

**IMPENDLE MUNICIPALITY  
APPLICATION FOR REGISTRATION  
ON MUNICIPAL DATABASE**

**SUPPLIER / CONTRACTOR / SERVICE PROVIDER**

**Name of Enterprise.** .....

**Trading name:** .....

a) Postal Address : .....

.....

.....Postal Code : .....

b) Physical Address : .....

.....Postal Code : .....

c) Telephone no.: Area code (.....) .....

d) Fax. : Area code (....) .....

e) Cell Phone No.: .....

f) E-mail Address : .....

g) Website Address : .....

h) Contact Person : .....

i) Enterprise registration number:# .....

j) Enterprise income tax reference number:\*.....

k) VAT registration number : .....

l) Unemployment Insurance Fund no. : .....

m) Workmen Compensation registration no. : .....

n) Discount and Payment Terms : ..... %  /  days from  /  /   
(Tick applicable box)

If other, state : .....

**NB: A COPY OF THE COMPANY LETTERHEAD VAT REGISTRATION, TAX CLEARANCE  
CERTIFICATE AND COMPANY PROFILE IS TO BE ATTACHED.**

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\* If a one man business insert personal income tax number and if a partnership insert personal income tax numbers of all partners.

# Insert CC number, business licence no, companies act number etc.

**1. Type of Enterprise (tick appropriate box)**☐ Partnership☐ One person business/sole trader☐ Close Corporation☐ Company☐ Pty Limited☐ Trust☐ Other**2. Principal business activities (Briefly describe)**

.....

.....

.....

.....

**3. Location of Enterprise (tick appropriate box)**

a. Impendle Municipality area

☐

b. KwaZulu Natal

☐

c. South Africa

☐

d. Other

☐**4. Street address of all facilities used by the enterprise****Address****Facility Activity****Head Office**

4.1 .....

.....

.....

.....

**Branches**

4.2 .....

.....

.....

.....

4.3 .....

.....

.....

.....

(Continue on separate page if required)

**5. Do you share facilities? . ☐ Yes ☐ No (tick one box)**

If yes; which facilities are shared?

.....

With whom do you share facilities (name of firm/individuals)?

.....

.....

What are the other firm's principal business activities ?

.....

.....

**6. List all partners, proprietors and shareholders.**

<b>NAME</b>	<b>IDENTITY NUMBER</b>	<b>HDI STATUS YES / NO</b>	<b>DISABLED YES / NO (IF YES STATE DISABILITY)</b>	<b>CITIZENSHIP</b>	<b>DATE OF OWNERSHIP</b>	<b>PROFESSIONAL REGISTRATION NUMBER</b>	<b>OWNED %</b>	<b>VOTING %</b>
<b>Total to equal to 100%</b>							<b>100</b>	<b>100</b>

NOTE: - where owners are themselves a company or partnership, identify the ownership of the holding firm.

- **certified copies of ID must be attached.**

7. **Is the enterprise registered or does it have a business license(s) ? (tick one box)**

☐ Yes

☐ No

If yes, detail and quote relevant reference numbers and dates.

.....  
.....

8. **Detail all trade associations/professional bodies in which you have membership :**

.....  
.....  
.....

9. **Please give details of your CIDB rating achieved to date.**

Please list Ratings achieved and attach proof thereof to this document.

.....  
.....  
.....

10. **Did the enterprise exist under a previous name ? (tick one box)**

☐ Yes

☐ No

If yes:

- what was it's previous name ?

.....

- why did it change name ?

.....

List the previous owners/partners/directors

.....  
.....

11. **How many full time (FT) and part time (PT) staff members are employed by the enterprise?:**

	Historically Disadvantaged Individuals				Other	
	Priority		Non Priority			
	FT	PT	FT	PT	FT	PT
Male						
Female						

12. **How many full time (FT) and part time (PT) Disabled members are employed by the enterprise?:**

	Historically Disadvantaged Individuals	Other
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	<b>Priority</b>		<b>Non Priority</b>			
	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>
<b>Male</b>						
<b>Female</b>						

**13. How many staff members have joined the enterprise in the last 6 months :**

Full time : .....

