

SUPPLIER REGISTRATION APPLICATION FORM



This supplier database is being populated to enable the effective implementation of Tokologo Local Municipality SupplyChain Management Policy. This policy is in line with the Preferential Procurement Policy Framework Act (PPPFA) No. 5 of 2000, and the NationalGovernment 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 the PreferentialProcurement 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 InterimConstitution") 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 to effect of the Interim Constitution, is deemed not to be anHDI."

- POINTS TO REMEMBER -

COMPLETING THE RDM SUPPLIER DATABASE REGISTRATION FORM

- PLEASE NOTE THAT SUPPLIERS OF GOODS AND SERVICES BELOW R200,000 (VAT INCL) NEED ONLY COMPLETE SECTIONS OFTHIS SUPPLIER REGISTRATION APPLICATION FORM MARKED BY (*) AND (**)
- PLEASE NOTE THAT SUPPLIERS OF GOODS AND SERVICES BELOW R10,000 (VAT INCL) NEED ONLY COMPLETE SECTIONS OFTHIS 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 afield is not 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, ShareholdingCertificates, 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



- Copies of Documents Please keep copies of the registration form and all supporting documentation submitted, for your own records andto 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 addresseson 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	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



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 DELIVERY

TOKOLOGO LOCAL MUNICIPALITY TOKOLOGO LOCAL MUNICIPALITY

PRIVATE BAG X46 CORNER VOORTREKKERR & MARKET

SQUAREBOSHOF

BOSHOF BOSHOF

8340 8340

For Attention: Supply Chain Officer

Direct enquiries to the Supply Chain Officer

Tel: 053 5410 014



PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED

FOR OFFICIAL PURPOSES ONLY

Regi	istere	d Bus	iness	Name	!								
Trac	ding N	Name											
Regi	istrati	ion 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.

1. COMPANY REGISTRATION DOCUMENTS

NR	DOCHMENTARY	Z PROOF MUST RE PROVIDE) WHERE APPLICARLE (PL	ease mark N/A if not applicable.)

NB. DOCUMENTARY PROOF	MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable.)
1.1 COMPANY TYPE (NB Doc	umentary Proof of registration must be provided)
PUBLIC COMPANY LTD	□CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3) AND REGIONAL COUNCIL REGISTRATION NUMBER
PRIVATE COMPANY PTY	□CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM30 AND REGIONL COUNCIL REGISTRATION NUMBER
CLOSE CORPORATTION	□CERTIFIED COPY OF CK1 DOCUMENT OR CK2 IF APPLICABLE AND REGIONAL COUNCIL REGISTRATION NUMBER
SOLE PROPRIETOR	□COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT
PARTNERSHIP	$\hfill\Box$ COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT AND PARTNERSHIP AGREEMENT
BUSINESS TRUST	$\hfill\Box$ COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT AND CERTIFIED CIPY OF REGISTRATION NUMBER
OTHER	©COPY OFREGIONAL COUNCIL REGISTRATION DOCUMENT AND CERTIED COPY OF REGISTRATION DOCUMENT
Not applicable to all compani	es, please specify if N/A Y N NA
Company, CK or Regional Coun	ncil Number

1.3 MUNICIPAL RATES AND TAXES CLEARANCE CERTIFICATE

Billing Clearance Certificate Reference No.

1.2 PROOF OF SHAREHOLDING DOCUMENTS (*)



1.4 P	RO	OF	OF	BAN	IKI	NG I	ОС	UM	ENT	S (*))																
1.5 V	ΑT	RE	GIS	TRA	ATI(ON N	1 O (*	*)																		Y	N
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																										Y	N
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rosta	Au	iuic	38																								
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Addit	288																										
																						Co	da				



2.1.4 Office Teleph	one No																								
2.1.5 Office Fax No)																								-
2.1.6 E-mail Addre	ess			•	•				· I			•							ı						_
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Title		First 1	Jame																						1
Surname																				-					_
2.1.8 Cell No																!_			<u> </u>						
2.1.0 Cm No																									
2.1.9 Is the compar	ny curr	ently o	lassif	ied l	y ar	ıy de	finit	ion	as a	Blac	k Ec	onoi	nic l	Emj	ow	ern	ient	(BI	EE)	con	npa	any	?		_
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Government Parastatals Listed Companies Other 3. ANNUAL AVEI Indicate annual av R 4. FINANCI Banking Institution Branch name	RAGE '	TURN urnov	OVE er exc	R Eludi	nng V	´alue		Ple	ase s	pecif					yea	rs:							_		
Government Parastatals Listed Companies Other 3. ANNUAL AVEI Indicate annual av R 4. FINANCI Banking Institution Branch name Branch Code	RAGE '	TURN urnov	OVE er exc	R Eludi	nng V	´alue		Ple	ase s	pecif					yea	rs:							_		
Government Parastatals Listed Companies Other 3. ANNUAL AVEI Indicate annual av R 4. FINANCI Banking Institution Branch name Branch Code Banking Account	RAGE '	TURN urnov	OVE er exc	R Eludi	nng V	´alue		Ple	ase s	pecif					yea	rs:							_		
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NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (Copy of Cancelled Cheque / Bank Statement)

