



**MAKANA MUNICIPALITY SUPPLIER
DATABASE REGISTRATION (UPDATED JAN
2017)**

This form must be completed and submitted to one of the following:

**Makana Municipality
Supply Chain Management Office
P.O. Box 176
GRAHAMSTOWN
6140**

**Makana Municipality
Finance Directorate
86 High Street
GRAHAMSTOWN
6139**

Enquiries:

Supply Chain Office: 046 603 6016

Fax: 046 636 2472

Email: Zgxowa@makana.gov.za(Zoleka Gxowa)/Nappolis@makana.gov.za(Nadia Appolis)

Name of Supplier : _____

Registration Number: _____

**Compulsory Documentation to be attached:
(failure to submit these documents will result in non-registration)**

- () Business Registration
- () B-BBEE Certificate
- () Cheque/Bank Verification Letter
- () ID of Directors
- () Original SARS Tax Clearance Certificate
- () Billing Clearance Certificate
- () CIDB (for construction companies)
- () Other: _____

FOR OFFICIAL PURPOSE ONLY:

Supplier Number: _____

Input by : _____ Checked by : _____ Approved by : _____

Signature : _____ Signature : _____ Signature : _____

Date : _____ Date : _____ Date : _____

SUPPLIER DATABASE

COMPLETING THE REGISTRATION FORM

- 1. All relevant sections of this form must be completed by prospective suppliers only in black ink.**
- 2. Corrections can be made by drawing a line across the incorrect statement, writing in the correct details above the same, and subsequently endorsing the entry with the applicant's signature.**
- 3. Applicants are advised that only an Original Database form will be processed. Any document that have been retyped or redrafted or faxed will be disregarded and returned to the applicant.**
- 4. A supplier registered on the Supplier Database MUST notifies the Supply Chain Management Office of any changes to the information provided.**
- 5. Please refer to the attached table to determine the mandatory documentation required by your business type. Please ensure that all copies of mandatory documentations (certified copies, where applicable) are attached. If a field is not applicable to your business type, mark it as N/A and supply applicable documentation or proof of exemption.**
- 6. Clearly state Yes, No or N/A to question asked. Do not leave any fields blank.**
- 7. Please ensure that a Commissioner of Oaths has clearly certified all documentation required.**
- 8. An Original Valid SARS Tax Clearance Certificate is to be submitted.**
- 9. Please keep copies of the registration documentation for your own records and to ensure that all data is maintained and up to date on a continual basis.**
- 10. Completed registration forms and supporting documentation can either be delivered or posted to one of the addresses on the registration form.**
- 11. Please notify the Makana Municipality immediately of any changes to the verified information submitted. Failure to do so may result in such a supplier being removed from the Supplier Database.**

New Supplier

Re-registration Information Update

Existing Supplier Registration No

Existing Supplier

A – 1 BASIC SUPPLIER INFORMATION

Registered Business Name of Supplier							
Trading Name of Supplier							
Registration Number (CIPRO, etc)							
Year of Registration					Years of Operation		
Business Type (Tick Box)	1	Public Company Ltd			<i>Attach Certified copy of Incorporation (CM3)</i>		
	2	Private Company (Pt y)Ltd			<i>Attach Certified copy of incorporation (CM3)</i>		
	3	Close Corporation CC			<i>Attach Certified copy of CK 1 & CK 2</i>		
	4	Sole Proprietor			<i>Attach Certified copy of ID Document</i>		
	5	Partnership			<i>Attach Certified copy of Partnership Agreement</i>		
	6	Trust			<i>Attach Certified copy of Trust Document</i>		
	7	Co-operative			<i>Attach Certified copy of Co-Op Registration</i>		
	8	Voluntary Associations			<i>Attach Certified copy of constitution</i>		
	9	Other					
Supplier Group Details (Tick box)	10	Construction Equipment and Supplies	20	Construction Services	30	Electrical and Mechanical Equipment, Services	
	40	General Services	50	Office and Facilities Equipment	60	Miscellaneous Goods and Supplies	
	70	Professional Services	80	Vehicle Supply and Transportation Services			
		other					
Preferential Procurement IND Codes (Tick all that Apply)	DI	Disability	GE	Women	YO	Youth (18-35)	
	HD	Historical Disadvantage Individuals	LC	Local Content	LL	Local & Regional Based	
	SM	Small Medium Micro Enterprise	LM	Local Municipality			

