

NAMA KHOI MUNISIPALITEIT/ UMASIPALA/ MUNICIPALITY

The Nama Khoi Municipality (NKM) is developing a vendor database which will assist with requests for quotations (RFQ's).

Supplier database in terms of section 111 of the MFMA



**VERSKAFFERS REGISTRASIE
AANSOEKVORM/

SUPPLIER DATABASE
APPLICATION FORM**



Vir enige navrae kontak die/ For any enquiries please contact :
 Departement: Finansies/ Finance department
 Voorsieningskanaalbestuurs- eenheid/ Supply Chain Management Unit (SCM)
 Tel 027-7188100
 Epos/ e –mail: bbooy@namakhoi.org.za/ jjordan@namakhoi.org.za



Vir Kantoorgebruik/ For Office use only:			
Creditor code/ Krediteur kode:	<input style="width: 95%;" type="text"/>	Nature of person/ Natuur van persoon:	<input style="width: 95%;" type="text"/>
Supplier Registration Nr./ Verskaffer registrasie No.:	<input style="width: 95%;" type="text"/>	Receipt Nr./ Kwitasie No.:	<input style="width: 95%;" type="text"/>
Application reference Nr./ Aansoekvorm verw. No.	<input style="width: 95%;" type="text"/>	Province/ District / Provinsie/ Distrik :	<input style="width: 95%;" type="text"/>
Date received/ Datum ontvang:	<input style="width: 95%;" type="text"/>	Date captured/ Datum ingevoer:	<input style="width: 95%;" type="text"/>
Received by/ Ontvang deur:	<input style="width: 95%;" type="text"/>	Captured/ Ingevoer deur:	<input style="width: 95%;" type="text"/>

NB: Please complete the form fully using a black pen and print so that all information is legible. Forms that are not readable or incomplete will be rejected. Also note that the registration number must be forwarded and stated in all future correspondence.

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR YOUR OWN RECORDS AS NO COPIES WILL BE MADE BY THE COUNCIL.

Voltoiede Registrasievorms moet gerig word aan die Munisipale Bestuurder, P O Box 17, Namakwa Straat 4, Springbok, 8240 en kan gepos word of alternatiewelik in die tenderbus te Nama Khoi Munisipale kantore te Namakwa Straat geplaas word.

Completed forms must be addressed to the Municipal Manager, P O Box 17, 4 Namakwa Street, Springbok, 8240 and can be returned via mail or alternatively be placed in the tender box at the Namakhoi Municipal Offices at 4 Namakwa Street.

POINTS TO REMEMBER

COMPLETING THE NAMA KHOI MUNICIPALITY VENDOR REGISTRATION APPLICATION FORM

- **Mandatory fields** – Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as “Mandatory Field”, have been completed, and if is not applicable to your business type clearly mark it as N/A.
- **Required documentation** – Please refer to the attached table (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached.
- **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any Mandatory fields blank.
- **Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Proof of Shareholding Certificates. The stamp of certification should be on the front of the document.
- **Copies of Documents** – Please keep copies of the registration form and all supporting documentation submitted, for your own records and to ensure that all data is maintained and up to date on a continual basis.
- **Owners, Shareholders and Partners** – Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.
- **Holding Companies & Trusts** – Please contact the Nama Khoi Supplier Database Helpdesk on Tel 027 – 718 8100 should your business be owned by a holding company or a trust to request an alternative point 9.
- **Certification of Correctness** – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.
- **Collection points** – Completed registration forms and supporting documentation can be delivered to the address on the registration form.
- **Processing of registration** – Your completed registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with all of the above role players. This letter of verification will be dispatched to the correspondence details supplied on the third page. Once your registration has been included on the Nama Khoi Municipality Database your details will be accessible accessible to the procurement department in the Nama Khoi Municipality.
- **Business Opportunities** – Please note that registration on the Nama Khoi Supplier Database does not guarantee business opportunities.
- **Amendments** – Please notify Nama Khoi Supplier Database Helpdesk immediately of any changes to the verified information submitted.
- **Queries** – Should you have any queries or if you require assistance completing the registration form, please contact Nama Khoi Supplier Database Helpdesk at 027 – 718 8100.
- If a company has more than one office, each office must fill in a separate form, unless the point of transaction is centralized in the company’s head office.