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	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	MORE THAN 100	MORE THAN R 39m	MORE THAN R 6m		
Services	LESS THAN 100	LESS THAN R 39m	LESS THAN R 6m		
Wholesale Trade, Commercial	MORE THAN 100	MORE THAN R 64m	MORE THAN R 10m		
Agents & Allied Services	LESS THAN 100	LESS THAN R 64m	LESS THAN R 10m		
Catering, accommodation &	MORE THAN 100	MORE THAN R 13m	MORE THAN R 3m		
other Trade	LESS THAN 100	LESS THAN R 13m	LESS THAN R 3m		
Transport, Storage and	MORE THAN 100	MORE THAN R 26m	MORE THAN R 6m		
Communications	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	MORE THAN 100	MORE THAN R 13m	MORE THAN R 6m		
Services	LESS THAN 100	LESS THAN R 13m	LESS THAN R 6m		



6. OWNERS AND SHAREHOLDERS (**)

Explanation of abbreviations used in the following tables:

CAPACITY	
Director	D
Partner	P
Member	M
Proprietor	R
Other	0

RACE GROUP	
Black	В
White	\mathbf{W}
Coloured	C
Indian	I
Other	0

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		\neg				—																		
Surname		\dashv	\dashv	1																				
Identification Number							I			I														
Percentage Share %																								%
Capacity																				D	P	M	R	О
~ .																								
Gender																							M	F
																			_					
Race Group																				В	W	С	I	0
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Disabled (a permanent impairm									or s	ensc	ry f	unc	tion	res	ultii	ng iı	n res	tric	ted (or la	ck of	f abil	ity to	
Perform in a manner considered	1 nor	mal	l for	a h	uma	an t	pein	g														İ		
																							Y	N
Were you a South African citize	en or	n or	bef	ore	the	26t	h of	: Ap	ril 1	1994	.?													
																						1	Y	N
																							•	- `
Are you actively involved in the	e ma	nag	geme	nt a	ınd	dail	ly b	usin	ess	ope	ratio	ons (of th	ie b	usin	iess'	?							
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First Name																				
Surname																				
Identification Number																				
Percentage Share %																				%
Capacity																D	P	M	R	О
Gender																			M	F
																			IVI	Г
Race Group																В	W	С	Ι	О
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) Were you a South African citizen on or before the 26th of April 1994?													N N							
Are you actively involved in the	mana	age	ment	and	daily	y bus	iness	s ope	ratio	ns o	f th	e bus	sines	ss?						
																			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



8. BEE INITIATIVES (Mark with X)																			
8.1 Does the company have an employment equity programme?											Y	N							
8.2 How many permanent employees are at management level or can be classified as professional?																			
8.3 How many of the permanent staff that are management or are professional are previously disadvantaged?																			
8.4 How many people of the board and senior management are previously disadvantaged?																			
8.5 Have you formed alliances with BEE entities through partnering, joint ventures or other similar initiatives? Are the above alliances with?											Y	N							
Are the above alliance	es with	ı?																	
Listed Company																			
Private Companies																			
Closed Corporation																			
Partnership																			
Individual																			
9. PREVIOUS CONT	RACT	OR	TEND:	ERIN	NG 1	EXPE	RIEN	ICE	(Ma	rk v	with 2	K)							
Do you have any previou	s contra	act wor	k or ter	nderin	g ex	perienc	e?										Y	N	4
If yes, please complete the with other businesses re							cts av	vard	ed to	you	(the t	ender	er) or	· prev	vious	exp	erien	ce	
Employer/Department																			
Contact Person Contact Number																			
Estimated Contract Value	 ;										R								
Year Awarded											Year	Comp	oleted						

10. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT (*)

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THESUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THESUPPORTING DOCUMENTATION, 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 the client may, in addition to any remedies it may have: -



i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award
ofthe contract, and/or
ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourablearrangements 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 SIGNA	TURE)	IN HIS /HER CAPACITY AS	
	E OF AUTHORISED SIGNATURI	E)	
11. CLASSIFICATION	FOR TLM SUPPLIER DATABA	SASE (*)	
	ENTIFIED / SOURCED AS A PO BE CLASSIFIED CORRECTLY	OTENTIAL SERVICE PROVIDER, YOUR Y.	ł
Tick the appropriate bl	ock to indicate the correct classif	fication of your company as a service provid	der:
Goods & Service			
Engineering & Constru	ction		
Built Environment Con	sultant/Professional Service Prov	vider 🗆	
Education, Training &	Development		

Legal Service



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:			
icy words.			
•			
Specializations:			
_			
Supplier Comments:			

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 theservice 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:

TOKOLOGO LOCAL MUNICIPALITY: SUPPLIER REGISTRATION FORM 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___

Full name and surname of the above Signatory

Signature Witness