

Munisipaliteit

BERGRIVIER

Municipality

Rig alle korrespondensie aan:
Munisipale Bestuurder
Address all correspondence
to: Municipal Manager



✉ 60
Piketberg
7320
☎ (022) 913 6000
📠 (022) 913 1406
E-pos / E-mail:
bergmun@telkomsa.net

**APPLICATION TO REGISTER ON
MUNICIPALITY
SUPPLIER DATABASE**

ANNEXURE	CONTENTS
A	BUSINESS INFORMATION AND SUPPLIER FORM
B	B-BBEE STATUS LEVEL, OWNER(S) DETAILS AND PROFILE ID
C	LIST OF GOODS AND SERVICES OFFERED FOR SELECTION
D	MBD4 FORM – DECLARATION OF INTEREST

Interested consultants, business enterprises will be required to complete the Application Form, accompanied by the following CERTIFIED documents:

1. Company registration docs (compulsory)
2. Valid Tax Clearance Certificate (compulsory)
3. FICA docs (municipal bill and ids) (compulsory)
4. Bank confirmation letter (compulsory)
5. Proof of Registration with relevant Professional Body and Registration Number (if applicable)
6. Proof of Qualifications (if applicable)
7. Proof of Professional Indemnity Insurance (if applicable)
8. Proof of work experience (CV) (if applicable)

Application Forms is available at the Procurement Office, Berggrivier Municipality, P O Box 60, Piketberg, 7320.

IF ANY SERVICES ARE NOT MENTIONED PLEASE STATE ON ANNEXURE C (IX)

Any enquiries can be directed to Mr A Pereira at (022) 913 6000. Completed Application Forms and the required attachments can be delivered to the Procurement Office, Attention: Mr A Pereira, P O Box 60, Piketberg, 7320.

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ANNEXURE A

BUSINESS INFORMATION

Provider Name :

Titel : Initials :

Trading Name :

Registered Name :

Local Branch Address :
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Head Office Address :
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.....

Physical Address :
.....
.....

Telephone Number :(Code)

Cellphone Number :

Facsimilee Number :

E-Mail Address :

Contact Name :

Contact Tel. no :(Code)

- TYPE**
- 1. Sole Proprietor
 - 2. Close Corporation
 - 3. Private Company

- 4. Partnership
- 5. Public Company
- 6. Business Trust
- 7. Non-Profit Organisation (NPO)

Accreditation Certificate Number :

Expire Date :



ANNEXURE A .../2

Registration No. :

Income Tax Registration No. :

Tax Clearance Issue Date :

Tax Clearance Expire Date :

UIF No. :

Municipal Account No. :

Outstanding Amount :

Bank Name :

Branch Name :

Name of Account :

Branch Code :

Account No. :

Type of Account

- 1. Current
- 2. Savings
- 3. Transmission
- 4. Bond Account
- 5. Sub-Share Account

Previous Name :

Change Reason :

Years in Business :

Annual Turnover :



SUPPLIERS

NAME:

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ADDRESS:

TELEPHONE:

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FAX:

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CELLPHONE:

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POSTAL CODE:

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E-MAIL:

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BANK:

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BRANCH:

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BRANCH NO:

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ACCOUNT NO:

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VAT NO:

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REQUESTED BY:

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DATE:

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ANNEXURE B

SUPPLY CHAIN MANAGEMENT B-BBEE STATUS LEVEL

B-BBEE status level of Contribution : Level

B-BBEE Status Level of Contributor	Number of points (90/10 system)	Number of points (80/20 system)
1	10	20
2	9	18
3	8	16
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0



DIRECTOR(S)/OWNER(S) DETAILS

Partner: _____ Current Previous Title: _____

Identity Number :

Nationality :

Designation :

Owner date :

% Time in Business :

Income Tax Number :

AUTHORITIES

Cheque Signing
Business Financing
Purchase Approval

Signing for Loans
Sureties
Contract Signing

Service Years
Black Economic Empowerment (BEE)
Small, Medium, Macro Enterprises (SMME)



PROFILE ID

PROFID: A01

Name 3 commercial references of previous project or clients and provide contact details

NAME	ADDRESS (Company)	CONTACT NUMBER

PROFID: B01

Are there any pending legal proceedings or previous judgement against your business or has your business ever been declared bankrupt? If “YES” please state.

YES NO NOT APPLICABLE

DETAIL

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PROFID: C01

Is your business a permitholder under the SABS Mark Scheme? If “YES”, indicate product(s) for which permits are held, including permit numbers.

YES NO NOT APPLICABLE

DETAIL

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PROFID: C02

Are you working to National or International standards? If “YES”, indicate product(s) and to which standards:

YES NO NOT APPLICABLE

DETAIL

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PROFID: D01

Does your business operate a Quality Management System covering the product/service you provide?

YES NO NOT APPLICABLE

DETAIL

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PROFID: D02

Has your Quality Management System been assessed and certified by any Nationally/Internationally recognised Accredited Body? If “YES”, please provide copy of certificate.