- Please note that the key facilities in the database are classified as commodities and each potential vendor must indicate the commodity/commodities in which it would like to register for RFQ's. (see list p5)
- The main objective of this process is to enhance transparency and equality on the part of the Council and to facilitate effective communication with its vendors.
- Applications must be delivered by hand and must be fully completed with all the relevant documentation attached.
- Please note that inclusion of the name in a database does not in any way guarantee any persons, company, service provider vendor, etc. any business from the Nama Khoi Municipality. All procurement will be subject to the SCM Policy, Preferential Procurement Policy of the Nama Khoi Municipality.
- It's a condition of bidding that a vendor's taxes must be in order, or satisfactory arrangements must have been made with the Receiver of Revenue to meet his/her tax obligations. In bids where consortia/joint ventures/sub contractors are involved, each party must submit a separate **Tax Clearance Certificate**.
- No listing will take place if a provider is not in "good standing" in so far as his/her tax and service charge obligations (water & electricity accounts) to the municipality are concerned.

Nama Khoi Municipality will validate the information supplied in the registration form and supporting documentation as part of the verification / accreditation process for suppliers.

**PLEASE COMPLETE ALL FIELDS. WHERE NO INFORMATION
IS APPLICABLE INDICATE WITH N/A**

PLEASE NOTE: Any vendor may register for the following commodity groups.

COMMODITY GROUP Please tick relevant box(es)	DESCRIPTION OF COMMODITY GROUP (Warehouse classifications)	COMMODITY GROUP Please tick relevant box(es)	DESCRIPTION OF COMMODITY GROUP
	00010 Office Equipment, Accessories, Supplies		00036 Machinery and Accessories for Building & Construction
	00011 Printing, Photographic Audio Visual Equipment, Computer Supplies		00037 Vehicles & Accessories for passengers, etc.
	00012 Publishing Products		00038 Tools for Machinery
	00013 Consultants		00039 Tyres, Tubes, Batteries
	00014 Material textile (overalls, uniforms, shoes, etc.)		00040 Chemicals include. Bio Chemicals, Gas Materials
	00015 Rubber, foam, Timber, Paper. Steel. Glass		00041 Cleaning Equipment, Supplies
	00016 Garden Tools & General hardware		00042 Water Purification Chemicals
	00017 Building Material (bricks, paint, stone, sand, cement, etc.)		00043 Chemicals for Weed Control
	00018 Prefabricated products (cement, fibre cement, cast iron, plastic, timber, steel, etc.)		00044 Fuels, Fuel Additives, Lubricants, Anti Corrosive Materials
	00019 Refuse containers & liners		00045 Gases
	00020 Laboratory, Measuring, Observing, Testing Equipment		00046 Fire Equipment & Materials
	00021 Medical Equipment, Accessories, Supplies		00047 Structures, Building, Construction, Paving, Manufacturing Components
	00022 Health Care Services		00048 Maintenance Services for the Building Industry
	00023 Drugs, Pharmaceutical Products		00049 Engineering, Research, Technology Based Services
	00024 Water Meters, Pipes & Fittings, Galvanised PVC, uPVC, mPVC, Polyethylene		00050 Management, Business Professionals, Administrative Services
	00025 Valves, Couplings		00051 Sports, Recreational Equipment, Supplies, Accessories
	00026 Power Generation & Distribution Machinery, Accessories		00052 Food and Beverages
	00027 Electronic Products, Domestic Appliances, Industrial Appliances		00053 Live Plant, Animal Material, Accessories, Materials
	00028 Electronic Products, Domestic Appliances, Industrial Appliances		00054 Telecommunications, Information Technology Broadcasting
	00029 Mining, Well Drilling Machinery, Accessories, Forestry		00055 Musical Instruments, Games, Toys, Arts, Crafts, Educational
	00030 Environmental Services		00056 Sale of redundant or obsolete items and scrap
	00031 Travel, Food, Lodging, Entertainment Services		00057 Jewellery
	00032 Consultants		00058 Distribution, Conditioning Systems, Equipment, Components
	00033 Resin, Rosin, Rubber, Foam, Film, Elastomeric Materials		00059 Paper Materials, Products
	00034 Editorial, Design, Graphic, Fine Arts Services		00060 Education, Training Services
	00035 Industrial Cleaning Services		00061 Farming, Fishing, Forestry, Wildlife Contracting Services

