

MASILONYANA LOCAL MUNICIPALITY



Masilonyana Municipality Supplier's Database

Vendor/Supplier

Masilonyana Suppliers Database Masilonyana Local Municipality

These forms must be completed and returned to the following address:

Masilonyana Local Municipality
Finance Department
58 Piet Retief Street
Theunissen
9410

Please deposit in:

Tender Box

Reception Desk of Masilonyana Local Municipality
Masilonyana Local Municipality
Le Roux Street
Theunissen
9410

OR

Masilonyana Local Municipality
Attention: Supply Chain Officer
PO Box 8
Theunissen
9410

Direct enquiries to the Supply Chain Management Officer / Procurement Department

Tel: 057 – 773 2841/2

Email: mosase@masilo.co.za

Please complete the form fully – use a black pen.
Please print so that all information is legible.

**PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED
FOR YOUR OWN RECORDS AS NO COPIES WILL BE MADE BY THE COUNCIL**

INTRODUCTION

The Masilonyana Local Municipality (MLM) is in the process of developing a procurement supplier database which will assist with requests for quotations.

All existing and potential suppliers must register on the procurement supplier database before they can do business with the municipality. Registration form included should be completed and returned to Supply Chain Management Office of Masilonyana. Suppliers are urged to complete this form regardless of whether you have completed registration forms previously.

NB! Registration on the supplier database does not entitle the supplier to any business opportunities offered by the MLM nor will it place any obligation on the MLM whatsoever.

ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL.

This questionnaire should be fully completed. If you are unable to complete certain sections or should you not be prepared to divulge certain information which is required hereunder kindly advise reasons in a covering letter when returning this document. Failure to comply may result in your application not being considered.

Arrangements may be made for officers of MLM to inspect your premises in order to assess your competency before your company is accepted.

It should be noted that any information provided be found to be incorrect MLM reserves the right to exclude the Supplier from the tender and quotation list at any time prior to or after acceptance.

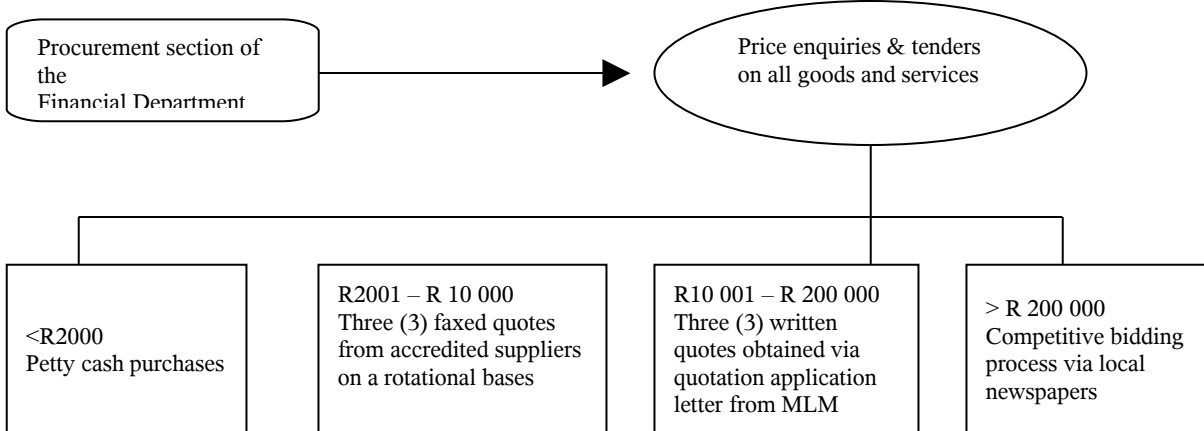
You will be advised telephonically or in writing should any vital information be lacking on your application form.

Once off suppliers (such as those used for projects or once off suppliers) will also be accredited in accordance with this policy where expenditure exceeds R 200 000 per annum.

Copies of the following certified documents must be furnished together with your application:

- Company Registration Documents (if applicable)
- Identity documents of directors/owners/members/shareholders
- Most recently approved Annual Financial Statements
- Value Added Tax (VAT) Registration Certificate (if applicable)
- Tax Clearance Certificate
- Shareholding Certificate
- Compensation of Occupational Injuries and Disease (COID) Registration Certificate
- Levy clearance certificate, if residing within Masilonyana Municipality boundaries
- Company Profile
- Any other relevant registration certificate pertaining to your business.

Kindly familiarize yourself with the new Supply Chain Management procurement function:



MASILONYANA LOCAL MUNICIPALITY – SUPPLIER’S APPLICATION FORM

1. SUPPLIER DETAIL

1.1 Name of Supplier

1.2 Trading as

1.3 Physical address

City

Code

Province

1.4 Postal address

City

Code

Province

1.5 Telephone number

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1.6 Fax number

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1.7 Cell number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1.8 E-mail address

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1.9 Web-Page Address

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1.10 How would you like to receive your correspondence from us?

Post Fax Email

1.11 Company Registration Number :/...../.....

1.12 Is the company ISO9000 Compliant?

Yes No

If Yes, please state ISO: _____

Acquired date:/...../.....

1.13 VAT Registration Number

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Please attach a Valid Original Tax Clearance Certificate to you application.

1.14 Does your company have a affirmative action program?

Yes No

If Yes, please provide detail: _____

1.15 BEE information to be completed by applicant

General Manager/Director : _____

Name of the company : _____

Telephone number : _____

Fax number : _____

Cell phone : _____

E-mail : _____

(a) List all partners, proprietors and shareholders by name, identity number, citizenship, PDI status and ownership, as relevant:

NAME	IDENTITY NUMBER	CITIZENSHIP	DATE OF OWNERSHIP	HDI STATUS			DISABLED YES/NO	% OWNERSHIP	TEL. NO.
				RACE B/W	YOUTH M/F	GENDER M/F			
								100%	

(b) **The Generic information**

The following table represent the Generic information that businesses must complete.
The elements of BEE in the business.

