

NXUBA MUNICIPALITY



GENERAL SERVICE PROVIDERS **DATABASE** **APPLICATION FORM**

NXUBA MUNICIPALITY

APPLICATION FORM FOR GENERAL SERVICE PROVIDERS TO BE INCLUDED ON THE NXUBA MUNICIPALITY GENERAL SERVICE PROVIDER'S DATABASE.

Please note:

This form must be completed by all applicants wishing to register as a service provider with the Nxuba Municipality. Please reflect all the goods/service provided by the firm. Also reflect the expertise and experience that the company has. Other relevant additional documentation may also be attached. The Municipality will determine the suitability of firms for entry into its database, based on the information provided.

All sections of the application form must be completed in full.

The application form is to be completed by the duly authorised official of the firm.

Date:

Once the Application is completed return it to:

The Procurement Officer
Nxuba Municipality
Market Square
ADELAIDE
5760

or posted to:

The Procurement Officer
Nxuba Municipality
Private Bag X350
ADELAIDE
5760

PARTICULARS OF FIRM

1. Name _____ of
Firm _____

2. Name _____ of _____ Managing _____ Principal _____

3. Type of firm (tick relevant box)

- Partnership
- One person business/sole proprietor
- Close corporation
- Company
- [Pty] Limited
- Consortium
- Other (specify)

4. Co./ _____ CC _____ Registration
Number: _____

5. Vat. _____ Registration
Number: _____

6. Company _____ income _____ tax _____ reference
number: _____

Note: Insert personal income tax reference number if one – man business and personal income tax reference numbers of all parties if a partnership.

7. Banking details:

Branch: _____

Bank Code: _____

Account Number: _____

Or Copy of a blank cancelled cheque

8. Complete the following table and provide supporting documents to confirm information:

INFORMATION REQUIRED	PERCENTAGE
Percentage HDI ownership	
Percentage of HDI's in management positions	
Percentage of HDI's employed	

Total permanent staff complement (% not applicable)	
Percentage female ownership	
Percentage disability ownership	

REGISTRATION PREREQUISITES:

NOTE: SERVICE PROVIDERS WILL NOT BE REGISTERED ON THE DATABASE IF THE FOLLOWING PREREQUISITES ARE NOT MET:

1. Proof of company registration and/or any other form of legal standing must be submitted.
2. A current and original Tax Clearance certificate from South African Receiver of Revenue Service [SARS] certifying that the taxes of the applicant are in order or that suitable arrangements have been made with SARS to bring them in order. The Tax Certificate will be recorded at the allocated space for the VAT number with the words “compulsory if turnover is more than R300 000”. Where the person is not required to be registered for VAT, the Receiver of Revenue will write “not required to register” next to the allocated space for the VAT registration number.
3. Submit proof of Professional Registration with the relevant Professional Body, if applicable.
4. Submit Company composition on the form attached as **Annexure “H”**.
5. Complete Previous/Past Experience **Annexures**.
6. Attach Black Economic Empowerment (BEE) Strategy/Transformation Strategies/ strategies to empower the Disabled/physically challenged.

CONTACT DETAILS

1. Contact _____ person:

Phone No.: _____

Cell No.: _____

Fax _____ No.:

E-Mail: _____

2. Postal _____ Address:

-

-

Postal Code: _____

3. Physical _____ Address:

-

-

Postal Code: _____

4. Eastern Cape Offices: _____

5. National Offices: _____

A SEPARATE DATABASE WILL BE SET UP FOR EACH OF THE FOLLOWING CATEGORIES: INDICATE THE FIELD OF COMPETENCE YOUR FIRM WILL BE REGISTERING IN:

Accommodation
Agricultural Supplies
Air-conditioning Repairs, Maintenance and Supplies
Auctioneers
Audio-video Conferencing Equipment
Battery Suppliers
Bearings and Seals
Blinds: Installation and Supplies
Bus / Car Hire
Catering
Cellular Service Providers
Cleaning Material
Commercial Appliances
Commodity Suppliers
Computers
Courier Services
Electrical Repairs, Maintenance and Supplies
Engineering Equipment
Events Management
Fire Equipment: Sales and Services
Flooring Contractors
Fuel & Oil
Glass Repairs and Suppliers
Interior Decorating
I.T Hardware and Software Suppliers
Hiring of earthworks plant & equipment or Plant Hire (grader, bull dozer, roller, tipper trucks)
Locksmith Specialists
Network Cabling
Office Furniture
Painting
Pest Control
Plant Hire
Plumbing
Printing Services
Promotional Wear and Gifts
Property Valuers
Protective Clothing
Sign Manufacturing, Repairs and Sales
Stationery
Telecommunications
Tyres for fleet
Vehicle Body Repairs
Vehicle Maintenance and Repairs
Welding works
Other (specify)

More than one (1) field of competence may be selected.

DECLARATION OF INTERESTS (KINSHIP, RELATIONSHIP WITH PERSONS EMPLOYED BY NXUBA MUNICIPALITY)

In terms of the Municipal Supply Chain Management Regulations, no person or persons employed by the State may be awarded a bid by any municipality.

Any legal person, or persons having a kinship with persons employed by the Nxuba Municipality including a blood relationship, may undertake business with Nxuba Municipality. In view of possible allegations of favoritism, should a resulting bid or part thereof be awarded to persons connected with or related to an employee of Nxuba Municipality, it is required that the service provider or his/her authorized representative declare his position vis-à-vis the evaluating authority and/or take an oath declaring his/her interest, where—

- the legal person on who's behalf the bid document is signed, has a relationship with persons/a person who are/is involved with the evaluation of the bid(s), or where it is known that such a relationship exists between the person or persons for or on who's behalf the declarer acts and persons who are involved with the evaluation of the bid.

In order to give effect to the above, the following questionnaire shall be completed and submitted with this application.

Do you, or any person have any relationship (family, friend, other) with a person employed with the Nxuba Municipality or its Administration and who may be involved with the evaluation, preparation and/or adjudication of any bid?

Yes/No

If so, state particulars

Are you or any other person connected with this application, employed by any organ of State?

Yes/No

If so, state particulars

SIGNATURE OF DECLARER

DATE

POSITION OF DECLARER

NAME OF COMPANY OR SERVICE PROVIDER

DECLARATION OF INTEREST (IN THE SERVICE OF THE STATE) (MBD 4)

- 1. In terms of the Municipal Supply Chain Management Regulations any person employed by the state, cannot undertake business with Nxuba Municipality.
- 2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1 Are you or any person connected with this application, employed by the state?
YES / NO

2.1.2 If so, state particulars.

DECLARATION

I, the undersigned
(name).....

certify that the information furnished in paragraphs 2.1 to 2.3.1 above is correct. I accept that the state may act against me in terms of paragraph 23 of the general conditions of contract should this declaration prove to be false.

Signature **Date**

Position **Name of Service Provider**

