



GREAT KEI MUNICIPALITY

SUPPLIER DATABASE REGISTRAION

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

Great Kei Municipality
Supply Chain Management Office
Private Bag X2
KOMGA
4950

Great Kei Municipality
Budget and Treasury Directorate
17 Main Street
KOMGA
4950

Enquiries:

Supplier Database Office: 043 8311 028

Fax: 043 8311 306 / 043 831 1309

Email: pludidi@greatkeilm.gov.za / nntsangani@greatkeilm.gov.za

Name of Supplier : _____

Registration Number: _____

Documentation attached:

- | | |
|--|--|
| <input type="checkbox"/> Business Registration | <input type="checkbox"/> B-BBEE Certificate |
| <input type="checkbox"/> Cheque/Bank Verification Letter | <input type="checkbox"/> ID of Directors |
| <input type="checkbox"/> Original SARS Tax Clearance Certificate | <input type="checkbox"/> Billing Clearance Certificate |
| <input type="checkbox"/> CIDB | <input type="checkbox"/> Other: |
-

FOR OFFICIAL PURPOSE ONLY:

Supplier Number: _____

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

Signature : _____ **Signature :** _____ **Signature :** _____

Date : _____ **Date :** _____ **Date :** _____

SECTION A: REASON FOR APPLICATION:

(Please mark only one selection with an "X")

1.	Re-registration as a Supplier to the Great Kei Local Municipality (All Sections)	
2.	Updating Banking Details Only (Complete Sections B, and D)	
3.	Updating Company Information Only (Complete Section B)	
4.	Updating Director Information Only (Complete Sections B and C)	
5.	Archive Registration Only	
6.	Other (Specify)	

SECTION B: COMPANY INFORMATION:

Personal Details:

Title (Prof. / Dr / Mr. / Mrs. / Ms/) and Surname: _____ (01)
(If one person concern)

"Trading as" name of business: _____ (02)
(Contracts/orders will be placed on this name and invoices must reflect it)

Registered name of business: _____ (03)
Business Registration number (if applicable)

_____ (04)
(in case of one-man concern, please furnish identity number plus copy of identity documents)

Physical address of business:

Building / complex name: _____ (05)

Street name and number : _____ (06)

Suburb : _____ (07) City : _____ (08)

Postal Code: _____ Country: _____

Postal address of business:

(This is the address to which all correspondence would be sent. If left blank, all correspondence would be sent to your physical address)

Postal address: _____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business (Cell) : Code: _____ Number: _____

Fax number: Code: _____ Number: _____

Business e-mail : _____

The name of your accountant / bookkeeper / auditor and his / her contact phone number:

Tax number of business: _____

VAT Registration number: (if applicable) _____

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SMME status of your enterprise: (Please tick the relevant box):

Micro	
Very Small	
Small	
Medium	
Large	

List all partners, proprietors and shareholders

Name	Position occupied in the enterprise	Citizenship	ID Number

Historic Information on Company:

Previous name(s) of business (if applicable):

Great Kei Local Municipalities' Supplier Number/s (if applicable):

Other Great Kei Local Municipalities' Supplier Number/s (if applicable):

SECTION C: DIRECTOR DETAILS:

List of directors / owners / partners:

(Information on ALL directors / owners / partners must be provided. Attach your own list if the space provided is inadequate.)

1. Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number: _____ Nationality _____

2. Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number: _____ Nationality _____

3. Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number: _____ Nationality _____

4. Surname, Full Name: _____

Position: _____ % Shareholding : _____

Identity Number: _____ Nationality _____

State any connection / vested interest of your directors / owners / partners with any Great Kei Local Municipality Official. Please mention also whether your directors / owners / partners are current or ex-municipal officials indicating details of when they left the service and which branch of government they were in.

(Please continue on separate page should more space be needed)

Please list all other entities owned by or where the Directors or members of this entity (in respect of this application) have an interest in. Attach all original or certified copies of Tax Clearance Certificates in respect of all of the under mentioned entities.

Warning: Failing to declare all information may result in your application being rejected.