Part time : .....

**14. Banking Details**

I/We, the undersigned, hereby authorize and instruct Impendle Municipality to pay all amounts that may hereinafter, from time to time, become due and payable to me/us by Impendle Municipality by electronically transferring the same to the bank mentioned below for the credit of my/our account detailed below.

I/We, the undersigned, understand and agree that:

- Any such transfer shall constitute a full and final discharge of Impendle Municipality's obligations to make such payments to e/us. Impendle Municipality shall not be liable to make good any loss which I/We may suffer consequent upon such transfers pursuant to this authority and instruction.
- This payment authorization and instruction will be applied to both goods purchased and services rendered.
- This authority and instruction will remain valid unless cancelled by either party upon thirty (30) days written notice. The said notice will only be effective in writing, delivered to the other party at the addresses stated herein and bearing an acknowledgement of receipt by the other party.
- Should any transfer attempted in respect of this authorization be unsuccessful due to incorrect information supplied by me/us, I/We agree to pay all bank charges for this transfer attempt.
- In the event that the details set out herein change. I/We agree to notify Impendle Municipality forthwith.

14.1 Name of Banking Institute:.....

14.2 Branch: .....

Branch Code: .....

14.3 Town /City: .....

14.4 Banking Account Number: .....

14.5 Name under which account is operated:.....

**IMPORTANT: Please attach an original cancelled cheque or bank statement.**

**IMPORTANT: Please see next page for Bank Certification.**

**BEFORE RETURNING, THIS SECTION MUST BE COMPLETED BY YOUR BANK**

I/We confirm that the above information on the client's account at this bank/building society is correct.

.....

**Bank Stamp:-**

**Signed on behalf of Bank**

.....

**Name**

.....

**Capacity**

**NOTE: This information will supercede any previous authorization and instruction lodged with the**

**Impendle Municipality. Where the application has been submitted electronically the original completed form must be returned. Photocopies or faxed copies will not be accepted.**

### **CERTIFICATION OF CORRECTNESS OF INFORMATION AS PROVIDED**

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE ENTERPRISE COMPLIES WITH ALL STATUTORY AND MUNICIPAL REQUIREMENTS AND THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. If the information supplied is found to be incorrect then the Impendle Municipality in addition to any remedies, it may have; may
  - I. Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and/or
  - II. Cancel the contract and claim any damages which the Municipality may suffer by having to make favorable arrangements after such cancellations, and/or
  - III. Impose a penalty on the Enterprise as provided in the Tender Documents, and/or
  - IV. Take any other action as may be deemed necessary.

Signature .....

Name .....

I.D Number .....

Duly Authorised to sign on behalf of : .....

Address .....

.....

.....

Telephone .....

Signed and sworn to before me at .....

on this the .....day of .....by the Deponent, who has acknowledged that he/she knows and understands the contents of this document, 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.

Commissioner of Oaths .....

**NOTE: All pages of this Affidavit must be initialed by both the Deponent and the Commissioner of Oaths.**

MBD 4

### 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.

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\* 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.



.....  
 .....

3.7 Have you been in the service of the state for the past twelve months? **YES / NO**

3.7.1 If so, furnish particulars.

.....  
 .....

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, principle 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, principle 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

**The following documents must be attached to the registration form ( if applicable):**

- Valid Original Tax Clearance Certificate
- Full detailed Company Profile
- Copy of Cancelled Cheque
- Certified copy of Identity Documents
- Certified copy of Trust Certificate/ Trust Deeds
- Certified copy of Partnership Agreement
- Certificate of Registration for Co-operative(CR10)
- Certificate of Incorporation (CM1)
- Certified copy of CK1/ CK2
- Share certificates & or BEE Rating Certificate