OUR CORE BUSINESS IS/OR SPECIALISATION: / ATTACHED COMPANY PROFILE AND PRICE LISTS:

1. BUSINESS REGISTRATION DOCUMENTS

NB. DOCUMENTATION PROOF MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable)

COMPANY TYPE (NB Documentary Proof of registration must be provided)

1.1 TYPE OF BUSINESS ENTITY

(Please mark relevant box ✓)

PUBLIC COMPANY (PTY) LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3 & CM2) and AUDITORS CONFIRMATION LETTERS
PRIVATE COMPANY (PTY) LTD	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3) and AUDITORS CONFIRMATION LETTERS
CLOSE CORPORATIONS CC	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3) and CK1/CK2/CK2A
SOLE PROPRIETOR	<input type="checkbox"/>	CERTIFIED COPY OF IT REGISTRATION (INCOME TAX REGISTRATION NUMBER)
PARTNERSHIP	<input type="checkbox"/>	CERTIFIED COPY OF IT REGISTRATION (INCOME TAX REGISTRATION NUMBER) DULY SIGNED PARTNERSHIP AGREEMENT
BUSINESS TRUST	<input type="checkbox"/>	CERTIFIED COPY OF IT REGISTRATION (INCOME TAX REGISTRATION NUMBER)
OTHER (if Joint Venture)	<input type="checkbox"/>	CERTIFIED COPY OF IT REGISTRATION (INCOME TAX REGISTRATION NUMBER) (JV AGREEMENT)
NON PROFIT ORGANISATION	<input type="checkbox"/>	CERTIFICATE OF INCORPORATION SECTION 21

(Company, CK Nr), Business/Entity

Not applicable to all companies, please specify if N/A

Have you attached your Company CK Registration documents or other documents? Y N NA

1.2 PROOF OF SHAREHOLDING DOCUMENTS ★

CERTIFIED COPIES of Shareholders certificates or CK members share allocation documents must be supplied

Not applicable to all companies, please specify if N/A

Have you attached your Company Registration document?
(Association agreements, CK1, Member certificate, share certificates, etc) Y N NA

1.3 REGIONAL COUNCIL REGISTRATION DOCUMENTS ★

Regional Council Reference No. N/A

(1.3 – NOT APPLICABLE – NOT REQUIRED TO REGISTER AFTER 1 JULY 2006)

NB. All fields marked with ★ are mandatory. All fields marked with † are mandatory only if applicable.

1.4 PROOF OF BANKING DOCUMENTS ★

Current bank statement or copy of cancelled cheque

Have you attached proof of banking document?

Y N N/A

1.5 VAT REGISTRATION (VALUE ADDED TAX) †

VAT Registration No.
(Number begins with 4)

4

If you qualify for VAT exemption, please attach a VAT exemption document
Not applicable to all companies, please specify if N/A

Have you attached proof of your VAT Registration (VAT 103)?

Y N N/A

1.6 P.A.Y.E DOCUMENT †

P.A.Y.E. Document (See Point 8)
Not applicable to all companies,
please specify if N/A

7

Have you attached proof of your P.A.Y.E document?

Y N N/A

1.7 UNEMPLOYMENT INSURANCE FUND DOCUMENTS †

Unemployment Insurance fund
No.

Not applicable to all companies, please specify if N/A

Have you attached your UIF document?

Y N N/A

1.8 WORKMAN'S COMPENSATION FUND †

Workman's Compensation
Fund No.

Not applicable to all companies, please specify if N/A

Have you attached your Workman's Compensation document?

Y N N/A

1.9 SECURITY OFFICERS BOARD REGISTRATION NO †

Security officers board
registration no.

