

**NYANDENI LOCAL MUNICIPALITY**  
**SUPPLIER DATABASE REGISTRATION FORM**

NAME OF SERVICE PROVIDER : \_\_\_\_\_  
 (To be completed by supplier)

CONTACT NUMBER : \_\_\_\_\_  
 (To be completed by supplier)



**FOR OFFICE USE ONLY**

Received By

Verified by : \_\_\_\_\_

Employee No : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Captured By:

Captured by : \_\_\_\_\_

Employee No : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

APPLICATION ACCEPTED

APPLICATION REJECTED

NLM SUPPLIER NUMBER

CSD SUPPLIER NUMBER (TO BE  
 SUPPLIED BY SERVICE PROVIDER)

## **SUPPLIER DATABASE REGISTRATION**

In terms of Nyandeni Local Municipality's Supply Chain Management Policy (NLM SCM Policy), the accounting officer must:-

- (a) keep a list of accredited prospective providers of goods and services that must be used for the procurement requirements through written or verbal quotations and formal written price quotations; and
- (b) at least once a year through newspapers commonly circulating locally, the website and any other appropriate ways, invite prospective providers of goods or services to apply for evaluation and listing as accredited prospective providers;
- (c) specify the listing criteria for accredited prospective providers;
- (d) disallow the listing of any prospective provider whose name appears on the National Treasury's database as a person prohibited from doing business with the public sector;
- (e) The vendor list must be updated at least quarterly to include any additional prospective providers and any new commodities or types of services. Prospective providers must be allowed to submit applications for listing at any time.
- (f) the vendor list must be compiled per commodity and per type of service.

A list of commodities requirements are enlisted in the supplier database application form. Prospective suppliers/service providers may apply to be enlisted on the supplier database for a maximum of five (5) commodities specific as per their principal business. Failure to comply with this condition may invalidate the applications and would not be evaluated further. Supplier Database registration forms are obtainable from:

**Website** : [www.nyandenilm.gov.za](http://www.nyandenilm.gov.za)

**Physical Address** : BN Nomandela Drive  
LIBODE  
5160

**Postal address** : Private Bag X 504  
LIBODE  
5160

**Enquiries should be forwarded to:**

**Tel No** : 047 555 5000

**Email Address** : [nyandeni@nyandenilm.gov.za](mailto:nyandeni@nyandenilm.gov.za)

**Contact Person** : Supply Chain Management

Completed registration forms must be hand delivered or posted to the above mentioned postal address on or before closing date and time for attention of the

**Manager: Supply Chain Management**

## SUPPLIER DATABASE REGISTRATION FORM

### IMPORTANT NOTES

(Please read carefully before completion of registration form)

- To be completed by **all** vendors seeking registration as an approved supplier;
- The supplier registration form must be completed in **full** and be **signed, and forwarded to the** Nyandeni Local Municipality in Libode with all supporting documentation;
- A **company profile** must accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed by applicant;
- Successful applicants will be contacted via fax and/or email and **must** therefore submit an **operating fax number and/or email address**; failure to comply will result in excluding the supplier from the database;
- Only successful suppliers will **be notified in writing** of their application been accepted;

INFORMATION CHECKLIST	SUBMITTED	
	Yes	No
Telephone / Cell number as contact		
Physical address and Postal address		
Fax number or E-mail address		
Valid and Original SARS Tax Clearance Certificate		
Original or certified copy of B-BBEE certificate		
Original latest Bank Statement or Bank Letter with a bank stamp		
Company / CC Registration Certificate (Issued by CIPRO).		
Certified copy of identity documents (ID) of all shareholders/members/Directors or sole traders		
Latest entity's original or certified water /electricity Utility bill		
A Business profile of not more than five (5) pages		
Proof of Registration on CSD (With CSD Supplier Number)		
Commodity listed only five (5) selected		
Fill all forms completely		
Sign all forms		

**1. SUPPLIER DETAILS (All fields are mandatory)****Company/Entity Details**

Legal Name	
Trading Name	
Registration Number	
Vat Number	
Income Tax Number	

**Company Contacts:**

Telephone Number	
Fax Number	
E-mail Address	
Website Address	
Postal Address	
Physical Address	

**Director's / Owner's Details**

Name	
Surname	
Position (in the entity)	
Telephone Number	
Fax Number	
Cellular Number	
E-mail Address	

## 2. SUPPLIER GROUPING DETAILS (Please Mark with an X in the relevant field)

1. Private Company
2. Public Company
3. Close Corporation
4. Sole Proprietor
5. Partnership
6. Other


## 3. BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) VENDOR PROFILE

List all partners / owners and shareholders (Compulsory)

Name and Surname	Position	Citizenship	ID Number

**Note:** Where owners are themselves a company or partners, owners of the holding firm must be identified. Certified ID copies of partners, members, shareholders or owners must be attached.

## BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) INFORMATION

Please mark your company/entity's B-BBEE credentials with an (X)

B-BBEE Status	B-BBEE Recognition Level %	Mark with an (X)
Level 1 Contributor	135%	
Level 2 Contributor	125%	
Level 3 Contributor	110%	
Level 4 Contributor	100%	
Level 5 Contributor	80%	
Level 6 Contributor	60%	
Level 7 Contributor	50%	
Level 8 Contributor	10%	
Non-Compliant Contributor	0%	

I/We confirm that the information provided is correct as at this date

Name and Surname	Signature	Position	Date

#### 4. BANKING DETAILS

(Please note that this account **MUST** be in the name of the supplier. No 3rd party payments allowed).

Account Name																			

Account Number																			
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Branch Name																			
-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Number						
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Account Type	Savings	Cheque	Transmission	Bond	Other (Specify)	
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Company Registration Number																			
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CC Registration Number																			
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please include CC/CK where applicable

Please attach bank statement or cancelled cheque

<b>Bank Stamp</b>
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I/We confirm that the information provided is correct as at this date			
<b>Name and Surname</b>	<b>Signature</b>	<b>Position</b>	<b>Date</b>

## 5. LIST OF COMMODITIES

Please mark the 5 commodities your company wish to register for with (X) on the box next to the commodities

<b>A</b>	<b>GENERAL SERVICE PROVIDERS</b>	<b>C</b>	<b>Continued.....</b>
	Information Technology		Recruitment
	Repairs & Maintenance		Structural
	Marketing & Publication		Town Planning
	Transport Services		Land Surveyors
	Cleaning Suppliers and Services		Quantity Surveyors
	Office Suppliers		Architectural
	Stationery		Road works/Civil
	Printing		Mechanical
	Catering		Electrical
	Safety and Security		Water and Sanitation
	Events Management		Tax
	Waste Removal		
	Other(Specify)		Other (Specify)
<b>B</b>	<b>CONSTRUCTION SERVICE PROVIDER</b>	<b>D</b>	<b>OTHER (SPECIFY)</b>
	Electricity		
	Plumbing		
	Building Contractors		
	Road Construction		
	Water Works		
	Other (Specify)		
<b>C</b>	<b>PROFESSIONAL SERVICE PROVIDER</b>		
	Training		
	Financial and Audit		
	Health		
	Social Facilitation		
	Legal		

## 6. DECLARATION

### Verification of information supplied in this document, including attached documents:

I, the undersigned, warrant that he / she is duly authorised to do so on behalf of the supplier, certifies that the information supplied including the attachments, is correct and accurate and acknowledge that:

If you find that the information supplied is incorrect, Nyandeni Local Municipality will disqualify and remove the supplier from its database permanently.

### TERMS AND CONDITIONS

- **Nyandeni local Municipality cannot guarantee business opportunities.** All procurement will be subject to the municipality's SCM policy, the general conditions of contract, and applicable legislation.
- All suppliers will be subjected to regular performance service review and could be deregistered if service levels are not maintained.
- The validity period of a quotation must be at least 30 (thirty) days
- Certified documents: Please ensure that The Commissioner of Oath has certified your company registration documents, Identity Documents and other copies.
- Verification of information supplied will be performed against third party sources such as SARS, CIPRO or CIPC, Safety net, etc.
- Please notify the municipality immediately of any change to the provided information.
- Please ensure all fields are completed. Incomplete application forms will not be processed.

Supplier Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorised Representative

\_\_\_\_\_  
Signatory Name in Print

\_\_\_\_\_  
Signatory Position:

\_\_\_\_\_  
Signatory ID Number:

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_



## 7. DECLARATION OF INTEREST

1. No bid or proposal will be accepted from persons in the service of the state<sup>1</sup>.
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 invitations for bids or proposals. 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.
3. In order to give effect to the above, the following questionnaire must be completed and submitted with the registration form.

3.1. Full Name of bidder or his or her representative: .....

3.2. Identity Number: .....

3.3. Position occupied in the Company (director, trustee, shareholder<sup>2</sup>): .....

3.4. Company Registration Number: .....

3.5. Tax Reference Number: .....

3.6. VAT Registration Number: .....

3.7. The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below

**3.8. Are you presently in the service of the state?**

**YES / NO**

3.8.1. If yes, furnish particulars.....

.....

<sup>1</sup>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.

<sup>2</sup> 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.

3.9. Have you been in the service of the state for the past 12 months? **Yes/No**

3.9.1. If yes, furnish particulars.....

.....

3.10. 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 bids or proposals? **Yes/No**

3.10.1. If yes, furnish particulars.....

.....

3.11. Are you, aware of any relationship between any other service provider and any persons in the service of the state who may be involved with the evaluation and or adjudication of bids or proposals? **Yes/No**

3.11.1. If yes, furnish particulars.....

.....

3.12. Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? **Yes/No**

3.12.1. If yes, furnish particulars.....

.....

4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

I, the undersigned (name).....

certify that the information furnished in paragraphs above is correct. I accept that the state may reject this form or act against me should this declaration prove to be false.

.....

**Signature**

.....

**Date**

.....

**Capacity**

.....

**Name of Service Provider**