A – 2 CONTACT DETAILS

Head Office Contact Details (for Payments)
(Circle Title below)

Mr. / Mrs. / Ms. / Miss. / Other _____

Person			
Designation			
Telephone		Fax	
Cell			
Email			

Website Address :

Alternative Contact Details

(Circle Title below)

Mr. / Mrs. / Ms. / Miss. / Other _____

Person			
Designation			
Telephone			
Cell			
Email			

A – 2 CONTACT DETAILS – ADDRESS (Please provide a valid billing clearance certificate)

Please indicate your Province by circling the abbreviation			
Registered Postal Address	P.O. Box/Bag		
	Suburb/Town		
EC / WC / NC / GT / MP / KZN / NP / FS / LP	City		Code
Head Office PHYSICAL Address	Building		
	Street		Floor
	Suburb/Town		
EC / WC / NC / GT / MP / KZN / NP / FS / LP	City		Code
Municipal District		Local Municipality	
Branch Office Physical Address	Street		
	Suburb/Town		
EC / WC / NC / GT / MP / KZN / NP / FS / LP	City		Code
Municipal District		Local Municipality	
Located At : (Specify the Office)			

A – 3 BANKING INFORMATION (N.B. - Please attach Bank Verification letter from your Bank)

Bank Details for this Office : Official Bank Stamp (Attach a copy or original bank statement not older than 6 days)	Bank Name					
	Bank Location					
	Branch Name					
	Branch Code					
	Account Holder					
	Account Name					
	Account Number					
	Account Type: (Tick One)	<input type="checkbox"/> Cheque	<input type="checkbox"/> Tran	<input type="checkbox"/> Not in Use	<input type="checkbox"/> Savings	<input type="checkbox"/> Subscription
Bank Official Name :	Designation :	Signature :				
Preferred Payment Method :						
Default Payment Terms :		Invoice Delivery Method :				

A – 4 ACCREDITATION ? CERTIFICATION (CIDB, NHBRC, PSIRA, etc.)
 (Attach a copy of Accreditation)

Document No Of Accreditation :		Issue Date :	
Issuing Organization :		Expiry Date :	
Issuing Organization Registration Number :		Re fence / Member No:	
Name of Certificate :		Grading	
Status of Certificate :			
Type of Certification :		Membership Period	

A – 5 TAX INFORMATION (Attach a Valid Original SARS Tax Clearance Certificate)

SARS Tax Reference Number:	
VAT Registration Number:	
RSC Registration Number:	
Supplier's SARS Office and Telephone contact where tax file is held:	

B – 1 PROPRIETORS / SHAREHOLDERS / PARTNERS / SOLE PROPRIETER / TRUSTEES / BENEFICIARIES (OWNERS)

<p>List all persons who are OWNERS in the business or trust being registered and indicate their involvement in the management / operations of the business / trust.</p>						
<p>OWNERS' INFORMATION (Circle choice or fill in the required information)</p>		<p>REGARDING OWNERS AND TRUSTS</p>				
Full Name :	Trustee?	Y	N	Beneficiary?	Y	N
ID Number:	Designation :					
Address :						
Ownership % :	Nationality :					(Attach ID)
BBBEE Level						
Full Name :	Trustee?	Y	N	Beneficiary?	Y	N
ID Number:	Designation :					
Address :						
Ownership % :	Nationality :					(Attach ID)
BBBEE Level						
Full Name :	Trustee?	Y	N	Beneficiary?	Y	N
ID Number:	Designation :					
Address :						
Ownership % :	Nationality :					(Attach ID)
BBBEE Level						
Full Name :	Trustee?	Y	N	Beneficiary?	Y	N
ID Number:	Designation :					
Address :						
Ownership % :	Nationality :					(Attach ID)
BBBEE Level						
Full Name :	Trustee?	Y	N	Beneficiary?	Y	N
ID Number:	Designation :					
Address :						
Ownership % :	Nationality :					(Attach ID)
BBBEE Level						

