AMATHOLE DISTRICT MUNICIPALITY

SERVICE PROVIDERS DATABASE APPLICATION FORM
1 July 2014 to 30 June 2015
AMATHOLE DISTRICT MUNICIPALITY

APPLICATION FORM FOR SERVICE PROVIDERS TO BE INCLUDED ON THE AMATHOLE DISTRICT MUNICIPALITY SERVICE PROVIDER’S DATABASE.

Please note:

This form must be completed by all applicants wishing to register as a service provider with the Amathole District Municipality [ADM]. 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 Supply Chain Management Unit
3rd Floor Metropolitan Building
Drury Lane
EAST LONDON
5201

or posted to:

The Supply Chain Management Unit
P O Box 320
EAST LONDON
5200
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 Holder: ________________________________________________

   Account Number: ______________________________________________

   Or Copy of a blank cancelled cheque
8. Complete the following table and provide supporting documents to confirm information:

<table>
<thead>
<tr>
<th>B-BBEE Status Level of Contributor</th>
<th>Mark with a X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Non-compliant contributor</td>
<td></td>
</tr>
</tbody>
</table>
REGISTRATION PREREQUISITES

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

1. Company Profile describing what the company does. What is the core business of the company?

2. Company Business Registration (Founders Statement) depicting ownership / shareholding.


4. (a) A valid original or certified copy of the B-BBEE Status Level Verification Certificate;
    (b) Public entities and tertiary institutions must also submit B-BBEE Status Level Verification Certificates (EME’s);
    (c) In respect of Exempted Micro Enterprises (EME’s) i.e. an enterprise including a sole propriety with an annual total revenue of R5million or less, a valid original or copy issued by an Accounting Officer, Registered Auditor or a Verification Agency.

5. Contractors must be registered with the Construction Industry Development Board (CIDB) and provide ADM with proof of registration (CRS No).

6. Previous experience related to the category of works the service provider is registering for must be provided.

7. Banking details : Copy of a blank cancelled cheque or a letter from bank containing the following:
   - Branch
   - Bank Code
   - Account Holder
   - Account Number

8. Delivery or send to : Manager: SCM
   3rd Floor Metropolitan Building
   Drury Lane
   EAST LONDON
   5201


10. Catering Certificate from Department of Health i.e. Buffalo City Municipality if applicable.

11. Choose only 1 Commodities in General Services.
CONTACT DETAILS

1. Company Name: ______________________________________________________
   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: ____________________________________________________
   ________________________________________________________________
## GENERAL SERVICES

**LIST OF GOODS/SERVICES PROVIDED**

**PLEASE PROVIDE THE FIELD OF COMPETENCE (CATEGORY OF WORKS) YOUR FIRM WILL BE REGISTERING FOR. (CHOOSE NO MORE THAN 1)**

