



PRE-REGISTRATION DOCUMENT FOR BIDDERS

NAME OF BUSINESS	
(a) POSTAL ADDRESS	
(b) PHYSICAL ADDRESS	
(c) PHYSICAL LOCATION OF HEAD OFFICE (Town or Nearest Town)	
(d) TELEPHONE	CODE ()
(e) FAX	CODE ()
(f) E-MAIL ADDRESS	
(g) CONTACT PERSON	
(h) COMPANY REGISTRATION NR **	
(i) COMPANY / ENTERPRISE INCOME TAX REF. NR *	
(j) VAT REGISTRATION NR	
(k) LEVY ACCOUNT NR	

1. TYPE OF BUSINESS (TICK WHICHEVER IS APPLICABLE)

	Partnership
	One person business
	Close Corporation
	Company
	Joint Venture / Consortium
	Trust

* Insert Personal Income Tax Nr if a one man business, and Personal Income Tax numbers of all partnerships.

** Insert cc number, business license number, Companies Act Number etc where applicable

Reference numbers are defined by Registration Authority e.g. reference number for rates and taxes.

2. LIST THE PRINCIPAL BUSINESS ACTIVITIES/CATEGORIES TO BE REGISTERED FOR AS SERVICE PROVIDER:

3. What is the annual average turnover (excluding VAT) of the enterprise during the lesser period for which the business has been operating, or the previous three financial years.

R_____

4. Company classification (Tick whichever box is applicable)

<input type="checkbox"/>	Contractor
<input type="checkbox"/>	Sub-contractor
<input type="checkbox"/>	Labor – only sub-contractor
<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Supplier
<input type="checkbox"/>	Other service providers e.g. transporter

Specify: _____

5. Date on which the enterprise was established: _____

6. List all partners, members and shareholders by name, ID number, citizenship, HDI status and ownership, as relevant:

NAME	ID NR	M / F	CITIZENSHIP	HDI STATUS*	DATE OF OWNERSHIP	OWNER SHIP %	VOTING %

*State whether : Disenfranchised (df) and/or Female(f) and/or Disabled(d)

7. Street Address of all facilities used by the firm (eg. Warehouses, storage spaces, offices etc)

	ADDRESS	FACILITY
7.1		
7.2		
7.3		

8. Do you share facilities? (Tick whichever is applicable)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, which facilities are shared?

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

What are the principal business activities of the other firm/s:

9. Describe all property agreements relating to facilities used by the business and the nature of the agreement indicating whether facilities are owned or leased by the business

FACILITIES	MONTHLY RENTAL AMOUNT	OWNER	AGREEMENT TYPE (VERBAL / WRITTEN)	DATE EXPIRES

10. Is the firm registered or does it have a business license(s)? (tick whichever is applicable)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, give details and quote relevant reference numbers and dates.

11. Specify all trade associations / professional bodies / business associations of which you have membership.

12. Is the firm registered with Electrical Contractors Board?

Yes
No

If yes, ECB Registration Number: _____

13. Is the firm registered with the Workman's Compensation?

Yes
No

If yes, Workman's Compensation Number: _____

14 Is the firm authorized by ESKOM or any other Distribution Authority Institution to work on High Tension?

Yes
No

If yes, date of authorization: _____

*Compulsory to all firms applying as a prospective service provider to provide services on High Tension.

15. Did the firm exist under a previous name? (Tick whichever is applicable)

Yes
No

If yes, What was its previous name?: _____

Why was it changed? _____

List the previous owners / partners / directors:

16. Complete the following information in respect of each partner, proprietor, director and officer of the firm (viz, chairperson, secretary, director etc)

NAME	TITLE	HDI STATUS (YES /NO)	% OF THE TIME DEVOTED TO THE FIRM	PHYSICAL ADDRESS

17 Identify any owner or management office bearer who has an ownership interest in another firm:

OWNER / MANAGER	NAME & ADDRESS OF THE OTHER FIRM	TITLE IN OTHER FIRM	% OF OWNERSHIP IN THE OTHER FIRM	TYPE OF BUSINESS OF THE OTHER FIRM

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

ACTIVITY	NAME	HDI STATUS (Y/N)	LENGTH OF SERVICE (YEARS)	PHYSICAL ADDRESS
Financial Decisions:				
Cheque Signing				
Signing and co-signing of loans				
Acquisition of lines of credit				
Surety				
Major purchases or acquisitions				
Signing contracts				
Management Decisions				
Estimating				
Market & Sales operations				
Hiring and firing of Management personnel				
Hiring and firing of personnel other than management				
Supervision of office personnel				
Supervision of field / production activities				

23. List the personnel or firms who provide the following services:

SERVICE	NAME	CONTACT PERSON	TELEPHONE
Accounting			
Legal			
Auditing			
Banking			
Insurance			

24. Identify any amounts of money loaned to your firm, indicating the loan source, date and amount:

LOAN SOURCE	ADDRESS	DATE OF LOAN	LOAN AMOUNT

25. Provide particulars of all accounts:

NAME OF BANK	ADDRESS	ACCOUNT NUMBER

26. List a maximum of five contracts which your firm is engaged in at present and have not yet completed:

CONTRACT DESCRIPTION	LOCATION	EMPLOYER	CONTRACT AMOUNT	EXPECTED COMPLETION DATE (MONTH & YEAR)

DECLARATION:

1. The businesses have read and fully understand the preferential procurement policy of Umjindi Municipality
2. The business agrees to abide by the code of conduct published by Umjindi Municipality.
3. All the information supplied in this application is true and correct and goes to the root of the contract bid.
4. The business will without protest submit itself to all reasonable and acceptable procedures instituted by Umjindi Municipality.
5. Full documentary proof where required is attached.
6. The business will if requested to so, supply further information and documentary evidence for scrutiny.
7. The business will update the registration particulars whenever a significant change in their details occur and in any event at intervals of two years.
8. Irrecoverable authority is hereby granted to Umjindi Municipality to conduct an investigation and/or enquiry regarding any information furnished inclusive of the financial position of the business.

