



SUPPLIER REGISTRATION APPLICATION FORM

2013-2014



TOKOLOGO LOCAL MUNICIPALITY SUPPLIER REGISTRATION FORM

This supplier database is being populated to enable the effective implementation of Tokologo Local Municipality Supply Chain Management Policy. This policy is in line with the Preferential Procurement Policy Framework Act (PPFA) No. 5 of 2000, and the National Government Regulations pertaining to that Act. In terms of this Act, preferences are given to Historically Disadvantaged Individual (HDI) shareholders who are actively involved in the daily operations and management of an organization, defined according to the Preferential Procurement Regulations, 2001, as “an activity inclusive of control and performed on a daily basis.”

“Historically Disadvantaged Individual (HDI) means a SA Citizen –

(1) who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the RSA, 1983 (Act No 110 of 1983) or the Constitution of the RSA, 1993 (Act No 200 of 1993) (“the Interim Constitution”) and / or

(2) who is a female; and / or

(3) who has a disability:

Provided that a person, who obtained SA citizenship on or after the coming into effect of the Interim Constitution, is deemed not to be an HDI.”

- POINTS TO REMEMBER -

COMPLETING THE TLM SUPPLIER DATABASE REGISTRATION FORM

• **PLEASE NOTE THAT SUPPLIERS OF GOODS AND SERVICES BELOW R200,000 (VAT INCL) NEED ONLY COMPLETE SECTIONS OF THIS SUPPLIER REGISTRATION APPLICATION FORM MARKED BY (*) AND (**)**

• **PLEASE NOTE THAT SUPPLIERS OF GOODS AND SERVICES BELOW R10,000 (VAT INCL) NEED ONLY COMPLETE SECTIONS OF THIS SUPPLIER REGISTRATION APPLICATION FORM MARKED BY (*)**

• **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 if applicable to your business type clearly mark it as N/A and supply applicable documentation, or proof of exemption.

• **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.

• **Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Security Officers Board Certificate (if applicable).

• **An original valid Tax Clearance Certificate is to be submitted.** This is to be updated on a 12 monthly basis and submitted for inclusion in the TLM Supplier Database



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- **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.
- **Certificate of correctness**–Please ensure that the Certificate of correctness is signed and dated once all required documents and information have been submitted.
- **Owners, Shareholders** – Please ensure that the percentages of ownership of the individual shareholders amount to 100%. That is, provide details of all shareholders, and ensure that all fields are completed for each. Proof of the individual shareholding is to be submitted.
- **Collection points** – Completed registration forms and supporting documentation can either be delivered or posted to one of the addresses on the registration form.
- **Processing of registration** – Your completed registration will be processed, and, once verified, will be approved. This letter of verification will be dispatched to the correspondence details supplied on the third page. Please note that this administration process of COMPLETED registration forms will take a minimum of 5 days. Once your registration has been included on the TLM Supplier Database your details will be accessible to the TLM Finance Department.
- **Business Opportunities** – Please note that registration on the TLM Supplier Database does not guarantee business opportunities.
- **Amendments** – Please notify the TLM Finance Department 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 Tokologo Local Municipality Supply Chain Department.

DOCUMENTS REQUIRED	Sole Proprietor	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organizations (NPO)	Where to get documents
Company Registration CERTIFIED COPIES	N/A	Certificate of incorporation CK1 / CK2	Partnership agreement	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies
Proof of Ownership CERTIFIED COPIES	N/A	Shareholding CK1 / CK2	Partnership agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of Close Corporations & Companies
Municipal Rates and Taxes Clearance Certificate	Yes	Yes	Yes	Yes	Yes	Yes	
Proof of Banking	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Branch of bank where account is held



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DOCUMENTS REQUIRED	Sole Proprietor	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organizations (NPO)	Where to get documents
Income Tax	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
Tax Clearance Certificate	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
P.A.Y.E	NA, unless staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Receiver of Revenue (SARS)
VAT Registration	Yes	Yes	Yes	Yes	Yes	Yes	Receiver of Revenue (SARS)
U.I.F Certificate	YES, if staff remuneration	YES	YES	YES	YES	YES	Department of Labour
Proof of Disability	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	