Reg: Number	Name of Entity:	Address:	Core business:

SECTION D: BANKING DETAILS

(Please provide the banking details to which any payments due are to be transferred. The Bank must certify this form in the space provided)

Current Banking Details:

Please attach an original cancelled cheque or an original bank verification letter.

Bank : _____ Branch number/code: _____

Branch Location: _____

Bank Account number: _____ Account type: _____

Date the account was opened: _____

Name of the account: _____

Signatories Name/s, Surname/s and ID number/s:

Certificate from Bank:

I, (full names and surname)(Printed) _____

_____ an employee and authorized person / agent of

(Bank Name) _____ (Branch Name) _____

and telephone number (Code, Number) _____ herewith certify that the

"Current Banking Details" as provided in SECTION D above, are true and correct.

Signed: _____

(Official Bank Stamp)

Credit Order Instruction:

I / We (the signatories hereto) hereby request and authorize the Great Kei Local Municipality to pay any amounts which may accrue to me / us to the credit of my / our account with the mentioned bank (see SECTION D).

I / we understand that the credit transfers hereby authorized will be processed by computer through a system known as the "ELECTRONIC TRANSFER SERVICES", and I / we also understand that no additional advises of payment will be provided by my / our bank, but details of each payment will be printed on my / our bank statement or any accompanying voucher (This does not apply where it is not customary for banks to furnish bank statements).

I / we understand that a payment advice will be supplied by the Great Kei Local Municipality in the normal way, and that it will indicate the date on which funds will be available in my / our account. I / we also understand that the payment for services rendered will be by way of electronic transfer only and no other methods of payment will be considered.

The Great Kei Local Municipality, by means of giving thirty (30) days notice, may cancel this authority by prepaid registered post.

Previous Bank Information:

Bank: _____ Branchnumber/code _____

Bank Location: _____

Bank Account number: _____

SECTION E: SUPPLIER PROFILE

In order for the Great Kei Local Municipality to build up a profile of its suppliers, we would like you to complete the following:

<u>Section E1: Commercial:</u>
1. Name 3 commercial references/referees of previous project, by providing their name(s) and telephone number(s):
—
—
—
—
—
<u>Section E2 : Financial</u>
1. Are there any pending legal proceedings or previous judgments against your business or has your business ever been declared bankrupt? (yes/no)_____If yes, please elaborate:
—
—
—
—
—
—
<u>Section E3: Technical:</u>
1. Is it required of your business / industry to register with any professional bodies? (y/n):_____If yes, indicate product(s) for which permits are held, including permit numbers:
—
—
—
—
(i.e SOB for Security Industry, Building Federation, etc.)

Section E4: Quality:

1. Does your business operate a Quality Management System covering the product/service to be supplied? (y/n) _____ If yes please elaborate:

—

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2. Has your Quality Management System been assessed and certified by any National by Internationally recognized accreditation body? (y/n)____ If yes, please provide copy of certificate.

Section E5: Fraud Policy

It is the intention of the Great Kei Local Municipality to do business only with companies that have an acceptable policy on the reporting of all crime and / or misconduct. It is also the policy of municipality that an official may not receive, request or offer any gifts in whatever form. Any such actions or attempts thereto will be considered in a very serious light.

1. Does your company / organization have a policy on the reporting of crime, including but not limited to theft, fraud and corruption to the authorities as soon as it is suspected?

(yes / no) _____

2. Does your company / organization have a policy on the reporting of any suspected misconduct by employees of your clients, to your clients?

(yes / no) _____

(Any suspicions that a government official might have committed or attempted to commit any act of misconduct **MUST** be reported in writing to the Great Kei Local Municipality)

Please attach certified copies of the following documents. The Tax Clearance Certificate

Please attach certified copies of the following documents. The Tax Clearance Certificate it must be Original

- Company Registration Documents.
- Certified ID documents of all directors / members / owners.
- VAT certificate where applicable.
- Regional Council certificate where applicable.
- Any other registration certificate pertaining to your relevant industry, e.g. SOB for Security companies; ECB (Electrical Contractors Board).
- Original cancelled cheque or an original bank verification letter.
- Original Tax Clearance Certificate.
- Attached Broad-Based Black Economic Empowerment (B-BBEE) status level verification certificates or Certified Copies thereof to substantiate their B-BBEE rating Claims.

