

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? **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



Emakhazeni Local Municipality

APPLICATION FOR REGISTRATION: 2016 / 2017

EMAKHAZENI LOCAL MUNICIPALITY SUPPLIERS DATABASE (ELMSD)

The completed application form must either be delivered to:

Finance Department
 Supply Chain Management Unit
 25 Scheepers Street
 Belfast
 1100

Or posted to:

Finance Department
 Supply Chain Management Unit
 P.O. Box 17
 Belfast
 1100

Enquiries: Mr. Siphon Mahlangu

Telephone: 013 253 7652 /7660

For office use:

Name of Supplier:

Registration Number:

Vision: A secure environment and sustainable development to promote service excellence, unity and community participation resulting in a caring society.

INTRODUCTION

This supplier's database form is being developed to enable the effective implementation of the Emakhazeni Local Municipality (ELM) Supply Chain Management Policy in line with the Preferential Procurement Policy Framework Act (PPPFA, No. 5 of 2000), Broad Based Black Economic Empowerment (BBBEE, No. 53 of 2003) and Treasury Management Guidelines and Regulations on Municipal Supply Chain Management.

SECTION A

Important Notes

- The form should be completed by all vendors seeking registration as an approved service provider.
- All fields on the application form must be completed in black ink by the applicant in full.
- Suppliers must ensure that their applications meet the criteria for inclusion in the database as they will not be notified whether the application was accepted or not, they will be advised of the outcome telephonically if requested by the applicant.
- The form shall in no way or means be adapted to suit the needs of applicant.
- Registration on the database does not guarantee business opportunities, any form of procurement by the Emakhazeni Local Municipality will be subject to the Supply Chain Management policy of Emakhazeni Local Municipality.
- Forms must be hand delivered or posted at the mentioned address. Facsimile copies and forms submitted by electronic mail will not be considered.
- It is the condition of the bidding process that a vendor's taxes must be in order, or satisfactory arrangements must have been made with the Receiver of Revenue to meet tax obligations. **In bids where consortia/joint ventures/ sub contractors are involved, each party must submit a separate Tax Clearance Certificate.**
- **No award above R 15000.00 will be given to a person whose tax matters have not been declared by the SARS to be in order and who is not Vat Registered.**
- **Application must keep copies of their registration forms and supporting documentation submitted for own records.**

The following supporting documents must be attached with the registration form

- Company registration certificate
- Proof of residential address
- Proof of Banking Details
- Income tax number and tax clearance certificate original document
- Proof of identity (certified I.D copy)
- BEE Certificate

Terminology

In this registration form, unless the context otherwise indicates-

'Disability' a permanent impairment of physical, intellectual, or sensory function, which result in restricted, or lack of ability to perform an activity in the manner or within the considered normal for a human being.

' Consortium or joint venture' an association of persons for the purpose of combining their expertise, property, capital, efforts, skills and knowledge for the execution of contracts.

'Fronting' companies with no Black Economic Empowerment status illegally claiming to be headed by Black people and claim false BEE credentials in order to with tenders.

'Organ of state' means

- (a) A national or provincial department as defined in the Public Finance Management Act, 1999 (Act No 1 of 1999)
- (b) A Municipality as contemplated under chapter 7(seven) in the Constitution of the Republic of South Africa 1996, Act 108 of 1996.
- (c) Parliament;
- (d) A Provincial Legislature;

VAT Registration Number (if applicable)														
Income Tax Reference Number														

Tax Clearance Certificate attached	Yes	No
Expiry Date:		

Postal Address:**Physical:**

Postal Code:	Postal Code:

Contact person of the company

Name:	
Capacity:	
Contact Details: Cellphone	
Land line	
Fax Number:	
E-mail Address (if applicable)	

Supplier grouping details

1	Public Company	
2	Private Company (Pty) Ltd	
3	Closed Corporation	
4	Joint Venture	
5	Consortium	
6	Sole Proprietor	
7	Partnership	
8	Trust	
9	Section 21 Company	
10	Other (Please specify)	

SMME status of the company

MICRO	
VERY SMALL	
SMALL	
MEDIUM	
LARGE	

HDI status of the company

PREVIOUSLY DISADVANTAGED INDIVIDUALS (PDI)	%
WOMEN EQUITY	%
DISABLED INDIVIDUAL	%
YOUTH	%

List all partners, proprietors and shareholder details

Name	Position in Company	Population group	I.D Number	Physical Address	% of shares

* Population Group classification

Asian -- A
 Black -- B
 Coloured -- C
 White -- W

- If any of members is not South Africa, state country of origin and status in the country
- If any is a naturalized citizen, state date on which citizenship was acquired: _____

Previous experience (IF APPLICABLE)

List at least the last 4 contracts awarded to you (the supplier) or other previous experience related to your core business.

Employer/ Department	Contact Person	Contact Telephone	Contact Value (R)	Completed Successfully Yes/ No	Year

Have you or your organization during the last five years failed to perform satisfactory on a previous contract with this municipality or any other organ of state

YES/ NO

If yes, please provide details

COMMODITIES AND SERVICES PROVIDED

IN ORDER TO IDENTIFY YOUR ORGANIZATION AS A POTENTIAL SERVICE PROVIDER, TYPE OF COMMODITIES OR SERVICES RENDERED HAVE TO BE CLASSIFIED.