TOKOLOGO LOCAL MUNICIPALITY SUPPLIER DATABASE

These forms must be completed and submitted to:

POST

TOKOLOGO LOCAL MUNICIPALITY

PRIVATE BAG X46

BOSHOF

8340

For Attention: Supply Chain Officer

Direct enquiries to the Supply Chain Officer

Tel: 053 5410 014

DELIVERY

TOKOLOGO LOCAL MUNICIPALITY

CORNER VOORTREKKERR & MARKET
SQUAREBOSHOF

BOSHOF

8340



TOKOLOGO LOCAL MUNICIPALITY: SUPPLIER REGISTRATION FORM

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR OFFICIAL PURPOSES ONLY

Registered Business Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Trading Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Registration No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please tick in box

	Y	N	N/A
Company Registration Document (Certified)			
Proof of Ownership / Shareholder certificate (Certified)			
Municipal Rates and Taxes Clearance Certificate			
Proof of Banking Document			
VAT Registration Document			
Disability Documents			
An Original Valid Tax Clearance Certificate			

Please Note: Proof of documents for the entire above are required to ensure successful registration on the Supplier Database. In the event of a document not being required please tick the N or N/A box. Please refer to Page for detailed information with regard to documents required.



TOKOLOGO LOCAL MUNICIPALITY: SUPPLIER REGISTRATION FORM

2.1.4 Office Telephone No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.5 Office Fax No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.6 E-mail Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.7 Contact Person for correspondence

Title						First Name																																										
Surname																																																

2.1.8 Cell No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2.1.9 Is the company currently classified by any definition as a Black Economic Empowerment (BEE) company?

Y	N

2.1.10 who has provided this BEE classification for the company?

Institution	
Government	
Parastatals	
Listed Companies	
Other	

Please specify: _____

3. ANNUAL AVERAGE TURNOVER

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

R			
---	--	--	--

4. FINANCIAL DETAILS (BANKING) (*)

- Banking Institution
- Branch name
- Branch Code
- Banking Account
- Account Type
- Account holders

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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



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5. 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 Amendment Bill pertaining to the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4. If unsure of the applicable sector, please contact the Tokologo Local Municipality Supply Chain Department.

COLUMN 1	COLUMN 2		COLUMN 3		COLUMN 4	
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE		Total annual turnover TICK WHERE APPLICABLE		Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE	
Agriculture	MORE THAN 100		MORE THAN R 5m		MORE THAN R 5m	
	LESS THAN 100		LESS THAN R 5m		LESS THAN R 5m	
Mining and Quarrying	MORE THAN 200		MORE THAN R 39m		MORE THAN R 23m	
	LESS THAN 200		LESS THAN R 39m		LESS THAN R 23m	
Manufacturing	MORE THAN 200		MORE THAN R 51m		MORE THAN R 19m	
	LESS THAN 200		LESS THAN R 51m		LESS THAN R 19m	
Electricity, Gas and Water	MORE THAN 200		MORE THAN R 51m		MORE THAN R 19m	
	LESS THAN 200		LESS THAN R 51m		LESS THAN R 19m	
Construction	MORE THAN 200		MORE THAN R 26m		MORE THAN R 5m	
	LESS THAN 200		LESS THAN R 26m		LESS THAN R 5m	
Retail, Motor Trade and Repair Services	MORE THAN 100		MORE THAN R 39m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 39m		LESS THAN R 6m	
Wholesale Trade, Commercial Agents & Allied Services	MORE THAN 100		MORE THAN R 64m		MORE THAN R 10m	
	LESS THAN 100		LESS THAN R 64m		LESS THAN R 10m	
Catering, accommodation & other Trade	MORE THAN 100		MORE THAN R 13m		MORE THAN R 3m	
	LESS THAN 100		LESS THAN R 13m		LESS THAN R 3m	
Transport, Storage and Communications	MORE THAN 100		MORE THAN R 26m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 26m		LESS THAN R 6m	
Finance and Business Services	MORE THAN 100		MORE THAN R 26m		MORE THAN R 5m	
	LESS THAN 100		LESS THAN R 26m		LESS THAN R 5m	
Community, Social & Personal Services	MORE THAN 100		MORE THAN R 13m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 13m		LESS THAN R 6m	



