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| DATABASE REGISTRATION NO | |
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**PANEL OF SERVICE PROVIDERS
REGISTRATION FORM
ANNUAL REGISTRATION**

R30 000.00 - R200 000.00

CLOSING DATE

FRIDAY, 21 OCTOBER 2022 - 12H00

2022/2023 FINANCIAL YEAR

POLOKWANE MUNICIPALITY

Building a prosperous and caring Municipality for a better life for all

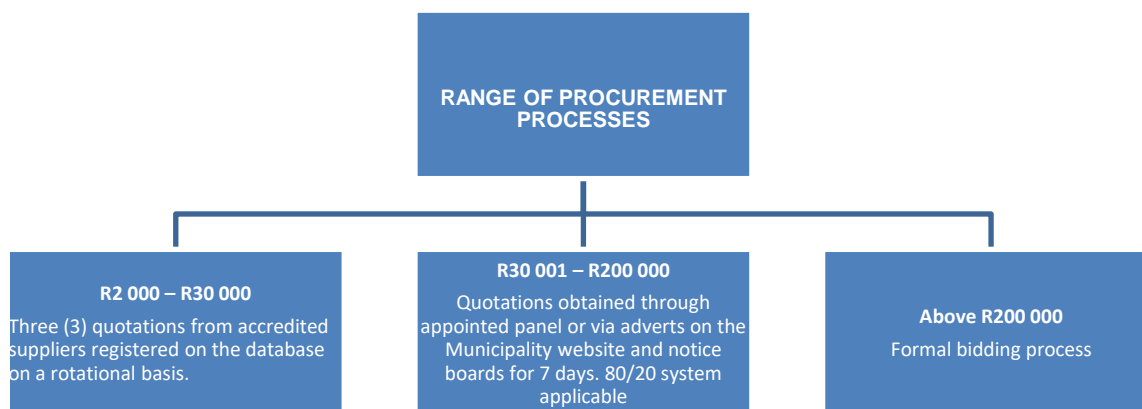
POLOKWANE MUNICIPALITY

PANEL OF SERVICE PROVIDERS REGISTRATION FORM

This form must be duly and fully completed through a black pen, signed as requested and placed, together with supporting documentation, in an envelope clearly marked “**Panel of Service Providers**” on the outside and forwarded to: Supply Chain Management Unit, P.O Box 111, Polokwane, 0700, or forward to **Supply Chain Management Unit Office, Bid Administration Section – Ground Floor (Left hand side of the security reception at Municipal Offices, Corner Landdros Mare and Bodenstern Streets, Civic Centre – City of Polokwane.**

PLEASE NOTE

1. **Registration on the service provider database does not entitle the supplier to any business opportunities offered by the Polokwane Municipality nor will it place any obligation of the Municipality whatsoever.**
2. Arrangements may be made when necessary with officials of Polokwane Municipality to inspect your premises in order to assess your competency before your company is accepted.
3. All service provider information will be treated strictly confidential.
4. It should be noted that should any information provided be found to be incorrect Polokwane Municipality reserves the right to exclude the service provider from the database at any time prior to or after acceptance of the database registration form.
5. Kindly familiarize yourself with the Supply Chain Management processes:



FOR OFFICIAL USE

DATE RECEIVED:

DATE CAPTURED:

FOR OFFICIAL USE (Continue)

Note:

- All service providers who wish to be registered in the Polokwane Municipality's (Supply Chain Management) service providers' database are required to submit the following documents listed below together with the fully completed database registration form. **Submission of these documents is compulsory.**
- In addition to completion of the database registration forms, service providers are required to initial each and every page of the panel registration form.
- Service providers are **required and compelled** to complete the Declaration of Interest form which is attached to the database registration form. Failure to complete the form will compel the Municipality not to register your company on the database.
- All service providers are required to attach bank confirmation letter from your banking institution.
- In terms of the new Preferential Procurement Regulations of 2011, all service providers are required to submit a BBEE Certificate from the accredited agencies obtained from the Department of Trade & Industry website. Service providers could attach a certified B-BBEE sworn affidavit signed by the SAPS or any other authorized institution.

