (.....) .....

d) Fax. : Area code (.....) .....(Purchase Orders) (.....).....(Remittance advice)

e) Cell Phone No.: .....

f) E-mail Address : .....

g) Website Address : .....

h) Contact Person : .....

i) Enterprise registration number:# .....

j) Enterprise income tax reference number:\* .....

k) VAT registration number : .....

l) Discount ..... % (If any is offered for early settlement if invoices are paid on or before 30 days from receipt)

**UMNGENI MUNICIPALITY PAYS ALL INVOICES 30 DAYS FROM RECEIPT OF  
INVOICES. ALL INVOICES MUST REFLECT OUR VAT No - 4240102774**

**NB: A COPY OF THE COMPANY LETTERHEAD VAT REGISTRATION, TAX CLEARANCE  
CERTIFICATE AND COMPANY PROFILE IS TO BE ATTACHED.**

\* If a sole owner insert personal income tax number and if a partnership insert personal income tax numbers of all partners.  
# Insert CC number, business licence no, companies act number etc.

1. Type of Enterprise (tick appropriate box)

- Sole trader
- Partnership
- Close Corporation
- Company eg PTY / LTD
- Trust
- Other

2. Principal business activities (Briefly describe) .....

3. Location of Enterprise (tick appropriate box)

- a.  Umngeni Municipality Area
- b.  KwaZulu Natal
- c.  South Africa
- d.  Other

4. Street address of all facilities used by the enterprise

Address	Facility
<b>Head Office</b>	
4.1 .....	.....
<b>Branches</b>	
4.2 .....	.....
4.3 .....	.....

(continue on separate page if required)

5: Do you share facilities? .  Yes  No (tick one box)

If yes; which facilities are shared? .....

With whom do you share facilities (name of firm/Individuals)? .....

What are the other firm's principal business activities ? .....

6. List all partners, proprietors and shareholders.

NAME	IDENTITY NUMBER	HDI STATUS YES / NO	DISABLED YES / NO (IF YES STATE DISABILITY)	CITIZENS HIP	DATE OF OWNERSHIP	PROFESSIONAL REGISTRATION NUMBER (where applicable)	OWNED %	VOTING %
<b>Total to equal to 100%</b>							<b>100</b>	<b>100</b>

NOTE: - where owners are themselves a company or partnership, identify the ownership of the holding firm.  
 - certified copies of ID must be attached.

7. Is the enterprise registered or does it have a business license(s) ? (tick one box)

Yes  No

If yes, detail and quote relevant reference numbers and dates e.g company, cc registration n<sup>o</sup>, vat no etc.

.....  
 .....

8. Detail all trade associations/professional bodies in which you have membership :

.....  
 .....

9. Did the enterprise exist under a previous name ? (tick one box)

Yes  No

If yes:

- what was it's previous name ? .....

- why did it change name ? .....

List the previous owners/partners/directors .....

.....  
 .....

10. How many full time (FT) and part time (PT) staff members are employed by the enterprise :

	Historically Disadvantaged Individuals				Other	
	Priority		Non Priority			
	FT	PT	FT	PT	FT	PT
Male						
Female						

11. How many full time (FT) and part time (PT) Disabled members are employed by the enterprise :

	Historically Disadvantaged Individuals				Other	
	Priority		Non Priority			
	FT	PT	FT	PT	FT	PT
Male						
Female						

12. How many staff members have joined the enterprise in the last 6 months :

Full time : .....

Part time : .....

13. Banking Details

I/We, the undersigned, hereby authorize and instruct Umngeni Municipality to pay all amounts that may hereinafter, from time to time, become due and payable to me/us by Umngeni Municipality by electronically transferring the same to the bank mentioned below for the credit of my/our account detailed below.

I/We, the undersigned, understand and agree that:

- S Any such transfer shall constitute a full and final discharge of Umngeni Municipality's obligations to make such payments to us.
  - S This payment authorization and instruction will be applied to both goods purchased and services rendered.
  - S This authority and instruction will remain valid unless cancelled by either party upon thirty (30) days written notice. The said notice will only be effective in writing, delivered to the other party at the addresses stated herein and bearing an acknowledgement of receipt by the other party.
  - S Should any transfer attempted in respect of this authorization be unsuccessful due to incorrect information supplied by me/us, I/We agree to pay all bank charges for this transfer attempt.
- In the event that the details set out herein change, I/We agree to notify Umngeni Municipality forthwith.

- 13.1 Name of Banking Institute: .....
- 13.2 Branch: .....  
Code: .....
- 13.3 Town /City: .....
- 13.4 Banking Account Number: .....
- 13.5 Name under which account is operated: .....

**IMPORTANT: Please attach an original cancelled cheque or bank statement.**

13.6 BEFORE RETURNING, THIS SECTION MUST BE COMPLETED BY YOUR BANK

I/We confirm that the above information on the client's account at this bank/building society is correct.

..... **Bank Stamp:-**

**Signed on behalf of Bank**

.....

**Name**

.....

**Capacity**

**NOTE: This information will supercede any previous authorization and instruction lodged with the Umngeni Municipality. Where the application has been submitted electronically the original completed form must be returned. Photocopies or faxed copies will not be accepted.**

**CERTIFICATION OF CORRECTNESS OF INFORMATION AS PROVIDED**

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE ENTERPRISE COMPLIES WITH ALL STATUTORY AND MUNICIPAL REQUIREMENTS AND THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

4. If the Information supplied is found to be incorrect then the Umngeni Municipality In addition to any remedies, it may have; may

I Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and/or

II Cancel the contract and claim any damages which the Municipality may suffer by having to make favourable arrangements after such cancellations, and/or

III Impose a penalty on the Enterprise as provided in the Tender Documents, and/or

IV Take any other action as may be deemed necessary.

Signature .....

Name .....

I.D Number .....

Duly Authorised to sign on behalf of : .....

Address .....

.....

.....

Telephone .....

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 document, that it is true and correct to the best of

his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath

will be binding on his/her conscience.

Commissioner of Oaths .....

**NOTE: All pages of this Affidavit must be Initialed by both the Deponent and the Commissioner of Oaths.**

**PART B**

**DECLARATION OF INTEREST**

1. No bid will be accepted from persons in the service of the state<sup>1</sup>.
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<sup>2</sup>):.....

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. ....  
.....

**<sup>1</sup>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.

**<sup>2</sup> Shareholder<sup>2</sup> 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**

**CAUTION/INSTRUCTION**

Service providers/bidders are hereby advised and instructed to complete this documents in good faith and truthfully. Failure to comply with this instruction statement will have serious consequences. Upon discovery that service provider was dishonest in completing this form, Uthmaniyah Municipality will remove the service provider from its supplier's database register and report such act to National Treasury to blacklist the service provider for the act of dishonesty. Over and above the municipality will recover all monies paid to the supplier who did not give honest disclosure on the declaration forms.