Full Name :		Trustee?	Y	N	Beneficiary?	Y	N
ID Number:		Designation :					
Address :							
Ownership % :	Nationality :						(Attach ID)
BBBEE Level							
Full Name :		Trustee?	Y	N	Beneficiary?	Y	N
ID Number:		Designation :					
Address :							
Ownership % :	Nationality :						(Attach ID)
BBBEE Level							
Full Name :		Trustee?	Y	N	Beneficiary?	Y	N
ID Number:		Designation :					
Address :							
Ownership % :	Nationality :						(Attach ID)
BBBEE Level							
Full Name :		Trustee?	Y	N	Beneficiary?	Y	N
ID Number:		Designation :					
Address :							
Ownership % :	Nationality :						(Attach ID)
BBBEE Level							
Full Name :		Trustee?	Y	N	Beneficiary?	Y	N
ID Number:		Designation :					
Address :							
Ownership % :	Nationality :						(Attach ID)
BBBEE Level							
Full Name :		Trustee?	Y	N	Beneficiary?	Y	N
ID Number:		Designation :					
Address :							
Ownership % :	Nationality :						(Attach ID)
BBBEE Level							

LIST ANY OWNER WHO HAVE AN OWNERSHIP INTEREST IN ANOTHER BUSINESS

Name :	Position :
Name of Other Business :	
Type of Business :	% Held :
Name :	Position :
Name of Other Business :	
Type of Business :	% Held :
Name :	Position :
Name of Other Business :	
Type of Business :	% Held :

B – 2 DECLARATION OF CONFLICT OF INTEREST BY PROSPECTIVE SUPPLIER

Are any of your Owners or Senior/Executive Management Current Government Officials. If yes, Specify.	Yes	No
Do any of your Directors/ Owners have any previous/current association with Government? If so, please indicate by declaring such interest	Yes	No

Attached please find the declaration of interest form to be completed & signed:

B – 2 PREVIOUS BUSINESS INFORMATION

Did your business exist under a previous name?	Yes	No
IF “Yes” what previous name (s)	Year :	
Why was the name changed?		
Previous Supplier Database number?		
Owners, Partners, members an shareholders now de-registered:		
Name	Title	ID Number

B – 3 PREVIOUS CONTRACT OR TENDER EXPERIENCE (Mark with X)

Do you have any previous contract work or tender experience?		Yes	No
If “Yes”, Please complete below:			
Employer / Department			
Contact Person			
Contact Number			
Estimated Contract Value in Rands	R		
Year awarded		Year Completed / Still in Progress	
Proof documents attached			Yes No

Do you have any previous contract work or tender experience?		Yes	No
If “Yes”, Please complete below:			
Employer / Department			
Contact Person			
Contact Number			
Estimated Contract Value in Rands:	R		
Year awarded		Year Completed / Still in Progress	
Proof Documentation attached			Yes No