Element	Weighting (1% to 100%)	If there is an envisage increase in future
Skill development of Blacks in the company		
Preferential procurement from Black owned Companies if applicable		
Enterprise development for small BEE companies if applicable		
Residual		

(c) The following table represents the methodology used for the purpose of deriving a score for management and control. Please complete the weighting and target's section.

Management control	Weighting points (1%-100%)	Compliance target
(1) Board Participation:		
a) Percentage that the Voting Rights exercisable by members of the Board who are black people hold to the total of all Voting Rights exercised by all members of the Board		
b) Executive Members of the Board who are black		
c) Executive Members of the Board who are women		
d) Executive Members of the board who are Youth		
e) Executive Members of the Board who are Disabled		
(2) Executive management participation:		
a) Percentage that Senior executive Management who are black people constitute of the total number of Senior Executive Management		
b) Percentage that Senior Executive Management who are black woman, Youth and people with Disabilities constitute of the total number of Senior Executive Management	Women- Youth- Disabled-	
c) Percentage that other Executive Management who are black people constitute of the total number of Other Executive Management		
d) Percentage that other executive Management who are black women constitute of the total number of Other Executive Management		

(d) **Joint Ventures**

Joint Venture members	A % Contribution to the JV/partnership	B % HDI ownership	% HDI contribution

Total HDI contribution			

(e) **Staffing Profile**

Provide information on the staff that you have available (attach a separate list if the space provided is insufficient)

Permanent Employed staff: gender and race	Number of staff
Temporary staff	Number of staff

(f) **Business references for the previous work done in the past years (you may attach)**

Company's name		
Address		
Contact Person	Telephone	
Value of Contract Amount	R	Date
Description of work		
Nature of duties		
Indicate ownership of assets		
Any registration with relevant authority		

1.16 **Annual Turnover**

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1.17 **Operation Shut Down**

FROM/...../..... TILL/...../.....

1.18 **Delivery method of Tenders** (please indicate one (1) method)

Delivery mode of Tender

Cost to Supplier

- a. Collect at MLM
- b. E-mail
- c. Fax

R 250
R 250
R 250

Note that all Requests for Quotations will automatically be faxed to the supplier.

1.19 Commodity Category

Services		
1	Advertising	
2	Carpet cleaning	
3	Catering	
4	Computer supplies	
5	Motor services	
6	Insurance services	
7	Locksmith services	
8	Courier services	
9	Pest removals	
10	Printing/photography	
11	Security & access control	
12	Air conditioning systems	
Professional services		
13	Financial services	
14	Legal services	
15	Land surveyors	
16	Project managers	
17	Quantity surveyors	
18	Town planners	
19	Engineers	

Construction		
2		
3	Concrete works	
2		
4	Fencing	
2		
5	General building work	
2		
6	Transport	
2		
7	Landscaping/earthworks	
2		
8	Mechanical contracts	
2		
9	Metalwork/burglar guards	
3		
0	Painting	
3		
1	Paving	
3		
2	Plumbing	
3		
3	Pumping installation	
3		
4	Road works	
3		
5	Special contracts	
Wholesalers/Distribution		
3		
6	Building materials	
3		
7	Cleaning supplies	
3		
8	Clothing/Printing	
3		
9	Computer equip/software	
4		
0	Office furniture	
4		
1	Stationary & office supply	

Mechanical		
4		
9	Pump spares	
5		
0	Bolts & nuts	
5		
1	Mechanical seals/packing	
5		
2	Hardware supplies	
5		
3	Pipe supplies	
5		
4	Lifting equipment	
5		
5	Bearing supplies	
Vehicles		
5		
6	Spares & parts	
5		
7	Auto electrical	
5		
8	Brakes and clutch	
5		
9	Transmissions	
6		
0	Panel beaters	
6		
1	Tyres	
6		
2	Batteries	
6		
3	Oil & Lubricants	
6		
4	Windscreens	
6		
5	Communicative	
6		
6	Engine overalls	

20	Consulting engineers (Civil/Structural)		4			6		
			2	Fire protection equip		7	Hydraulics	
			4			6		
			3	Vehicles		8	Towing Services	
21	Consulting Engineers (Mechanical)		4			6		
			4	Workshop equipment		9	Upholstery	
			4			7		
	Recruitment agency		5	Consumables		0	Radiator repairs	
			4			7		
			6	Fuel supplies		1	Adhoc motor services	
Workshop Electrical			4			7		
			7	Plumbing material		2		
22	Electrical motor repairs		4					
			8	Purifications				

2. BANKING DETAILS

2.1 Banking institution name

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2.2 Branch

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2.3 Town/City

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2.4 Banking account number

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2.5 Account type

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2.6 Account holder's name

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**NB: DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED
(CANCELLED CHEQUE / BANK STATEMENT)**

FOR USE OF BANK (In cases where a cancelled cheque / bank statement is not attached)

Above information checked and confirmed.

Signature: _____

Bank Stamp: _____

3. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/We the undersigned is/are duly authorized to do so on behalf of the firm certify that:

- a. This information supplied is correct.
- b. All copies of relevant information are attached.
- c. I take note that payment will be effected 30 days after delivery was effected if delivered with an original invoice.
- d. **A Valid Original Tax Clearance Certificate is attached.**

Signature of authorized person: _____ Date: _____

Personal information in block letters

Name

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Surname

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Telephone Number

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Capacity

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On behalf of the (Supplier's name)

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Signed and sworn to before me aton this theDay of

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

Commissioner of Oaths _____