The undersigned who certifies that she/he is duly authorized to do so on behalf of the business, confirms that the contents of this Affidavit is within their personal knowledge, except where otherwise stated and to the best of their belief, both true and correct.

SIGNED: _____

DULY AUTHORIZED TO SIGN ON BEHALF OF: _____

ADDRESS: _____

CODE: _____

TEL. NR: _____

Signed at _____ on this _____ day

of _____

By the Department who has acknowledged that she/he knows and understands the contents of this Affidavit that it is true and correct to the best of her/his knowledge and that she /he has no objection to taking the prescribed oath and the prescribed oath will be binding on her/his conscience.

COMMISSIONER OF OATHS: _____

(IMPORTANT: READ BOTTOM ALSO FOR COMPLETION)

THE FOLLOWING IMPORTANT NOTES SHOULD BE READ CAREFULLY BEFORE THE COMPLETION OF THIS FORM

1. Registration form to be completed by all businesses seeking to conduct business with the Umjindi Local Municipality.
2. This form must be completed in full and signed by the owner(s) or manager or administration head.
3. Full signature is required when alterations are made in this document.
4. If the information required is not applicable to your business, clearly insert the symbol "N/A" in the appropriate space.
5. Mark the appropriate square with an "X" where it is applicable to you.
6. If the space provided is left blank, it will be regarded as information that is still outstanding and you will not be registered.
7. The front page of the form must be clearly marked "DATABASE" and be posted to the above postal address or hand delivered to the municipal offices.
8. Please note that no faxed or e-mailed forms will be accepted.
9. A business registered on the database must notify the Municipal Manager within 14 (Fourteen) days of any changes to information provided in the application form. Failure to comply may result in such a business being removed and/or blacklisted from the database.
10. Businesses providing information intentionally incorrectly or fraudulently will be disqualified.
11. Applicants who have been declared insolvent and wish to do business with the municipality must have been rehabilitated and provide the necessary proof thereof.
12. Businesses blacklisted by any *organs of state** must first be removed or cleared from such blacklist before registration.
13. Certified copies of the following documents must be attached to this application form:
 - (a) Company Profile;
 - (b) Company Certificate or Shareholder(s) register;
 - (c) Tax Clearance Certificate;
 - (d) Income Tax Certificate;
 - (e) VAT registration certificate (for VAT vendors only);
 - (f) ID for all members/partners/directors;
 - (g) RSC levies registration certificate;
 - (h) Proof of UIF registration with department of labour;

13.1 Failure to submit all the above documents will result in non-registration.

13.2 Please note that all copies of the documents must be commissioned by an authorized Commissioner of Oath.
14. **Fronting*** will result in a business being blacklisted.
15. The Municipality has the right to visit the business premises to verify the information provided in this form.
16. All members/directors/partners/owners of companies, close corporation and etc, in service with any *organ of state** are prohibited from participating in the municipal supply chain management; therefore they will be automatically disqualified.
17. This is only a registration form for database and does not guarantee any award of bid/contract.
18. Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally excluded from quoting for the supply of goods or services to the municipality.
19. The database will be updated on quarterly basis.
20. Umjindi local Municipality reserves the right to reject any application, which in its opinion failed to comply with the registration requirements or criteria.
21. Copies of Supply Chain Management Policy are obtainable from the municipality's official website.

5. Declaration

I/We the undersigned on behalf of _____
(Name of business) certify that the information supplied in terms of this document is correct and acknowledges(s) that:

If the information is found to be incorrect the municipality will,

1. Disqualify the business for a particular tender/contract/project it may be considered for, or which has been awarded to the business;
2. Recover from the business all costs, losses or sustained by the municipality as a result of breach of contract;
3. De-register/blacklist the business on the database.

Signature of owner or authorized representative

Date

Signature of owner or authorized representative

Date

Terminology

1. Disability means-

In respect of a person, a permanent impairment of physical, intellectual, or sensory function, which results in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.

2. Consortium or Joint Venture means-

An association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge for the execution of contract.

3. Fronting in terms of this document means-

Companies with no Black Economic Empowerment (BEE) status illegally claiming to be headed by **black people*** and claim false BEE credentials in order to win tenders/contracts.

4. Organ of State means-

- (a) A national or provincial department as defined in the Public Finance Management Act No.1 of 1999;
- (b) A municipality as contemplated in the Constitution;
- (c) Parliament;
- (d) A Provincial legislature;
- (e) A constitutional institution listed in schedule 1 of the Public Finance Management Act.

5. Relative, in terms of this document means-

Your first degree relatives, that is, wife; husband; son; daughter; father; mother; brother; sister.

6. Black people is a generic term which means- Africans, Coloureds and Indians.