NB: On the list below you are **only** allowed to choose **four (4)** commodities or service to be provided:

<u>Commodities</u>	Tick with X
Advertising	
Air Conditioning System	
Audio Visual Aids & Equipment	
Accommodation	
Accounting Services	
Acoustics & Sound Proofing	
Architects	
Accredited trainers	
Bank and Financial Institutions	
Brokers: Insurance	
Brokers: Labor	
Building materials and hardware	
Building Construction	
Batteries	
Carpets	
Carpentry	
Cartridges	
Catering	
Chemical Engineers	
Civil Engineering	
Cleaning Material	
Cleaning Chemicals	
Colleges	
Computer Components	
Computer hardware & Printers	
Computer Networking	
Computer Repairs	
Computer Software	
Conference Centers & Facilities	
Construction Engineering	
Consultants: Engineering	
Consultants: Financial	
Corporate gifts and Products	
Cupboard Build-in	

Closed Circuit TV and Radio in	
Compressed Air, Gas and Vacuum	
Concrete Pipe	
Courier Services	
Cranes & Hoist	
Curtains / Blinds	
Design Service	
Decorative & Festive Lighting	
Document binding Services	
Dry Cleaning Services	
Draughting Services	
Economics	
Eco-tourism	
Editing Services	
Electrical Contractors	
Electrical Appliances	
Electrical Energy Meters	
Electrical Components and Equipment	
Electrical Contractors	
Electrical Engineers	
Environment Services	
Environmental planning	
Florists	
Food: Beverages and alcohol	
Food: Dairy and Related Products	
Food: Perishable	
Furniture	
Fire Extinguishers	
Furniture Removals	
Fax Machines, Printers	
Fire Protection Engineering	
Government Services	
Graphic Design Services	
Guesthouse & Lodge	
Hardware & Building Supplies	
Hotel	
Human Resources	
Information Management	
Information Services	
IT Consulting	
Labels & labeling Services	
Legal Services	
Libraries	

Locksmiths	
Lamination Machine	
Manufacturing Services	
Medical Equipment Maintenance & Repairs	
Medical Supplies	
Office Equipment	
Office Furniture	
Paint Supplies	
Photograph Equipment	
Photography Services	
Printing and Design Services	
Plumbing Contractors	
Plumbing Suppliers	
Panel Beating	
Precast Concrete curbs, Paving & Bricks	
Precast Reinforced	
Property Development Economics	
Programming	
Project Management	
Promotional staff	
Publications	
Publishers	
Quantity Surveyors	
Recruitment Agents	
Recycling Services	
Refrigeration & Air Condition	
Repair and Supply of Tyre	
Repair of Communication Devic	
Road Construction	
Road Signs	
Security and Access Control System	
Stationary	
Shuttle Services	
Specialized Refrigeration	
Standby Generator Installation	
Supply of New Vehicles	
Street Light Poles	
Telecommunications Equipment	
Tours and Tourism	
Training Materials and Software	
Tools	

Tent, Chairs and Toilets	
Transport Services (Passenger)	
Vehicle-Repair	
Vehicle Hiring	
Waste Disposal	
Water Cleaning Chemicals	
Water Installations/ Reticulations / Fitting, Meter and Pipes	
Water Pumps	
Waterproofing Contractors	
Window Fitting and Glass	
Workshop Facilitations	

Certification of correctness of information supplied in this document

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 additional information, 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 ELM may, in additions to any Remedies it may have:
 - a. Disqualify the supplier/ contractor for a particular tender/ contract/ project it May be considered for, or which had been awarded to the supplier/ contractor;
 - b. Recover from the supplier/ contractor all costs, losses or damages incurred or Sustained by the ELM as a result of breach of the contract;
 - c. Cancel the contractor and claim any damages which the ELM may suffer by Having to make less favourable arrangements after such cancellation; and/ or
 - d. De – register the supplier registered on the Suppliers Database.

Thus done and signed at _____ on this _____ day

Of _____ 2016

Signature of authorized representative

Name in block letters

In his/ her capacity as: _____

On behalf of the (Supplier's name): _____

Declaration

In terms of Regulations 44 and 45 of the
MFMA Supply Chain Management Regulations

By

(The supplier)
Vis a vis the
Emakhazeni Local Municipality
(ELM)

Whereas:

- (a) The supplier delivers goods or renders services to ELM; or is in the process of Tendering to deliver goods or services to ELM;
- (b) The ELM may not, in terms of this Supply Chain Management Policy, make an award to A person:
 - 1. Who is in the service of the state
 - 2. If that person is not a natural person, of which any director, manager, principal Shareholder or stakeholder is a person in the service of the state; or
 - 3. who is an advisor or consultant contracted with ELM; and
- (c) The MFMA Supply Chain Management Regulations contain, inter alia, the following Disclosure requirements in terms of Regulation 45.

Now therefore:

- 1. The Supplier declare, in terms of Regulation 44 of the MFMA Supply Chain Management Regulations that he or she is not:
 - a. In the service of the state;
 - b. A director, manager, principal shareholder or stakeholder of legal person in the Service of the state; or
 - c. An advisor or consultant contracted with the ELM.
- 2. If an award is made to a person to the value of more than **R 2000**; and that person is Either:
 - a. A spouse, child or parent of a person in the service of the state; or
 - b. Has been in the service of the state in the previous twelve months;

The Supplier must, in terms of Regulation 45 of the MFMA Supply Chain Management Regulations, disclose the following particulars:

The name of that person:

The capacity in which that person is in the service of the state:

The particulars of the reward:

Thus done and signed by the Supplier at _____ on this

_____ Day of _____ 2016

Signature

Witness

Full name/ s and surname of the above signatory:
