

## SUPPLIERS DATABASE REGISTRATION FORM



**DELIVER TO:  
PROCUREMENT SECTION  
EDUMBE LOCAL MUNICIPALITY OFFICES  
10 HIGH STREET  
PAULPIETERSBURG  
3180**

**OR POST TO:  
THE PROCUREMENT SECTION  
EDUMBE LOCAL MUNICIPALITY OFFICES  
PRIVATE BAG X308  
PAULPIETERSBURG  
3180**

**All enquiries to be directed to: The SCM Manager  
Telephone: 0349951650/1  
Fax number: 0349951192  
[buthelzibw@edumbe.gov.za](mailto:buthelzibw@edumbe.gov.za)**

### For office use:

Supplier Name	_____		
Edumbe Registration No	_____		
Captured By	_____	Date	_____
Approved by	_____	Date	_____

## **IMPORTANT NOTES:**

Please read carefully

- To be completed by all vendors seeking registration as an approved supplier.
- Form must be completed in **full** and must be **signed**.
- Suppliers must comply with the registration criteria for registration to be finalised – failure to do so may result in the application being declined.
- Applicants will be contacted via fax and must therefore submit an operating fax number; failure to comply will result in excluding the supplier from the EFT system.
- It should be noted that eDumbe Local Municipality reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect
- Suppliers will **not be notified** whether the application was accepted or not but will be advised of the outcome if telephonically requested
- Documents must be hand delivered at or posted to the above address. Faxed documents will not be accepted.
- Only black pen to be used on completion of this form

## **GUIDELINES:**

1. Applicants are advised that only **ORIGINAL** eDumbe Local Municipality forms or **PHOTCOPIES** thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.
2. It is imperative that only supporting documents with an **ORIGINAL** signature be submitted.
3. All signatures must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant **not qualifying** for registration.
4. Suppliers registered on the Suppliers Database **MUST** notify the Supply Chain Management Office of any changes to information provided in the initial eDumbe Local Municipality forms, as captured onto the Suppliers Database. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

5. Suppliers providing incorrect information or fraudulent in their eDumbe Local Municipality forms will be **disqualified** from bidding and **removed** from the Suppliers Database, in addition to any other action the Province may institute against such a supplier. Furthermore, in the event of the Province being prejudiced financially, it reserves the right to **take legal action** against the supplier.
6. For definitions of terminology used in this document, please refer to the definitions set out in Treasury Regulation 16 A and eDumbe Local Municipality's Supply Chain management Framework.
7. Any **alterations** made by the supplier to its own information inserted on this document, must be **initialled** by the supplier. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant.
8. Reminding letters will be issued by the eDumbe Local Municipality to suppliers to update their information. It remains the responsibility of the supplier to ensure that their information is updated in the Suppliers Database, therefore if a reminder letter is not received, the supplier must follow up with the eDumbe Local Municipality.

## **SUBMISSION OF DOCUMENTATION**

The following documents must accompany your application: Please indicate

<b>Documents</b>	<b>Expiry date</b>	<b>YES</b>	<b>NO</b>
Certified copies of Identity Documents (ID) of shareholders			
Valid SARS Tax Clearance Certificate (original documents only)			
Company Registration Documents (e.g. CK)			
Original or Certified Proof of Residence (Municipal Account)			
Training Institution ( SETA Accreditation Certificate)			
Original Valid Broad-Base Black Economic Empowerment (BBBEE) Certificate			
Copy of bank statement (not older than 3 months) or cancelled cheque for proof of Bank Details			
<b>CSD REGISTRATION TO BE ATTACHED</b>			

## SECTION 1: PARTICULARS OF THE ORGANISATION

Please note that all information will be treated confidentially.

Where organisation is a joint venture the individual members of the joint venture are to separately provide information on their organisation.

1.1. Registered name of the organisation:

1.2. Trading name:

1.3. Type of organisation: (please tick one)

PTY(Ltd)	<input type="checkbox"/>	CC	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>	Section 21	<input type="checkbox"/>	Public Company	<input type="checkbox"/>	Other (Specify	<input type="checkbox"/>
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1.4. Company registration number:

1.5. Income tax registration number:

1.6. VAT registration number:

1.7. UIF registration number:

1.8. PAYE number:

1.9. Construction industry development board registration number (CIDB):

1.10. Compensation commissioner registration number:

1.11. (a) Business Postal address:

Postal Code:	

(b) Business Physical address

Postal Code:	

1.12. Contact person (**Full name**) and designation:

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1.13. Contact Details:

EMAIL:	
TELEPHONE NUMBER:	
CELL NUMBER:	
FAX NUMBER	

1.14. State the municipality in which you're business operates:

Name of the Municipality	
Account Number	
Contact for Municipality	

1.15. Previous business information (if applicable)

Did your business exist under a different name previously?	
If "yes" what was the previous business name?	
Reason for name change?	

1.16. Banking details:

The eDumbe Local Municipality has adopted a policy of making vendor payments via EFT. To ensure that there are no delays in the processing of payments, ensure that the Electronic funds transfer form and the banking account details form are completed correctly and have the requisite bank authorisations.

1.17. Declaration of Interest

No bid will be accepted from persons in the service of the state\*.

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 and/or take an oath declaring his/her interest.

Are you presently in the service of the state\***YES / NO**

If so, furnish particulars.

\_\_\_\_\_

Have you been in the service of the state for the past twelve months? **YES / NO**

If so, furnish particulars.