YES NO NOT APPLICABLE

DETAIL

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PROFID: E01

Does your business have an Occupational Health and Safety Policy complying with the Occupational Health and Safety Act?

YES NO NOT APPLICABLE

DETAIL

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PROFID: E02

Are you registered with the compensation for Occupational Injuries and Diseases Act (COID)?
If "YES" please provide COID Registration number:

YES NO NOT APPLICABLE

DETAIL

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PROFID: F01

Do you have an Environmental Policy in place?

YES NO NOT APPLICABLE

DETAIL

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PROFID: H01

Have you or your organisation supplied any goods or provide any services to this Local Authority during the past five (5) years? If “YES”, pleaseous project or provide details, including values.

YES NO NOT APPLICABLE

DETAIL

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PROFID: H02

Please provide details, including values, of any goods or services you or your organisation may have provided to State Departments or other Local Authorities over the past five (5) years).

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PROFID: H03

Please provide your Construction Industry DevelopmentBoard (CIDB) number if applicable

DETAIL

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PROFID: I01

Have you, a Director, a Manager or Principle Shareholders of your enterprises been in service of the State, this or another Local Authority in the previous twelve (12) months? Please provide details.

YES NO NOT APPLICABLE

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PROFID: I02

Have any of the relatives of yourself, a Director, a Manager or Principle Shareholders of your enterprises been in service of the State, this or another Local Authority in the previous twelve (12) months? Please provide details.

YES NO NOT APPLICABLE

DETAIL

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PROFID: I03

Is your enterprises prohibited from doing business with the Public Sector?

YES NO NOT APPLICABLE

DETAIL

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ANNEXURE C**LIST OF GOODS AND SERVICES OFFERED FOR SELECTION**

A)	SUPPLY	SERVICES
AUTO ELECTRICAL		
AUTOMOTIVE SPARES		
ACCOUNTING		
AUDITING		
AIRCON		
ARCHITECTS		
AUCTIONEER		
ADVERTISING		
AUDIO SYSTEMS		
ATTORNEYS		
ACCOMMODATION (LODGE/HOTELS)		
AGENTS (ALL TYPES)		

B)	SUPPLY	SERVICES
BLASTING SERVICES		
BOOKKEEPING		
BANKERS		
BOREHOLE EQUIPMENT		
BOREHOLE DRILLING		
BOREHOLE MAINTENANCE		
BUILDING SERVICES		
BRICKS		
BINDING		
BURIAL SERVICES		

C)	SUPPLY	SERVICES
CATERING		
CARPENTRY		
CHEMICALS		
CABINET MAKING		
CLEANING SERVICES		
CEMENT		
CONTRACTORS		
CONCRETE STONE		
COMPUTER EQUIPMENT		
CONCRETE READY MIX		
CONCRETE PRECAST PRODUCTS		
CAR HIRE		
CONCRETE PRODUCTS/WATER/SEWER		
CABLING		
CLINICAL		
COURIER SERVICES		
COMPENSATION AND BENEFITS		

CONSULTANTS	SUPPLY	SERVICES
CIVIL ENGINEERING		
MECHANICAL ENGINEERING		
ARCHITECTURAL LAND SCAPE		

D)	SUPPLY	SERVICES
DRIVING SCHOOLS		
DEMOLITION AND DISMANTLING		
DECORATION		

E)	SUPPLY	SERVICES
ESTATE AGENTS		
EARTH MOVING AND RELATED EQUIPMENT		
ELECTRICAL GOODS (HIGH VOLTAGE)		
ELECTRICAL GOODS (LOW VOLTAGE)		
ELECTRICAL / REPAIRS		
EMERGENCY SERVICES/MATERIAL		
ELECTRONIC REPAIRS		
ENGINEERING SERVICES		
EMPLOYMENT AGENCIES		

F)	SUPPLY	SERVICES
FIRE FITTING EQUIPMENT		
FELLING OF TREES		
FURNITURE		
FENCING		
FERTILIZERS		
FENCING/CONCRTE		
FENCING/WIRE		

G)	SUPPLY	SERVICES
GARDEN SERVICES		
GLAZING		

H)	SUPPLY	SERVICES
HOUSEHOLD APPLIANCES		

I)	SUPPLY	SERVICES
INTERIOR DESIGNER		
INSURANCE BROKERS		

L)	SUPPLY	SERVICES
LABOUR HIRE		
LIBRARY SERVICES		
LAWN MOWER		
LINE PRODUCTS		
LOCKSMITH		
LIME PRODUCTS		

M)	SUPPLY	SERVICES
MEDICAL EQUIPMENT		
MECHANICAL WORK		



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 details
 - 3.3.1 Company Registration Number:
 - 3.3.1 Company Name:
 - 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.

.....

* 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.

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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.

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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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3.12 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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DIRECTORS / OWNERS DETAILS

Full details of Directors / trustees / members / shareholders.

FULL NAME	IDENTITY NUMBER	DESIGNATION (DIRECTOR,SHAREHOLDER ETC.)	STATE EMPLOYEE NO. / PERSAL NO.	PERCENTAGE INTEREST IN THE ENTITY

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 and Company Stamp