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6. OWNERS AND SHAREHOLDERS ()**

Explanation of abbreviations used in the following tables:

CAPACITY	
Director	D
Partner	P
Member	M
Proprietor	R
Other	O

RACE GROUP	
Black	B
White	W
Coloured	C
Indian	I
Other	O

6.1 List all persons who are shareholders / owners and managers in the business

NB Proof of disability provided by a recognized institution in the case of handicapped persons must be supplied.

NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED(Multiple copies of this page may be submitted if required.)

First Name																					
Surname																					
Identification Number																					
Percentage Share %																				%	
Capacity																D	P	M	R	O	
Gender																				M	F
Race Group																B	W	C	I	O	

Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to Perform in a manner considered normal for a human being

Y	N

Were you a South African citizen on or before the 26th of April 1994?

Y	N

Are you actively involved in the management and daily business operations of the business?

Y	N



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First Name																									
Surname																									
Identification Number																									
Percentage Share %																					%				
Capacity																					D	P	M	R	O
Gender																							M	F	
Race Group																					B	W	C	I	O

Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to Perform in a manner considered normal for a human being)

Y	N

Were you a South African citizen on or before the 26th of April 1994?

Y	N

Are you actively involved in the management and daily business operations of the business?

Y	N

7. PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

	MALE	
	Permanent	Temporary
BLACK		
COLOURED		
INDIAN		
WHITE		
OTHER		
DISABLED		

	FEMALE	
	Permanent	Temporary



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- i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
- ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or
- iii. Impose a penalty on the contractor as provided for in the relevant organization's regulations.

SIGNED ON THIS _____ DAY OF _____ 200__ AT _____

(AUTHORISED SIGNATURE)

IN HIS /HER CAPACITY AS

(PLEASE PRINT NAME OF AUTHORISED SIGNATURE)

11. CLASSIFICATION FOR TLM SUPPLIER DATABASE (*)

IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

Tick the appropriate block to indicate the correct classification of your company as a service provider:

- Goods & Service**
- Engineering & Construction**
- Built Environment Consultant/Professional Service Provider**
- Education, Training & Development**
- Legal Service**



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To assist us in the categorization process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specializations.

Our core business is:

Key Words:

Specializations:

Supplier Comments:



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Declaration
in terms of Regulations 44 and 45 of the
MFMA Supply Chain Management Regulations
by

(the 'Supplier')

vis a vis the

TOKOLOGO LOCAL MUNICIPALITY

Whereas:

- (a) the Supplier delivers goods or renders services to TLM; or is in the process of tendering to deliver goods or services to TLM;
- (b) The TLM may not, in terms of its Supply Chain Management Policy, make any award to a person
 - i. who is in the service of the state ;
 - ii. 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
 - iii. who is an advisor or consultant contracted with the TLM; 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 declares, in terms of Regulation 44 of the MFMA Supply Chain Management Regulations, that he or she is not –

1.1 in the service of the state;

1.2 a director, manager, principal shareholder or stakeholder of a legal person in the service of the state; or

1.3 an advisor or consultant contracted with the TLM.

2. If an award is made to a person to the value of more than R2,000; and that person is either –

2.1 a spouse, child or parent of a person in the service of the state, or

2.2 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:



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the name of that person:

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

the particulars of that award:

the amount of the award:

Thus done and signed by the Supplier at _____ on _____ 20__

Signature Witness

Full name and surname of the above
Signatory