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- Verification Agencies accredited by SANAS (download www.sanas.co.za/directory/bbbee/default.php.)

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WARNING:

Without prejudice to any legal or contractual rights or remedies the Municipality may have, a supplier and / or its directors / owners / members will be restricted from doing any business with the Great Kei Local Municipality, if the supplier:

1. Provide false or incorrect information in this application.
2. Promise, offer or give or attempts to promise, offer or give to an official, employee or any other person related to the Great Kei Local Municipality any bribe, commission, gift, loan, advantage or any other consideration whatsoever.
3. Fails to testify, or make their employees available to testify in any criminal, misconduct procedures against any government official of the Great Kei Local Municipality.
4. Fails to report in writing within 24-hours after any suspected misconduct by any municipal official of the Great Kei Local Municipality, including but not limited to attempts to bribe or commits any unethical behavior to Great Kei Local Municipality.
5. Makes any statements to the media concerning the Great Kei Local Municipality or on information obtained whilst working for the Great Kei Local Municipality, without written authority from government.
6. Promotes or incites labour unrest amongst municipal officials on or off municipal property
7. Is the direct or indirect cause of disciplinary or criminal action taken against any municipal official of the Great Kei Local Municipality.
8. Cause racial conflict on any municipal property, or property occupied by municipality.
9. Is in unauthorized possession of, or removes or attempt to remove any property belonging to or which is under the control of the municipality, municipality officials, other suppliers or visitors of the Great Kei Local Municipality.
10. Is found guilty by a competent court, or has paid an admission of guilt, in respect of any criminal offence which can breach a necessary trust relationship between the Great Kei Local Municipality and the supplier, or may offend the general public.
11. Prevent or obstruct any municipal official of the Great Kei Local Municipality or someone appointed by municipality to gain access to premises for the purpose of inspecting records or material relevant to the functions, duties, services, or products of the supplier to municipality.
12. Willfully or negligently damages any municipal property, or directly or indirectly causes any loss of municipal assets.
13. Makes a false statement or representation, which relates to or arises from its contractual duty to the Great Kei Local Municipality.
14. Falsifies any document or records which relates to its duties to the Great Kei Local Municipality.
15. Builds up a history of poor performance to the Great Kei Local Municipality
11. Prevent or obstruct any municipal official of the Great Kei Local Municipality or someone appointed by municipality to gain access to premises for the purpose of inspecting records or material relevant to the functions, duties, services, or products of the supplier to municipality.
12. Willfully or negligently damages any municipal property, or directly or indirectly causes any loss of municipal assets.
13. Makes a false statement or representation, which relates to or arises from its contractual duty to the Great Kei Local Municipality.
14. Falsifies any document or records which relates to its duties to the Great Kei Local Municipality.
15. Builds up a history of poor performance to the Great Kei Local Municipality.
16. Knowingly gives false evidence during criminal- or departmental proceedings related to its contractual obligations to the Great Kei Local Municipality.

17. Has a bad credit history or track record with other suppliers or the Great Kei Local Municipality that could damage the trust relationship.

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18. Is in debt with the Receiver of Revenue or has a bad track record with the Receiver of Revenue

19. Fails to or has failed to comply with any conditions of an agreement or performs or has performed unsatisfactorily under an agreement with the Great Kei Local Municipality.

If there are any changes to the information supplied on this form, please inform the Great Kei Local Municipality's Supply Chain Management Section Office as soon as possible. Outdated information could lead to your company not being invited to tender or not receiving correct payment!

I / we, the undersigned, herewith certify that all of the above information is correct at the time of completion. I / we furthermore certify that I / we have the appropriate authority to furnish the above-mentioned information on behalf of our employer.

Name:	Signature
Designation:	Date

Name:	Signature
Designation	Date