| No | DOCUMENTS REQUIRED | Yes | No | N/A |
|----|---|-----|----|-----|
| 1 | Valid tax clearance certificate pin status report from SARS | | | |
| 2 | Company registration form | | | |
| 3 | Municipal rates and taxes statement of account the company and Directors of the company / lease agreement and a municipal statement of the lessee / letter from Tribal Authority. The municipal rates and taxes statement of account should not be more than three (3) months and should not be in arrears of more than three (3) months. | | | |
| 4 | Confirmation of bank account by submitting bank confirmation from your banking institution. (This is compulsory) | | | |
| 5 | Latest proof of registration on the Central Supplier Database (CSD Report <u>which falls within the 30 days of advertisement of this suppliers database registration</u>) | | | |
| 6 | Certified copy(ies) of ID of company director(s) | | | |
| 7 | B-BBEE Certificate (certified copy) / certified B-BBEE Sworn Affidavit | | | |
| 8 | Initialling of all pages of the panel registration form | | | |
| 9 | Completion of the declaration of interest form | | | |
| 10 | Completion of the declaration of past SCM practices form | | | |

Polokwane Municipality will disqualify any service provider who fails to comply with the submission of the above documents and full completion of the panel registration form. No late submission of the forms will be accepted.

1. SECTION 1: PARTICULARS OF THE COMPANY / ORGANISATION

Please note that all information will be treated confidentially. Provide details regarding the organisation. Where organization is a joint venture the individual members of the joint venture are to separately provide information of their organization.

1.1 REGISTERED NAME OF THE ORGANISATION:

1.2 TRADING NAME:

1.3 CONTACT PERSON

1.4 POSTAL ADDRESS:

| |
|--|
| |
| |
| |

POSTAL CODE:

1.5 PHYSICAL ADDRESS:

| |
|--|
| |
| |
| |

POSTAL CODE:

1.6 TELEPHONE NUMBER

FAX NUMBER

1.7 CELL PHONE NUMBER

E-MAIL:

TYPE OF ORGANISATION:

| | | | |
|-------------------|--|-----------|--|
| CLOSE CORPORATION | | (PTY) LTD | |
| SOLE TRADER | | TRUST | |
| PARTNERSHIP | | | |
| OTHER SPECIFY | | | |

1.9 COMPANY REGISTRATION NUMBER:

1.10 INCOME TAX REGISTRATION NUMBER

1.11 VAT REGISTRATION NUMBER:

1.12 UIF REGISTRATION NUMBER:

1.13 NAME OF BANKING INSTITUTION:

1.14 NAME UNDER WHICH ACCOUNT IS OPERATED:

ACCOUNT NUMBER:

TYPE OF ACCOUNT:

BRANCH CODE:

| |
|--|
| |
| |
| |

2 SECTION 2: EVALUATION SECTION

2.1 PLEASE INDICATE THE JURISDICTION OF INTEREST:

| CODE | AREA | Tick |
|------|---|------|
| PM | POLOKWANE MUNICIPAL AREA | |
| LP | OUTSIDE POLOKWANE MUNICIPAL AREA BUT IN LIMPOPO PROVINCE | |
| OLP | OUTSIDE LIMPOPO PROVINCE | |

2.2 PLEASE PROVIDE DETAILS OF OWNERSHIP OF THE ORGANISATION BY LISTING NAMES OF DIRECTORS, SHAREHOLDERS, OWNERS AND PARTNERS INCLUDING THEIR OWNERSHIP PERCENTAGE:

If total number exceeds 15 please attach a separate list.

| No | Name of Directors of the Company | ID No. | Citizenship | Shareholding | Disability |
|----|----------------------------------|--------|-------------|--------------|------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