D -1 GOODS AND SERVICES SUPPLIED BY YOUR BUSINESS

Please mark commodities with X in numbered column next to the commodity

CODE 1000	CONSTRUCTION EQUIPMENT AND SUPPLIES	2160	Pre-cast concrete manufacture
1010	Air conditioning and temperature control equipment	2170	Pump Installation
1020	Building equipment and accessories (cement mixers, scaffolding, trowels, levels etc.)	2180	Road works
1030	Building materials (bricks, cement, sand, planting, plastic, stone, steel tiles etc.)	2190	Sewerage systems and construction
1040	Ceiling boards, skirting's etc.	2200	Water works and pipelines
1050	Construction machinery	2210	Specialist Trade Contractors
1060	Doors and windows	2220	Forestry Cleaning
1070	Electrical systems, lighting, components, accessories and supplies	2230	CCTV Inspection
1080	Flooring materials (carpets, tiles, etc.)	2240	Asphalt Paving
1090	Glass	2250	Traffic Systems and Signage
1100	Plumbing ware and materials	2260	Road Marking Painting
1110	Roofing materials	3000	ELECTRICAL AND MECHANICAL EQUIPMENT, SERVICES AND SUPPLIES
1120	Sanitation ware and equipment	3010	Bearing supplies
2000	CONSTRUCTION SERVICES	3020	Bolts, nuts, fasteners
2010	Burglar proofing and systems	3030	Electric cables
2020	Civil Engineering structures	3040	Electrical component supplies
2030	Concrete manufacture and works	3050	Electrical Equipment
2040	Construction-related transport	3060	Electrical equipment repairs
2050	Demolition services	3070	Hardware supplies
2060	Earthworks, drilling and landscaping	3080	Lifting equipment
2070	Electrical installation	3090	Mechanical seals and parking
2080	Fencing	3100	Pipe and irrigation supplies
2090	General building work	3110	Power generation and distribution machinery and accessories
2100	Glazing	3120	Pump spares
2110	Mechanical contracts	3130	Small tools
2120	Metalwork	3140	Transformer services
2130	Painting	3150	Valves, couplings
2140	Paving	3160	Water meter, pipes, fittings, galvanized PVC, uPVC, mPVC, polyethylene etc.
2150	Plumbing		

4000	GENERAL SERVICES	4360	Research Services
4010	Accommodation and lodging	4370	Security and Safety Services
4020	Advertising, communication, design, editorial, publication and marketing services	4380	Site Cleaning
4030	Auctioneering services	4390	Social Facilitating
4050	Bookkeeping and accounting services	4400	Storage
4060	Catering and refreshments	4410	Translation and Interpreting Services
4070	Cleaning services	4420	Transport Services, General
4080	Conferencing facilities and facilitation	4430	Travel Services
4090	Contract administration	4440	Vehicle Hire
4100	Courier services	4450	Vending Services
4110	Education and training	4460	Area Cleaning
4130	Freight forwarding and cleaning services	4470	Traffic Signs
4140	General maintenance services	4480	Hairdressing
4150	General Wholesale	4490	HR Services
4160	Health care	5000	OFFICE AND FACILITIES EQUIPMENT AND SUPPLIES
4170	Horticulture	5010	Office Computer Equipment, Networks and Software
4180	Infrastructural maintenance	5020	Consumables
4190	Inspection services	5030	Corporate Gifts
4200	Insurance	5040	Domestic, Industrial and Cleaning Equipment and Supplies
4210	IT, Broadcasting and Telecommunication Services	5050	Electric Equipment, Including Audiovisual Equipment
4220	Interior Decorating Refurbishment and Upholstery	5060	Fire Protection Equipment
4230	Land Valuation	5070	Flowers and Plants
4240	Laundry and Dry-cleaning Services	5080	Food and Refreshments
4250	Locksmith Services	5090	Households Furniture and Equipment
4260	Mailing Services	5100	Office Furniture and Equipment
4270	Management Services	5110	Office Suppliers and Stationery
4280	Miscellaneous Equipment and Goods Hiring	5120	Printing, Copying and Photographic Equipment and Supplies
4290	Personnel Services	6000	MISCELLANEOUS GOODS AND SUPPLIES
4300	Pest Control and Removal Services	6010	Environmental Cleaning Equipment, Goods and Supplies
4310	Photographic and Graphic Design Services	6020	Fire Protection Equipment, Goods and Supplies
4320	Picture Framing	6030	Garden Tools
4330	Printing	6040	Gas
4340	Procurement Services	6050	Material and Warehousing Machinery, Equipment and Goods
4350	Real Estate Services	6060	Measuring, Testing and Observation Equipment

