

NGAKA MODIRI MOLEMA DISTRICT MUNICIPALITY

PRIVATE BAG X2167 MAFIKENG 2745 TEL : (018) 381 9400/FAX: (018) 381 0561



02VENDOR INFORMATION

DB 01/2014/2015

You are kindly requested to complete this document accurately as the information contained herein is required for the following purpose:

- ✓ To enable Ngaka Modiri Molema District Municipality to compile a database of registered suppliers;
- ✓ To support Ngaka Modiri Molema District Municipality in the implementation of a system of preference as required by the Preferential Procurement Policy Framework Act (No 5 of 2005)
- ✓ Failure to complete the form in full may result in the supplier not being considered for the awarding of any orders or contracts by the Ngaka Modiri Molema District Municipality

Please note that the potential service providers MUST have:

- ✓ Valid SARS Tax Clearance Certificate (Original)
- ✓ Proof of VAT Registration (in case of VAT vendor)
- ✓ Business Profile, Track Record and Technical Capability
- ✓ Business Banking Details
- ✓ Business Registration Documentation (CK)
- ✓ BEE and SMME Credentials
- ✓ Good Track Record and References from Previous Jobs
- ✓ Registration with Applicable Professional Body
- ✓ Contractors to include CIDB Contractor Grading Certificate
- ✓ Certified Copy of ID

Name of Company
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Postal Address
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Physical Address
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Telephone No		Mobile Telephone No	
Fax No		E-mail address	
Company Registration No		Tax Clearance Certificate (Original be attached to this form)*	
Vat Registration No		Tax registration No	

*Are you registered in terms of section 23(1) or 23(3) of the Value-added Tax Act, 1991 (Act No.89 of 1991)?
YES/NO

*An original Tax Clearance Certificate must be attached to this form. Failure to do so can disqualify the offer.

For office use			
Database reference		Venus number	

1. Participation capacity (tick one box)

<input type="checkbox"/>	Prime Contractor	<input type="checkbox"/>	Supplier
<input type="checkbox"/>	Sub-Contractor	<input type="checkbox"/>	Professional services
<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Joint venture
Other specify			

2. Type of firm (tick one box)

<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other specify
<input type="checkbox"/>	Close corporation	<input type="checkbox"/>	Company
<input type="checkbox"/>	Pty Ltd	<input type="checkbox"/>	
Other specify			

3. Principal business activities (tick one box)

<input type="checkbox"/>	Security	<input type="checkbox"/>	Construction
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	Catering		Consulting
	Manufacturer		Retailer/Distributor
Other specify			

4. Business sector (tick one box)

	Agriculture		Mining and quarrying
	Manufacturing		Electricity, Gas and Water
	Retail and motor trade		Construction
	Wholesale trade, commercial agents and other trade		Transport, storage and communication
	Finance and business services		Commercial Agents and other trade
Other specify			

5. Company classification (tick box)

	Contractor who generates more than 75% of turnover as a prime contractor		Contractor who generates more than 75% of turnover as a prime contractor
	Labour- only sub-contractor		Manufacture
	Supplier		Professional
Other specify			

6. Product of service to offer to (tick one relevant box that is applicable to the company)

	Electricity maintenance		Auctioneers
	HR Management Consultancy		Training providers
	Governance policy development		Printing and binding of documents
	Strategic planning consultant		Cleaning chemicals
	Legal compliance consultant		Advertising
	Office cleaning		Auto repairs
	Office stationery		Corporate gifts
	Catering services		Protective clothing
	Office maintenance		Events management
	Boomgates and entrance cards		Conference venue
	Supply of vehicles		Accommodation
	Office furniture		Photographer
	Supply of fuel		IT Maintenance
	Security services		IT software & hardware supply
	Furniture repairs		Website development & maintenance
	Teambuilding services		Transcript
	Design and layout		Office Automation
	Quantity Surveyors		Seta registered assessors
	Travel Agency		Seta registered assessors

Promotional Material		Leanership & skills programs
Video & related services		Plumbing
Project Managers		Any other commodity and service:
Civil Engineering		
Construction / Building services		
Consulting Services		
Financial Services		

7. Total number of years the firm has been in business: _____

8. Total number of employees

Full time: _____ **Part time:** _____

9. Street address of all facilities used by the Firm (e.g. Warehouse, storage space, offices, etc)

10. Do you share any facilities? YES/NO

If yes, which facilities are shared? _____

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

11. Is the firm registered or does it have a business license(s)

YES/NO (If yes, give details and quote relevant reference numbers and dates)

12. Detail all trade associations in which you have a membership:

13. Did the firm exist under a previous name? YES/NO

If yes, what was its previous name? _____

Who were the owners/partners/directors? _____

14. List ownership detail

Owner	Name & address of other Firm	Position	% Ownership	Race	Gender	

15. Identify any owner or management officer who has an interest in another firm

Name	Duties as employee in other firm	Name and address of other firm	Type of business of other firm

16. What is the enterprise's average annual turnover (excl. Vat) during the lesser of the period for which the business has been operation or the previous three (3) financial years?

R _____

N.B Please submit audited financial statements for the past two (2) financial years in this regard.

17. Identify by name, HDI status and length of service, those individuals in the firm (including owners and non-owners) responsible for the day-to-day management and business decisions.

ACTIVITY	NAME	RACE	GENDER M/F	DIASBLED? YES/NO	LENGTH (YEARS)
FINANCING DECISIONS					
CHEQUE SIGNING					
ACQUISITION OF LINES OF CREDIT					
SURETIES					
MAJOR PURCHASE OR ACQUISITIONS					
SIGNING CONTRACTS					

MARKETING AND SALES OPERATION					
HIRING & FIRING OF MANAGEMENT PERSONNEL					
SUPERVISION OF OFFICE PERSONNEL					
SUPERVISION OF FIELD/PRODUCTION ACTIVITIES					

18. List the four largest contracts/assignments completed by your firm in the last three (3) years.

Work performed	For whom	Contact person and telephone number	Contract fee/amount

***Payment transactions:**

Alternative payee (This field is only in if payments are not to be made directly to the vendor to whom the payable is allowed).	
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***Contact person: (Sales person)**

Name		Telephone number	
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Bank Details:

Country (Where bank is located)	
Name of bank	
Branch Number	
Account Number	
Account holder (Only to be filled in if the name of the account Holder is not the same as the name of the vendor)	
Name of account (Type of account)	

Date stamp of bank
Certified as correct

Initial and Surname (Bank official): _____

Signature (Bank official): _____

Telephone Number (Bank official): _____

Signature _____ duly authorized to sign on behalf of
_____ (Name of organization) address _____

Telephone no: _____ Date _____

COMMISSIONER OF OATHS

Signature: _____ Date: _____



STAMP

MUST BE DATE STAMPED AND SIGNED BY
A COMMISSIONER OF OATHS

FOR OFFICIAL USE

CAPTURED BY : **DATE** :

CHECKED BY : **DATE** :

APPROVED BY : **DATE** :

NGAKA MODIRI MOLEMA DISTRICT MUNICIPALITY



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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.....

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

* 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.

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

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3.10 Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state?

YES / NO

3.10.1 If so, furnish particulars.

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.....

3.11 Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state?

YES / NO

3.11.1 If so, furnish particulars.

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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