Not applicable to all companies, please specify if N/A

Have you attached your Security Officers Board Registration document?

Y N N/A

1.10 DISABILITY DOCUMENTS †

Not applicable to all companies, please specify if N/A

Have you attached proof of disability document?

Y N N/A

1.11 INCOME TAX REGISTRATION †

Income Tax Registration no.

If you qualify for income tax exemption, please attach an income tax exemption document
 Not applicable to all companies, please specify if N/A

Have you attached proof of Income Tax Registration document? Y N N/A

1.12 TAX CLEARANCE CERTIFICATE †

Tax Clearance Reference Nr.

Original of a valid Tax Clearance Certificate must be supplied

Have you attached proof of disability document? Y N N/A

1.13 NHBRC DOCUMENTS †

NHBRC Nr.

Not applicable to all companies, please specify if N/A

Have you attached your NHBRC document? Y N N/A

1.14 CIDB DOCUMENTS †

CIDB Registration no.

Not applicable to all companies, please specify if N/A

Have you attached your CIDB document? Y N N/A

1.15 MUNICIPAL RATES AND TAX ACCOUNTS †

Municipal Account no.

Not applicable to all companies, please specify if N/A

Have you attached your Municipal Account Statement? Y N N/A

1.16 NON PROFIT OTGANISATION †

NPO Registration no.

Not applicable to all companies, please specify if N/A

Have you attached your Certificate of Incorporation document? Y N N/A

NOTE:
 Failure to fill in the above requested information may disqualify you form being registered on the Supplier Database.

NB: All fields marked with ★ are mandatory. All fields marked with † are mandatory only if applicable.

2. BUSINESS PARTICULARS NAD INFORMATION

2.1 Registered Name of Business ★

Legal Name

Trading Name

2.1.1 Registered Physical address ★

City

Code

Province

2.1.2 Postal address ★

City

Code

Province

2.1.3 District Municipality

2.1.4 Local Municipality

2.1.5 Telephone No. ★

2.1.6 Fax No. †

2.1.7 Cell No. †

2.1.8 E-mail Address †

2.1.9 Web-Page Address † (To view company profiles, products etc.)

2.1.10 How would you like to receive your correspondence from us? ★

Post Fax Email

2.1.11 Correspondence Address / Business Address

City

Code

Province

Contact Person for correspondence as per 2.1.9★

Title Name

Surname

3.1 CORE BUSINESS OPERATION ★

(Mark with X in applicable fields)

- | | | |
|---|--|--|
| <input type="checkbox"/> Prime Contractor | <input type="checkbox"/> Sub-Contractor (less than 25% generated turnover as prime contractor) | <input type="checkbox"/> Labour-only Contractor |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Labour Agency |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Education, Development & Training Service Provider | <input type="checkbox"/> Construction (CIDB) |
| <input type="checkbox"/> Agriculture/Farming | <input type="checkbox"/> Mining & Quarrying | <input type="checkbox"/> Electricity, Gas & Water |
| <input type="checkbox"/> Retail & Motor Trade And Repair Services | <input type="checkbox"/> Agent / Distributor | <input type="checkbox"/> Finance & Business Services |
| <input type="checkbox"/> Specialised Services | <input type="checkbox"/> Catering, Accommodation & other Trade | <input type="checkbox"/> Transport, Storage & Communications |

Other, please specify _____

3.2 SMME STATUS

Indicate the following information:

4.2.1 Indicate annual turnover excluding Value Added Tax during the past three years:

2007 R

2006 R

2005 R

4.2.2 Full time employees

2007

2006

2005

4.2.3 Total Gross asset value (property excluded)

2007 R

2006 R

2005 R

4. BLACK ECONOMIC EMPOWERMENT (BEE) COMPLIANCE

1. Direct Empowerment

1.1 Direct ownership

Enter the total number of HDI and their percentage shareholding who are in Ownership, per category (If not applicable complete with 0 (Zero's))

Category	Number	% Shareholding
HDI Youth		
HDI Women		
HDI Workers		
HDI people with Disabilities		
HDI people living in rural areas		
HDI males		

List all the people who are directly empowered by your business (Attache a separate sheet if space provided is insufficient).