\_\_\_\_\_

**ELECTRONIC FUNDS TRANSFER**

Name of company/ partnership/individual: \_\_\_\_\_

Trading as: \_\_\_\_\_

Reg. No.: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

I/ We, the undersigned, hereby authorise and instruct the eDumbe Local Municipality to pay all amounts that may hereafter, from time to time, become due and payable to me/us by the eDumbe Local 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:

- Any such transfer shall constitute a full and final discharge of the eDumbe Local Municipality’s obligation to make such payments to me/ us. The eDumbe Local Municipality shall not be liable to make good any loss. I/ We may suffer consequent upon such transfer pursuant to this authority and instruction.
- This payment authorisation and instruction will be applied to both goods purchased and services rendered.
- 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.
- Should any transfer attempted in respect of this authorisation 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 should change, I/ We agree to notify the Municipality forthwith.

\_\_\_\_\_

Name Capacity Telephone/Cell

\_\_\_\_\_

Signature

Date

**BANK ACCOUNT TO WHICH PAYMENTS ARE TO BE MADE**

Name in which account is held: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Bank clearing number: 

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Account Number 

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ACCOUNT TYPE: \_\_\_\_\_

**Important:** Please ensure that you have included a certified copy of your identification and a copy of a cancelled cheque or bank statement as per the documents required.

**SECTION B: 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 is correct.

\_\_\_\_\_  
**Signed on behalf of Bank**

Bank Stamp:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity

Note: This information will supersede any previous authorisation and instruction lodged with eDumbe Local Municipality. **Original completed** forms must be hand delivered or posted to the above address. Photocopies or faxed copies will not be accepted.

For Office Use Only	Supplier Code	Captured By(Name)	Initial	Date

## SECTION 2: SERVICE TYPE AND CATEGORIES

Vendor type and services categories					
Please indicate your Service Type (ONE ONLY) by marking the appropriate box with an X.					
Code	Service Type	X	Code	Service Type	X
Cons	Consultant		Supp	Supplier	
Cont	Contractor				
<b>Service providers may choose a MAXIMUM OF 5 (five) categories by marking the appropriate box with an X</b>					
* If more than 5 services are indicated, only the first five will apply					
**If your service is not indicated, write it clearly under "OTHER"					
<b>300</b>	<b>Construction Equipment And Supplies</b>	<b>X</b>	<b>100</b>	<b>General Services</b>	<b>X</b>
301	Construction equipment		101	Catering	
302	Building materials		102	Conferencing and Event management	
303	Electrical materials		103	Cleaning and Gardening Services	
304	Plant hire equipment		104	Courier	
305	Plumbing materials		105	General Maintenance	
<b>500</b>	<b>Construction Services</b>	<b>X</b>	106	Laundry and Dry Cleaning	
501	Civil		107	Pest Control	
502	Electrical		108	Photographic and Graphic Design	
503	Mechanical		109	Printing	
<b>400</b>	<b>Professional Services</b>	<b>X</b>	110	Security and Safety	
401	Accounting, Auditing, Financial		111	Transport (buses / minibuses)	
402	Architectural and Quantity Surveying		<b>200</b>	<b>Office and Facilities Supplies</b>	<b>X</b>
403	Arts and Culture		201	Audio systems	
404	Auctioneering		202	Clothing and Corporate gifts	
405	Consulting Civil Engineer		203	Fire protection equipment	
406	Consulting Electrical Engineer		204	Groceries	
407	Consulting Geo-technical Engineer		205	IT- hardware/ software	
408	Consulting Mechanical Engineer		206	Office furniture and equipment	
409	Fire and Safety		207	Stationery	
410	GIS and Mapping and Data Collection		<b>600</b>	<b>Vehicles</b>	<b>X</b>
411	Occupational Health & Safety		601	Alarms and tracking systems	
412	Land and Property Valuers		602	Mechanical repairs and maintenance	
413	Land Surveying		603	Electrical repairs and maintenance	
414	Legal Services		604	Panel Beating	
415	Recruitment		605	Spares and parts	
416	Town and Regional Planners		606	Towing	
417	Training and Development		607	Vehicle dealership and Fleet Management	
418	Translation and Interpretation		<b>800</b>	<b>Other</b>	<b>X</b>
<b>700</b>	<b>Miscellaneous Supplies</b>	<b>X</b>	801		
701	Functions Equipment Hire		802		
702	Sports		803		

### SECTION 3: EVALUATION SECTION

**Failure to complete this section will result in the application being declined.**

3.1. Please indicate size of the organisation based on annual turnover in the past three year's turnover:

3.2. Please provide total number of staff members employed by the company:

### SECTION 4: REFERENCES

List at least three completed projects and their contactable reference. List per each type of service registered for:

PROJECT NAME	INSTITUTION NAME	AWARD AMOUNT	REFERENCE NAME AND CONTACT	DATE AWARDED
PROJECT NAME	INSTITUTION NAME	AWARD AMOUNT	REFERENCE NAME AND CONTACT	DATE AWARDED
PROJECT NAME	INSTITUTION NAME	AWARD AMOUNT	REFERENCE NAME AND CONTACT	DATE AWARDED

**NB: A supplier can attach additional references per service type. References will be contacted, thus inaccurate contact details or poor service delivery may be used as valid grounds for registration being declined.**

**SECTION 5: DECLARATION**

**I the undersigned hereby declare that the information given in this document is to the best of my knowledge true, and correct in every respect.**

Full names of owner or supplier representative: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed at: \_\_\_\_\_

Supplier name: \_\_\_\_\_

**SIGNED AND AFFIRMED BEFORE ME (COMMISSIONER OF OATHS):**

Full name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Capacity: \_\_\_\_\_