<table>
<thead>
<tr>
<th>CATEGORY OF WORKS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Auctioneers</td>
<td></td>
</tr>
<tr>
<td>- Audio Video Conferencing Equipment</td>
<td></td>
</tr>
<tr>
<td>- Battery Suppliers</td>
<td></td>
</tr>
<tr>
<td>- Blinds: Installation And Suppliers</td>
<td></td>
</tr>
<tr>
<td>- Building Material Suppliers</td>
<td></td>
</tr>
<tr>
<td>- Bush Clearing</td>
<td></td>
</tr>
<tr>
<td>- Taxi Hire</td>
<td></td>
</tr>
<tr>
<td>- Catering</td>
<td></td>
</tr>
<tr>
<td>- Cleaning Materials</td>
<td></td>
</tr>
<tr>
<td>- Crockery and Cutlery</td>
<td></td>
</tr>
<tr>
<td>- Appliances</td>
<td></td>
</tr>
<tr>
<td>- IT (Hardware, Software, Consumables, Networking, Cabling, etc.)</td>
<td></td>
</tr>
<tr>
<td>- Cleaning Services</td>
<td></td>
</tr>
<tr>
<td>- Courier Service</td>
<td></td>
</tr>
<tr>
<td>- Events Management (Tents, PA and Audio Systems, Chairs, Tables, Table Cloths, Pots, Plates, Staging, etc)</td>
<td></td>
</tr>
<tr>
<td>- Glass Repairs And Suppliers</td>
<td></td>
</tr>
<tr>
<td>- Interior Decorating</td>
<td></td>
</tr>
<tr>
<td>- Locksmith Specialists</td>
<td></td>
</tr>
<tr>
<td>- Office Furniture and Supplies</td>
<td></td>
</tr>
<tr>
<td>- Pest Control</td>
<td></td>
</tr>
<tr>
<td>- Plant Hire</td>
<td></td>
</tr>
<tr>
<td>- Printing Services</td>
<td></td>
</tr>
<tr>
<td>- Protective Clothing Suppliers</td>
<td></td>
</tr>
<tr>
<td>- Refreshments</td>
<td></td>
</tr>
<tr>
<td>- Repairs And Sales Of Domestic And Commercial Appliances</td>
<td></td>
</tr>
<tr>
<td>- Sign Manufacturers</td>
<td></td>
</tr>
<tr>
<td>- Stationery Suppliers</td>
<td></td>
</tr>
<tr>
<td>- Suppliers Of Bearings And Seals</td>
<td></td>
</tr>
<tr>
<td>- Suppliers Of Pipe System For Water, Sewerage And Industrial Applications</td>
<td></td>
</tr>
<tr>
<td>- Water and Sanitation Chemical Suppliers</td>
<td></td>
</tr>
</tbody>
</table>
PREVIOUS WORK UNDERTAKEN IN RELATION TO THE CATEGORY OF WORKS YOUR COMPANY IS REGISTERING FOR

Bidders must provide contactable references for previous work undertaken.

<table>
<thead>
<tr>
<th>EMPLOYER /INSTITUTION NAME</th>
<th>NATURE OF WORK/ PROJECT NAME</th>
<th>EMPLOYER CONTACT PERSON</th>
<th>EMPLOYER CONTACT NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

……………………………………………………

DATE............................................................................................................................

SIGNATURE OF SERVICE PROVIDER
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* ................................................................

3.6.1 If so, furnish particulars. ....................................................................................

3.7 Have you been in the service of the state for the past twelve months? ...

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?  

YES / NO

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.

………………………………………………………………

………………………………………………………………
CERTIFICATION

I, THE UNDERSIGNED (NAME) ………………………………………………………………………

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

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

___________________________  __________________________
SIGNATURE                  DATE

___________________________  __________________________
POSITION                    NAME OF BIDDER
DECLARATION IN TERMS OF BIDDERS PAST SCM PRACTICES

1 This Municipal Bidding Document must form part of all bids invited.

2 It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.

3 The bid of any bidder may be rejected if that bidder, or any of its directors have:

   a. abused the municipality’s / municipal entity’s supply chain management system or committed any improper conduct in relation to such system;
   b. been convicted for fraud or corruption during the past five years;
   c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
   d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Is the bidder or any of its directors listed on the National Treasury’s database as a company or person prohibited from doing business with the public sector?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the audi alteram partem rule was applied).

| 4.1.1 | If so, furnish particulars: | "" | "" |
4.2 Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?

(To access this Register enter the National Treasury’s website, [www.treasury.gov.za](http://www.treasury.gov.za), click on the icon “Register for Tender Defaulters” or submit your written request for a hard copy of the Register to facsimile number (012) 3265445).

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

4.2.1 If so, furnish particulars:

4.3 Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

4.3.1 If so, furnish particulars:

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4</td>
<td>Does the Bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

4.4.1 If so, furnish particulars:

4.5 Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

4.5.1 If so, furnish particulars:
CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) ………………………………………………….
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM TRUE
AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE
TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

____________________________  _______________________
SIGNATURE                     DATE

____________________________  _______________________
POSITION                     NAME OF BIDDER