Name	ID	RACE	CITIZENSHIP	GENDER	% SHAREHOLDING	EFFECTIVE DATE OF SHAREHOLDING

NB: Attached separate sheet if space provided is insufficient.

1.2 Management

List all the Board of Directors, Partners, Members, Executive committee or Shareholders who are HDI in management positions.

NAME	ID	CITIZENSHIP	GENDER	CAPICITY

NB: Attached separate sheet if space provided is insufficient.

Total number of people in management positions and HDI people in management

*HDI – Black people: Generic term for black, coloured, indian people.
Broad Based Black Economic Empowerment Act*

1.3. Financial Decisions

Details	Name	Race	Length of Service (Years)	Capacity
Cheque signing				
Signing & co-signing for loans				
Sureties				
Major Acquisitions/Purchases				
Contracts Signing				

2. Human Resource Development

2.1. Employment Equity

List the total number of people employed by your business. If other, please specify.

Level	Black	White	Women	Disabled
Senior Management				
Middle Management				
Supervisor Level				
Other				
Total				
Percentage				

2.2. Skills Training and Development

List all the core skills required by the business. If other, please specify.

Level	Human Resource	Finance	Sales and Accounts	Engineering	Operations
Senior Management					
Middle Management					
Supervisor Management					
Other					

NB: A separate sheet can be attached if space provided is insufficient.

Total Expenditure on Skills Development Levies (SDL) as per EMP201 forms.

R

2.3. Composition of Staff Development

List all persons that are trained to take up management positions in the near future.

Level	Human Resource	Finance	Sales and Accounts	Engineering	Operations
Senior Management					
Middle Management					
Supervisor Management					
Other					

3. Indirect Empowerment

3.1. Affirmative Procurement

Total annual amount spent on goods and services excluding electricity, rates and water R

Total amount spend with Black Suppliers R

Total percentage spend with Black Suppliers

3.2. Total amount spend on Community Development Initiatives R

3.3. Training / Leaner ships

Total amount spent on Leaner ships R

3.4 Enterprise Development

Total money spent on developing Black Suppliers R

Note: Please provide proof for the above

5. TRADE EXPERIENCE

Do you have any previous contract work or tendering experience/

If yes, please complete the field below. List the last contracts awarded to you (the tendering business) or previous experience with other business related to this type of work supply.

A . COMMERCIAL

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone numbers.

Business Name	Contact Number	Contact Person	Number of years	E-mail Address	Value of Business (Rands)

3. Total number of years the firm has been in business?

6. FINACIAL INFORMATION

1. Are there any pending legal proceedings or previous judgements against your business ever been declared bankrupt? YES NO If yes, please elaborate:

.....

2. Indicate annual average turnover excluding Vaule added Tax (VAT) during the past three (3) years:

Annual Turnover R Year

Annual Turnover R Year

Annual Turnover R Year

NB: Attached latest Annual Financial Statements

7. QUALITY, SAFETY AND ENVIRONMENT

A. TECHNICAL

1. Is your business a permit holder under the SABS marks scheme or ISO? If yes, indicate products for which permits are held, including permit numbers.

1.1 Product Name

Permit number

1.2 Product Name

Permit number

1.3 Product Name

Permit number

B. QUALITY

1. Does your business operate a Qulaity Management System (QMS)? YES NO

NB:Attached your policy manual, if yes

C. SAFETY

1 Does your have an Occupational Health and Safety Policy complying to the Occupational Health and Safety Act (OHSA)? YES NO

2. Are you registered with Compensation For Occupational Injuries and Diseases Act (COID) ?

registration number

D. ENVIRONMENTAL

1. Do you have an Environmental Policy in place?

 YES NO N/A

2. Does your facility routinely work with any hazardous substances?

 YES NO

3. Do you have an environmental clearance / business permit from your municipality or other authorities to conduct a particular business which has certain environmental hazardous issues. (preparation of food stuffs, etc.)

