

DATABASE REGISTRATION NO	
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**SERVICE PROVIDERS
DATABASE REGISTRATION FORM
QUARTERLY REGISTRATION**

R30 000.00 - R300 000.00

CLOSING DATE

THURSDAY, 28 MARCH 2024 - 12H00

2023/2024 FINANCIAL YEAR

POLOKWANE MUNICIPALITY

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

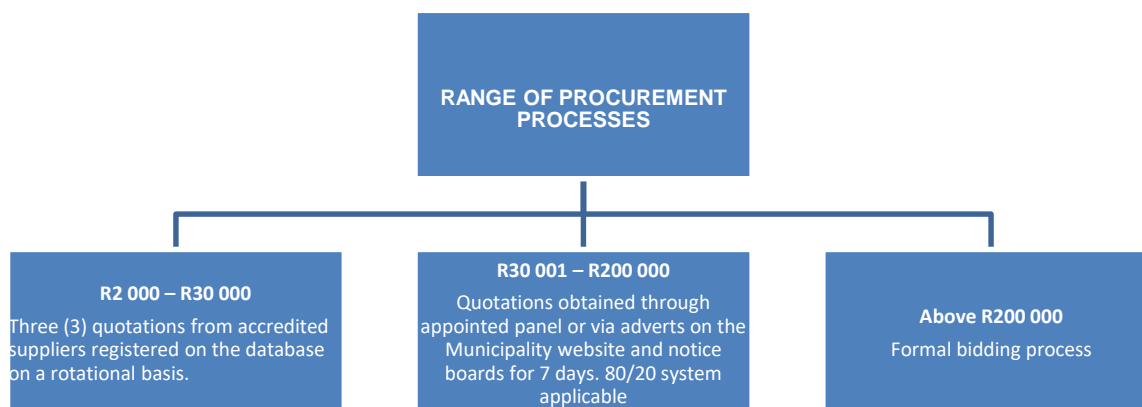
POLOKWANE MUNICIPALITY

SERVICE PROVIDER DATABASE REGISTRATION FORM

This form must be duly and fully completed, preferably with a black pen, signed as requested and placed, together with supporting documentation, in an envelope clearly marked “**Database of Prospective Service Providers**” on the outside and forwarded to the Manager: 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 Landross Mare and Bodenstern Streets, 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 (Continue)

Note:

- All service providers who wish to be registered in the 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.
- In addition to completion of the database forms, service providers are required to initial each and every page of the database registration form.
- Service provider 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.

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 / lease agreement and a municipal statement of the lessee / letter from Tribal Authority			
4	Confirmation letter of the bank account from your banking institution			
5	Latest proof of registration on the Central Supplier Database (CSD Report			
6	Certified copy(ies) of ID of company director(s)			
8	Initialling of all pages of the database registration form			
9	Completion of the declaration of interest form			
10	Completion of the declaration of past SCM practices form			

Captured by: _____ **Signature:** _____ **Date:** _____

Checked by: _____ **Signature:** _____ **Date:** _____

Approved by: _____ **Signature:** _____ **Date:** _____

Approved	Not Approved

1. SECTION 1: PARTICULARS OF THE 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	
SOLE TRADER	
PARTNERSHIP	
OTHER SPECIFY	

(PTY) LTD	
TRUST	

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:

1.15 PREVIOUS NAME OF BUSINESS:

1.16 LIST OF FIRMS OR PERSONNEL PROVIDING THE FOLLOWING SERVICES TO YOUR ENTERPRISE/ORGANISATION

Service	Business Name	E-mail	Contact Person	Telephone
Legal				
Auditing				
Banking				
Insurance				
Sales				
Accounting				

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.

	NAME	ID NUMBER	CITIZENSHIP	% SHARE HOLDING	DISABLED Y / N
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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 NOT MORE THAN THREE COMMODITIES CATEGORIES

CODE	COMMODITY	√
00100	PROFESSIONAL SERVICES	√
00101	Ambulances	
00102	Events management and social events facilitation	
0200	GENERAL SERVICES	√
00201	Catering services	
00203	Functions equipment hire (tents, chairs, tables, toilets (including VIP toilets) and decorations	
00204	Audio visual equipment systems services supplies, stages, Sound systems hiring and maintenance	
00205	And any other emergency 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: _____

NOTE: ALL PAGES OF THIS AFFIDAVIT MUST BE INITIALLED BY THE DEPONENT(S) AS WELL AS THE COMMISSIONER OF OATHS ANNEXURE "A"



CREDIT ORDER INSTRUCTION

Company's Name:

To: The Chief Financial Officer
Polokwane Municipality

Date:

Dear Sirs

Bank												
Branch Name												
Branch Code							First 6 digit of 8 digit branch code					
Account Nr.												
Account Type	Cheque		Savings		Transmission		Mark account type applicable					
E-Mail Address												
Fax Number												
Tel. Number												

I/We hereby, instruct and authorise you to pay amounts which may accrue to me/us to the credit of my/our account with the above-mentioned bank (or any other bank or branch to which I/We may transfer may/our account).

I/We understand that the credit transfers hereby authorised will be processed through a computerized system, provided by the South African Banks and I/We also understand that details of each payment will be printed on my bank statement or an accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements e.g. savings account or transmission accounts). I/We understand that remittance advices will be supplied, by you in the normal way.

ACKNOWLEDGEMENT:

I/We acknowledge that save as obliged to do so by law and/or court order the party hereby authorised to effect a credit against my/our account may not cede or assign any of its rights or obligations to any third party without my/our prior written consent and that I/We may not delegate any of my/our rights or obligations in terms of his contract/authority to any third party without prior written consent of the authorised party.

This authority may be cancelled by me/us giving you thirty (30) days notice in writing.

Signed at on this day of

.....
SIGNATURE

.....
CAPACITY

.....
INITIALS & SURNAME
#283306 v1

.....
BANK 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	

Are you presently in the service of the State? (Yes or No) . (If Yes, please furnish particulars	
Have You in the Service of the State in the Past Twelve (12) Months (Yes or No) . If Yes, please furnish details	
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	
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	
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	
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	
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.	

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

SIGNATURE OF THE BIDDER

DATE

NAME OF THE BIDDER

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:			

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM TRUE AND CORRECT.

.....

Signature

.....

Date

.....

Position

.....

Name of Bidder