2.4 PLEASE PROVIDE BUSINESS TYPE:

| SERVICE CODE | DESCRIPTION | |
|--------------|---------------------|--|
| CON | CONSULTING SERVICES | |
| TOR | CONTRACTOR | |
| SUP | SUPPLIER | |

SECTION 3: DISCLOSURE OF STATE / MUNICIPAL INTERESTS

3.1 Please indicate whether you or a director, manager, principal shareholder of your enterprise is/are or has/have been in the service of the State, the Polokwane Municipality or another municipality in the previous twelve months. If yes, please provide full details, in which capacity it was:

3.2 Please indicate whether your spouse, child, parent, brother or sister or the spouse, child, parent, brother or sister of a director, manager, principal shareholder of your enterprise is/are or has been in the service of the State, the Polokwane Municipality or another municipality in the previous twelve months. If yes, please provide the details, including names, relations and capacities:

SECTION 4: NATURE OF OPERATION, PRODUCTS OR SERVICES

Please indicate the nature of operations, products or services applicable to your business by ticking the appropriate box:

SERVICE PROVIDERS ARE EXPECTED TO CHOOSE FOUR TYPES OF SERVICES CATEGORIES

| CODE | COMMODITY | √ |
|--------------|--|---|
| 00100 | CONSTRUCTION EQUIPMENT AND SUPPLIES | |
| 00101 | General electrical installation, maintenance and supplies | |
| 00102 | General water and sanitation installation, maintenance and supplies | |
| 00103 | General roads and stormwater installation, maintenance and supplies | |
| 00104 | General building and facilities infrastructure installation, maintenance and supplies | |
| 00105 | General waste installation, maintenance and supplies | |
| 00106 | General environment installation, maintenance and supplies | |
| 00200 | PROFESSIONAL SERVICES | √ |
| 00201 | Arts & Culture and related services | |
| 00202 | Events management and social events facilitation | |
| 00203 | Fire and disaster services supplies and maintenance | |
| 00204 | Interpreting services (e.g. sign language, multi language translation, braille translation for blind people, | |
| 00300 | GENERAL SERVICES | √ |
| 00301 | Catering services | |
| 00302 | Stationery including toners and cartridges | |
| 00303 | Functions equipment hire (tents, chairs, tables, toilets (including VIP toilets) | |
| 00304 | Audio visual equipment systems services supplies, hiring and maintenance | |
| 00305 | Promotional materials (corporate gifts), printing and photographic services and graphic designs | |
| 00306 | Information technology services, maintenance and supplies | |
| 00307 | Other services | |

SECTION 5: DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED

I/we, the undersigned, warrant(s) that I am/we are duly authorised to do so and on behalf of

Declare that:

- 1. The information contained in this document is correct.
- 2. All copies of relevant documentation are attached.
- 3. The Historically Disadvantaged status of individuals as stated is correct and based on owners/shareholders/partners actively involved in the day-to-day management of this enterprise.

If the information supplied is found to be incorrect then the Polokwane Municipality in addition to any remedies, it may have; may

- (i) recover from you/your 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 favourable arrangements after such cancellations, and/or
- (iii) impose a penalty as provided in the bid/quotation documents and/or
- (iv) take any other action as may be deemed necessary.

SIGNATURE: _____ SIGNATURE: _____

NAME: _____ NAME: _____

CAPACITY: _____ NAME: _____

ID NO: _____ ID NO: _____

TEL NO: _____ TEL NO: _____

ADDRESS: _____ ADDRESS: _____

COMMISSIONER OF OATHS

Signed and sworn to before me at _____

On this _____ day of _____ by the Deponent(s), who acknowledge that he/she/they know(s) and understand(s) the contents of this document, that it is true and correct to the best of his/her/their knowledge and that he/she/they have no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her/their conscience.

SIGNATURE AND OFFICIAL STAMP: _____

DECLARATION OF INTEREST

- 1 No bid will be accepted from persons in the service of the State.
- 1 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 favoritism, 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 authorized representative declare their position in relation to the evaluating / adjudicating authority.
3. The Municipal Supply Chain Management Regulations regulates the status of persons who are in the service of the State but doing business with the State. The MSCM Regulations defines “in the service of the state” as follows:

| |
|---|
| <p>(a) a member of –</p> <ul style="list-style-type: none"> (i) any municipal council; (ii) any provincial legislature; or (iii) the national Assembly or the national Council of provinces; <p>(b) a member of the board of directors of any municipal entity;</p> <p>(c) an official of any municipality or municipal entity;</p> <p>(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);</p> <p>(e) a member of the accounting authority of any national or provincial public entity; or</p> <p>(f) an employee of Parliament or a provincial legislature.</p> <p>² Shareholder” means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.</p> |
|---|

- 4 In order to give effect to the above, the following questionnaires must be completed and submitted with the bid:

| | |
|--|--|
| Full Names of the Bidder or His Representatives | |
| Identity No. | |
| Position Occupied in the Company (Director, Trustee, Shareholder) | |
| Company Registration No. | |
| Tax Reference No. | |
| VAT Registration No. | |
| Name of all Directors / Trustees / Shareholders Members, identity numbers and state employee numbers must be indicated | |

| | |
|---|--|
| <p>Are you presently in the service of the State? (Yes or No). (If Yes, please furnish particulars</p> | |
| <p>Have You Worked in the Service of the State in the Past Twelve (12) Months (Yes or No). If Yes, please furnish details</p> | |
| <p>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 or No). If Yes, Please furnish details</p> | |
| <p>Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the State who may be involved with the evaluation and or adjudication of this bid. (Yes or No). If Yes, please furnish details</p> | |
| <p>Are any of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the State? (Yes or No). If yes, please furnish details</p> | |
| <p>Are any spouses, child or parent of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the State? (Yes or No). If Yes, please furnish details</p> | |
| <p>Do you or any of the Directors, trustees, managers, principal shareholders or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract. Yes or No. If yes, please furnish details.</p> | |

Please provide full names, identity numbers and personnel numbers of persons employed by the State as follows:

| NO. | FULL NAMES & SURNAME | IDENTITY NO. | STATE EMPLOYEE NUMBER |
|------------|---------------------------------|---------------------|------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

**NAME OF THE SERVICE PROVIDER
COMPAN Y**

DATE

**NAME OF THE AUTHORISED
DIRECTOR OF THE COMPANY**

POSITION

DECLARATION OF BIDDER’S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Bidding document must form part of all bids invited.
- 1 It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 2 The bid of any bidder may be rejected if that bidder, or any of its directors have:
 - Abused the municipality’s / municipal entity’s supply chain management system or committed any improper conduct in relation to such system
 - Been convicted for fraud or corruption during the past five years
 - Willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - Been listed in the Register for Tender Defaulters in terms of Section 129 of the Prevention and Combating of Corrupt Activities Act (No. 12 of 2004).
- 3 In order to give effect to the above, the following questionnaires must be completed and submitted with the bid.

| Item | Question | Yes | No |
|------|--|---------------------------------|--------------------------------|
| 4.1 | <p>Is the bidder or any of its directors listed on the National Treasury’s Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury’s website(www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If so, furnish particulars: | | |
| 4.2 | <p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p>The Register for Tender Defaulters can be accessed on the National Treasury’s website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If so, furnish particulars: | | |
| 4.3 | <p>Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | If so, furnish particulars: | | |
|------|--|---------------------------------|--------------------------------|
| Item | Question | Yes | No |
| 4.4 | Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If so, furnish particulars: | | |
| 4.5 | Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.6 | If so, furnish particulars: | | |

FOR OFFICE USE

| | | | |
|--------------------|-------------------------|------------------|-------------|
| Captured by | Name of Official | Signature | Date |
| Checked by | | | |
| Approved by | | | |

| Approved | Not Approved | Reasons for Disqualifications |
|-----------------|---------------------|--------------------------------------|
| | | |