 YES NO

E . FACILITIES, PLANTS, AND EQUIPMENT

1. Please give a summary of your plant and/or facilities:

2. Describe all property agreements relating to facilities used by the firm and the nature of the agreements indicating whether facilities are owned or leased by the firm:

Facility	Owned/ Rented	Rental Amount/Month	Owner	Agreement Type

3. Number of Employees

Full Time	
Part Time	

4. Where do you conduct business from?

HOME RENT (LEASED PROPERTY)
 OWNED PROPERTY OTHER

NB: All fields marked with ★ are mandatory. All fields marked with † are mandatory only if applicable.

8. FINANCIAL DETAILS (BANKINGS) ★

Banking institution name

Branch

Town/City

Banking account number

Account Type

Account Holder's Name

NB. DOCUMENTARY POOF OF BANKING INSTITUTION MUST BE SUPPLIED (Cancelled Cheque / Bank Statement)

9. PREVIOUS BUSINESS INFORMATION

6.1 Did your business exist under a previous name? Y N

6.2 If yes, what name did it trade under?

6.3 Previous business registration number?

10. BUSINESS INFORMATION ★

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1.

Economic Sector		Type of Business	
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	ISO Listed
<input type="checkbox"/>	Mining and Quarrying	<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Electricity, Gas and Water	<input type="checkbox"/>	Sales
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Services
<input type="checkbox"/>	Retail, Motor Trade and Repair Services	<input type="checkbox"/>	Importer
<input type="checkbox"/>	Wholesale Trade, Commercial Agents & Allied Services	<input type="checkbox"/>	Exporter
<input type="checkbox"/>	Catering, accommodation & Other Trade	<input type="checkbox"/>	Repairer
<input type="checkbox"/>	Transport, Storage and Communications	<input type="checkbox"/>	SMME Status
<input type="checkbox"/>	Finance and Business Services	<input type="checkbox"/>	Small
<input type="checkbox"/>	Community, Social & Personal Services	<input type="checkbox"/>	Medium
<input type="checkbox"/>		<input type="checkbox"/>	Micro
<input type="checkbox"/>		<input type="checkbox"/>	Established

NB: All fields marked with a ★ are mandatory. All fields marked with a ★ are mandatory only if applicable.

11. LABOUR BROKERS

Please answer the questions by marking the appropriate column with an “X”. Please do not leave out any questions relating to your special circumstances.

- 1. Do you render the service to the NKM through a Company, Close Corporation or Trust? Y N

- 2. Are you an Independent Contractor? Y N

- 3. Are you a Labour Broker?

- 4. Are the services personally rendered by a person who is a connected person (shareholder, member, trustee, beneficiary, relative of the afore-mentioned, etc) in relation to the Company/Close Corporation or trust? If yes, see question 5, 6, 7, 8 and 9. If no = not subject to employees tax Y N

- 5. Does the entity employ four or more full-time employees (other than shareholders, members or connected persons) who are on a full-time basis engaged in the business of rendering services to clients. Y N

- 6. Would the person who is rendering the service be regarded as an “employee” of the NKM? Y N

- 7. Is the person who is rendering the service subject to the control of supervision of the NKM as to the manner in which duties are performed or as hours of work? Y N

- 8. Do the amounts paid in respect of services rendered include earnings that are payable at regular, daily, weekly, monthly or other intervals/ (This is normally on the basis that you charge your client for the person in question’s salary plus commission for your service.) Y N

- 9. Does the Company/Close Corporation or Trust, during its financial year, receive or anticipate to receive more than 80% of the income for this specified service from the NKM? If yes to any one of the questions 6, 7, 8, or 9 then taxable, except if an IRP30 certificate can be submitted. If no to all four questions (6, 7, 8, and 9) = Not subject to employees tax. Y N

- 10. Subject to employees tax. Y N

12. DECLARATION OF INTEREST

Any person, having kinship with persons in the service of Nama Khoi Municipality, including a blood relationship, may apply to register. Disclosure is required in the interest of fairness and transparency.

Are you presently in the service of Nama Khoi Municipality?

Y	N	N/A
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If so, furnish particulars

Have you been in the service of Nama Khoi Municipality for the past twelve months?

Y	N	N/A
---	---	-----

If so, furnish particulars

Are you presently in the service of the State?

Y	N	N/A
---	---	-----

If so, furnish particulars

Have you been in the service of the State for the past twelve months?

Y	N	N/A
---	---	-----

If so, furnish particulars

Do you have any relationship (family, friend, or other) with persons in the service of Nama Khoi Municipality ?

Y	N	N/A
---	---	-----

If so, furnish particulars

Are any of the company's directors, managers, principle shareholders or stakeholders in the service of Nama Khoi Municipality.?

Y	N	N/A
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If so, furnish particulars

CERTIFICATION

I, UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT, I ACCEPT THAT NAMA KHOI MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature _____

Position/Legal representative of entity _____

Name _____ Date _____

11. CERTIFICATE FOR MUNICIPAL SERVICES AND PAYMENTS TO SERVICE PROVIDER

TO: THE MUNICIPAL MANAGER , NAMA KHOI MUNICIPALITY

CERTIFICATE FOR MUNICIPAL SERVICES AND PAYMENTS TO SERVICE PROVIDER

Information required in terms of the City's Supply Chain Management Policy, Clauses 51.1 and 111.2

TENDER NO:

NAME OF THE TENDERER:
.....

FURTHER DETAILS OF THE TENDERER/S; Proprietor / Director/s / Partners, etc:

Physical Business address of the Tenderer	Municipal Account number(s)

If there is not enough space for all the names, please attach additional details to the Tender Document

Name of Director / Member / Partner	Identity Number	Physical residential address of Director/Member/Partner	Municipal Account number(s)

I _____, the undersigned,
(full name in block letters)

Certify that the information furnished on this declaration form is correct and that I/we have no undisputed commitments for municipal services towards a municipality or other service provider in respect of which payment is overdue for more than 30 days.

.....
Signature

THUS DONE AND SIGNED for and on behalf of the Tenderer / Contractor

at on the day of 20

(PLACE) (DATE) (MONTH) (YEAR)

Please Note:

Even if the requested information is not applicable to the Tenderer, the table above should be endorsed.

12. AUTHORISATION FOR THE DEDUCTION OF OUTSTANDING AMOUNTS OWED TO THE COUNCIL

TO: THE MUNICIPAL MANAGER , NAMA KHOI MUNICIPALITY

FROM:
(Name of bidder or consortium)

MUNICIPAL ACCOUNT NUMBER:

AUTHORISATION FOR THE DEDUCTION OF OUTSTANDING AMOUNTS OWED TO COUNCIL

Supply Chain Management Policy, Clause 21.d(ii)

The Municipal manager may reject the tender or quote of any juristic or natural person if that person or any of its directors/members has:

failed to pay municipal rates and taxes or municipal service charges and such rates, taxes and charges are in arrears for more than 30 days or without acceptable arrangements in terms of Debt Control and Collection Policy.

Debt Control and Credit Collection by-law, Provincial Gazette No. 756, Clause 5.(1)(2)

Enterprises which municipal accounts are in arrears are disqualified from bidding for municipal quotes, bids and contracts.

Enterprises which bid for municipal quotes and bids should provide a certificate, signed by the CFO, which certifies that the prospective bidders has no outstanding municipal accounts or should alternatively sign a authorisation for the deduction of outstanding amounts owed to the council.

I, THE UNDERSIGNED, _____,
(FULL NAME IN BLOCK LETTERS)

hereby authorise Nama Khoi Municipality to deduct the full amount outstanding by the business organization / Director / Partner, etc from any payment due to us / me.

.....
Signature

THUS DONE AND SIGNED for and on behalf of the Bidder

at on theday of 20

All fields marked with ★are mandatory. All fields marked with †are mandatory only if applicable.

13. PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience? Y N

If yes, please complete the table listed below. List the last 2 contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.

Employer/Department

Contact Person

Contact Numbers

Estimated Contract Value in Rands R

Year Awarded

Year Completed / Still in Pograss

Proof documents attached? Y N

In terms of section 37(2) of the Occupational Health and Safety Act 1993 (Act 85 of 1993) as amended the mandatory (contractor) hereby acknowledges that he is an employer in his own right. He undertakes to determine all risks associated with the work he is required to perform and to determine and implement all cautionary measures to mitigate or remove such risk. The mandatory will take all the necessary steps to ensure compliance with the Occupational Health and Safety Act 1993.

Where the mandatory is found not to comply with the requirements of the Occupational Health and Safety Act the NKM or its representative will be able to stop the activities of the mandatory, without any cost to the NKM, until such time as the mandatory complies with the requirements of the Act.

Any defaults on previous contracts/bids/tenders for any organ or state: Y N

Municipal
(If yes, specify)

Provincial
(If yes, specify)

National
(If yes, specify)

NB: All fields marked with ★are mandatory. All fields marked with †are mandatory only if applicable.

14.CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THE DOCUMENT

I/We the undersigned is/are authorized to do so on behalf of the firm certify that:

1. The information supplied is correct.
2. All copies of relevant information are attached.
3. The HDI points claimed are correct and based on ownersshareholders who are actively involved in the day to day management of the enterprises.
4. I take note that payment will be effected 30 days after delivery whith an original invoice.
5. If I am classified as a dependant service provider/labour broker as stated in the fourth schedule of the Income Tax act I hereby authorice the NKM to deduct PAYE and supply me with a yearly IRP 30 (only if no valid Labour Broker Certificate can be supplied).

Signature of authorised person

Date

Personal information in block letters

Name

Surname

Telephone No

Capacity

ON BEHALF OF THE (SUPLLIERS NAME)

Signed and sworn to before me aton this theday ofby the Deponent,who has acknowledge and that he/she knows and understands the contents of this Affidavit, 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.

Commisioner of Oaths

NOTE: SUPPLIERS PROVIDING FALSE OR FRAUDULANT INFORMATION OR DOCUMENT SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION

NOTE: INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED, THIS INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED ON THE ABOVE PAGES.

NAMA KHOI MUNICIPALITY

**P O Box 17
SPRINGBOK
8240**

15. Authorisation for electronic transfer of funds (EFT) to vendor's bank account

PLEASE COMPLETE IN BLOCK LETTERS

Surname/Company Name

First Names/Company Account Holder

Address

Telephone Fax

Mobile

E-mail

Bank

Branch

Bank Account

Branch No

Type of Account CHEQUE SAVINGS TRANSMISSION

- I, the undersigned hereby authorise Nama Khoi Municipality to credit my account via EFT as aforementioned with the amount payable/due to specified beneficiary for goods and services rendered.
- I/We understand that the credit transfer hereby authorized will be processed by computer through a system known as the "ACB ELECTRONIC FUNDS TRANSFER SERVICE", and I/we also understand that no additional advice of payment will be provided by my/our bank.
- Nama Khoi will provide a remittance advice.

Please Note: That if a cancelled cheque is not attached, an official stamp should be obtained from the bank to confirm the information given above.

NB: NAMA KHOI will not be held liable if the information provided is incorrect

_____ Date

_____ Authorised Signature (1)

_____ Date

_____ Authorised Signature (2)

_____ Date

_____ Authorised Signature (3)

FOR USE OF BANK (In cases where a cancelled cheque is not attached)	
Above information checked and confirmed.	
Signature: _____	Bank Stamp: _____

16. LIST THE FIRM OR PERSONNEL PROVIDING THE FOLLOWING SERVICES TO YOUR BUSINESS:

SERVICE	BUSINESS NAME	E-MAIL ADDRESS	CONTACT PERSON	TELEPHONE
Legal (Your Lawyer / Advocate / Debt Collecting Agency, etc.)				
Auditor and Accounting Officer				
Banking				
Insurance				
Sales				
Accounting (Debtors)				

FOR OFFICE USE ONLY – NAMA KHOI MUNICIPALITY

Information confirmed and submitted to computer on.....(Date)

CAPTURED BY SIGNATURE _____

APPROVED BY:

_____ (Date)

SIGNATURE _____