6070	Pharmaceutical		
6080	Protective Clothing and Uniforms	8000	VEHICLE SUPPLY AND TRANSPORTATION SERVICES
6090	Security Equipment , Goods and Services	8010	Alarm and Tracking Systems
6100	Sports and Recreational Equipment and Goods	8020	Batteries
6110	Laboratory Chemicals	8030	Engine Overhauls
6120	Specialized Imported Chemicals	8040	Fuel, Oils and Lubrications
6130	Pharmacy	8050	Hydraulics
6140	Swim and Water Support Training	8060	Panel Beating
7000	PROFESSIONAL SERVICES	8070	Radiator Repairs
7010	Accounting, Auditing and Management Services	8080	Radio & Electronic Equipment
7020	Architectural Services	8090	Spares and Parts
7030	Consulting Engineering Electrical	8100	Towing Services
7040	Consulting Engineering Environmental	8110	Transmission
7050	Consulting Engineering Other	8120	Tyres and Tubes
7060	Consulting Engineering Project Management	8130	Upholstery
7070	Consulting Engineering Roads & Storm Water	8120	Vehicle fleet Management
7080	Consulting Engineering Sewerage Systems	8150	Vehicle supply
7090	Consulting Engineering Structures, Building, Bridges etc.	8160	Windscreens
7100	Consulting Engineering Water Systems	8170	Auto Electrical Repairs
7110	Consulting Engineering Geo Technical	8180	Pros haft Repairs and Balancing
7120	Consulting Engineering Solid Waste	8190	Rental of Crane Trucks and Forklifts
7130	Engineering Services	8200	Rigging
7140	Financial Services		Others not listed:
7150	Land Surveying		
7160	Legal Services Contracts		
7170	Legal Services Conveyance		
7180	Legal Services Litigation		
7190	Legal Services Other		
7200	Consulting Engineering Mechanical		
7210	Medical Services		
7220	Project Management		
7230	Quantity Surveying		
7240	Town and regional Planning		
7250	Tax Consulting Services		
7260	Aerial Survey & Digital Mapping		
7270	Occupational Health & Safety		

E – 1 CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED

I /We, the undersigned, who warrants that he/she is duly authorized to do so on behalf of the Supplier, certifies that the information supplied in terms of this document, including the supporting documentation, is correct and accurate and acknowledges that:-

- 1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
- 2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have:-
 - I. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and / or
 - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favorable arrangements after such cancellations; and / or
 - iii. Impose a penalty on the contractor as provided for in the relevant organization's regulations.
 - iv. Take any other action as may be deemed necessary.

SIGNED ON THIS _____ DAY OF _____ 20__ AT _____

AUTHORIZED SIGNATURE

IN HIS / HER CAPACITY AS

PLEASE PRINT NAME OF AUTHORISED SIGNATURE

I.D.NUMBER OF AUTHORISED PERSON

DULY AUTHORISED TO SIGN ON BEHALF OF _____
(SUPPLIER NAME)

ADDRESS : _____

TELEPHONE NUMBER : _____



DECLARATION OF INTEREST

- 1. No bid will be accepted from persons in the service of the state.
- 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 and/or take an oath declaring his/her interest.

3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1 Full Name:

3.2 Identity Number:

3.3 Company Registration Number:

3.4 Tax Reference Number:

3.5 VAT Registration Number:

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

3.6.1 If so, furnish particulars.

.....
.....

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

3.7.1 If so, furnish particulars.

.....
.....

*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.

3.8 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?

3.8.1 If so, furnish particulars.

.....

3.9 Are you, aware of any relationship (family, friend, other) between a 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**

3.9.1 If so, furnish particulars

.....

.....

3.10 Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state? **YES / NO**

3.10.1 If so, furnish particulars.

.....

.....

3.11 Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state? **YES / NO**

3.11.1 If so, furnish particulars.

.....

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CERTIFICATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM (MBD 4) IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder