



**APPLICATION FOR REGISTRATION
UMHLOSINGA DEVELOPMENT AGENCY SERVICE
PROVIDERS DATABASE**

THIS FORM MUST BE COMPLETED AND SUBMITTED TO

**DEPARTMENT OF FINANCE: SUPPLY CHAIN MANAGEMENT UNIT
UMHLOSINGA DEVELOPMENT AGENCY (SOC)
LOT 308 EBONY CRESCENT
MTUBATUBA 3965**

OR POSTED TO:

**DEPARTMENT OF FINANCE: SUPPLY CHAIN MANAGEMENT UNIT
UMHLOSINGA DEVELOPMENT AGENCY (SOC), P.O BOX 367,
ST LUCIA 3936**

ENQUIRIES: TEL 035 550 3080 FAX 035 550 3088

CSD NUMBER.....

FOR OFFICIAL PURPOSES ONLY

NAME OF SUPPLIER	:			
REGISTRATION NUMBER:	:			
CAPTURED BY	:	DATE	:
CHECKED BY	:	DATE	:

Registration Application

Confidential

APPLICATION FOR REGISTRATION ON MUNICIPAL SERVICES PROVIDER DATABASE

(The following information must be filled in by the applicant. Failure to submit all the required information may lead to non-registration of the applicant business)

1. BUSINESS PARTICULARS

1.1 Name of Business as registered with the Registrar of Companies/Close Corporation

1.2 Name of business used for TRADING purposes, if different from 1.1 or name of business if business is not registered with the registrar

1.3 Registration Number as registered with the registrar of companies/close corporation (if applicable)

1.4 Postal address

Postal code: _____

Physical address

Postal code: _____ **Ward no** _____

Telephone no : (_____) _____ Fax no: (_____) _____

Cell no: _____

E- mail address (if applicable)

Preferred method of communication: Email Fax Post

1.5 Contact person: _____

Physical location of Head Office (if applicable)

1.6 Unemployment Insurance fund no: (if applicable) _____

1.7 Compensation Commissioner Registration no: (if applicable) _____

1.8 Income tax Reference Number: _____

N.B insert personal income tax no. if a one person business (Sole Proprietor) and Personal income tax Number of all partners in a partnership. If insufficient space kindly attach information with original signature

1.9 P.A.Y.E Number (if Applicable) _____

N.B COPIES OF REGISTRATION CERTIFICATES FOR 1.7 AND 1.8 MUST BE SUPPLIED (if you cannot provide these certificates, kindly attach explanation)

2. **BANKING DETAILS**

I/We hereby request and authorize Ndwedwe Local Municipality to pay any amounts that are due my/our bank account held at the below mentioned financial institution. (The below banking details must be of a company not for individuals person.)

This authority will remain in force until such time is cancelled by me/us giving (30) days written notice by prepaid registered post.

<u>Initial and Surname</u>	<u>Authorized Signature</u>	<u>Date</u>
2.1 NAME OF BANK	:	_____
2.2 NAME OF BRANCH	:	_____
2.3 BRANCH CODE	:	_____
2.4 NAME OF ACCOUNT HOLDER	:	_____
		(Name under which account is operated)
2.5 ACCOUNT NUMBER:		_____
2.6 ACCOUNT TYPE:	<input type="checkbox"/>	CURRENT ACCOUNT
	<input type="checkbox"/>	SAVING ACCOUNT
	<input type="checkbox"/>	TRANSMISSION ACCOUNT
	<input type="checkbox"/>	CHEQUE ACCOUNT
	<input type="checkbox"/>	OTHER (PLEASE SPECIFY) _____

<div style="border: 1px solid black; width: 270px; height: 130px;"></div>	DETAILS OF BANK OFFICIAL: _____
	NAME: _____
	DATE RECEIVED: _____
	SIGNATURE: _____

Bank stamp certifying the above bank Account details as correct

5. CLASSIFICATION OF BUSINESS

5.1 CLASSIFICATION FOR NDWEDWE LOCAL MUNICIPALITY DATABASE (MANDATORY)

In order to assist with the classification process, a short summary of your core business and key products and services must be provided. . Service providers are required to register for only one commodity/service.

Our core business is:

Please mark with an "X" the appropriate block to clearly indicate the industrial sector related to the goods and services that you supply

Finance and Business service

- Banking
- Legal services
- Chartered accountants
- Insurance
- Securities broker
- Architects & quantity surveyors
- Investments
- Credit institutions
- Engineering
- Business & management consultants
- Other (Please Specify)

Community, social & personal services

- Collectibles & awards
- Sports equipment & accessories
- Camping, outdoor equipment & accessories
- Fitness equipment
- Cleaning & Janitorial equipment
- Water, wastewater treatment supply & disposal
- Cleaning & Janitorial equipment
- Industrial laundry & dry cleaning equipment

Recreation, playground, swimming, spa equipment & supplies

Other (Please Specify)

Mining & quarrying

Lubricants, oils, greases, & anti corrosives

Fuels

Oil, gas drilling & operating equipment

Elements & gases

Other (Please Specify)

Transport, storage and communication

Communications devices & accessories

Aircraft

Transportation services equipment

Transportation components & systems

Software

Computer equipment & accessories

Structural building products

Data voice, multimedia network equipment or platforms & accessories

Components for information technology, broadcasting or telecommunications

Aerospace systems, components & equipment

Other (Please Specify)

Catering and accommodation and other trade

Edible oils & fats

Bread & bakery products

Fruits, vegetables, nuts & seeds

Meat & poultry products

Restaurant

Hotels

Lodges

Bed & breakfast

- Photographic & recording media
- Art galleries
- Photographic filmmaking supplies
- Printing & publishing equipment
- Media
- Photographic, filming or video equipment
- Film
- Music
- Audio, visual presentation & composing equipment
- Other (Please Specify)
- Agricultural, forestry and fishing**
- Live animals
- Animal feed
- Seeds, bulbs, seedlings & cuttings
- Pest control products
- Fertilizers, plant nutrients & herbicides
- Agricultural, forestry, landscape material & equipment
- Other (Please Specify)
- Electricity, gas and water**
- Power sources
- Electrical wire, cable & harness
- Power generation
- Fluid & gas distribution
- Heating, ventilation & air circulation
- Industrial filtering & purification
- Batteries, generators & kinetic power transmission
- Industrial pumps & compressors
- Atomic, nuclear energy machinery & equipment
- Other (Please Specify)

Construction

- Roads & landscape
- Prefabricated structures
- Doors, windows & glass
- Insulation
- Permanent structures
- Interior finishing materials
- Plumbing fixtures
- Structural materials & basic shapes
- Structural building products
- Hand tools
- Heavy construction machinery & equipment
- Pneumatic machinery & equipment
- Construction & maintenance support material
- Other (Please Specify)

Wholesale trade, commercial agents and allied services

- Durable goods
- Non-Durable goods
- Other (Please Specify)

Retail, motor trade and repair service

- Petrol stations
- Furniture, furnishing & equipment stores
- Repair service
- Fleet management
- Motor vehicles
- Vehicle bodies & trailers
- Other (Please Specify)

Manufacturing

- Packing supplies
- Emergency & field medical services products
- Laboratory supplies & fixtures

Packaging materials

Other (Please Specify)

5.2 INDICATE VALUE FOR THE FOLLOWING BASED ON THE LATEST FINANCIAL STATEMENT

5.2.1 Total Fixed assets @ book value (e.g. Land, building, plant, equipment)

R _____

5.2.2 Vehicle @ book value

R _____

Number of vehicle

5.2.3 Average stock on hand

R _____

5.2.4 Cost of goods produced annually

R _____

Quality of produced annually

Units of measure (e.g. tons, kilolitres)

R _____

5.2.5 Total current assets (e.g. stock debtors, cash)

R _____

Total current liabilities (e.g. creditors, bank, overdraft)

R _____

6. BUSINESS INFORMATION

THE FOLLOWING TABLE MUST BE COMPLETED IN ORDER TO ESTABLISH WHETHER A BUSINESS CAN BE CLASSIFIED AS AN SMME IN TERMS OF THE SMALL BUSINESS ACT 102 OF 1996. SELET AND TICK THE SECTOR AND TICK THE APPROPRIATE BLOCK IN CULUMN 2,3AND 4

COLUMN1	COLUMN2		COLUMN3		COLUMN4	
Sector or sub-sector in accordance with the standard industrial council	Total full time equivalent of paid employees TICK WHERE APPLICABLE		Total annual turnover TICK WHERE APPLICABLE		Total gross asset value (fixed property excluded) TICK WHERE APPLICABLE	
Agriculture	MORE THAN 100		MORE THAN R 5M		MORE THAN R 5M	
	LESS THAN 100		LESS THAN R 5M		LESS THAN R 5M	
Mining and quarrying	MORE THAN 200		MORE THAN R 39M		MORE THAN R23M	
	LESS THAN 200		LESS THAN R 39 M		LESSTHAN R 23M	
Manufacturing	MORETHAN 200		MORE THAN R 51M		MORE THAN R 19M	
	LESS THAN 200		LESS THAN R 51M		LESS THAN R19M	
Electricity ,gas and water	MORE THAN 200		MORE THAN R 51M		MORE THAN R19M	
	LESS THAN 200		LESS THANR51 M		LESS THAN R 19M	
Construction	MORE THAN 200		MORE THAN R 26M		MORE THAN R5M	
	LESS THAN 200		LESS THAN R 2M		LESS THAN R 5M	
Retail, motor trade and repairs services	MORE THAN 100		MORE THAN R 39M		MORE THAN R 6M	
	LESS THAN 100		LESS THAN R 39M		LESSTHAN R 6M	
Wholesale trade, Commercial Agents &	MORE THAN 100		MORE THN R 64 M		MORE THAN R 10 M	
	LESS THAN 100		LESS THAN R 64 M		LESS THAN R 10 M	
Catering ,Accommodation & other trade	MORE THAN 100		MORE THAN R 13M		MORE THAN R3 M	
	LESS THAN 100		LESS THAN R 13M		LESS THAN R 3 M	
Transport , storage and Communication	MORE THAN 100		MORE THAN R 26M		MORE THAN R 6 M	
	LESS THAN 100		LESS THAN R 26M		LESS THAN R 6 M	
Finance and Business Services	MORE THAN 100		MORE THAN R 26M		MORE THAN R5 M	
	LESS THAN 100		LESS THAN R 26 M		MORE THAN R5 M	
Community, Social & Personal Services	MORE THAN 100		MORE THAN R 13M		MORE THAN R 6 M	
	LESS THAN 100		LESS THAN R 13M		LESS THAN R 6 M	

7. PROPRIETORS/ SHAREHOLDER/PARTNER S/ SOLE PROPRIETOR/ TRUSTEES/ BENEFICIARIES (OWNERS)

7.1 List all person who own (as listed above), in the business /trust and indicate their involvement in the management/ operations of the business /trust.

7.2 Proof of disability provided by a recognized related institution, in the case of handicapped persons, must be supplied.

7.3 If insufficient space, kindly attach a copy / copies of this page to this form, signed by same person who signs on behalf of the business/ trust on page 6 hereof.

FULL NAME	IDENTITY NUMBER	SA CITIZEN BEFORE 27/APRIL 1994 YES/NO	CAPACITY: MEMBER/PARTIES/ PROPRIETOR/SHAR EHOLDER/TRUST/B ENEFICIARY	% OWNERSHIP/ PARTNERSHIP/ TRUST INTEREST	MALE/FEMALE	HANDICA-PPED YES/NO	HDI YES/NO	RACE W/B/I/C/ORTHER	% OF TIME DEVOTED TO THE FIRM

8. PREVIOUS EXPERIENCE (IF APPLICABLE)

List the last 4 contracts awarded to you (the supplier) or other previous experience related to your core business.

EMPLOYER/DEPARTMENT	CONTACT PERSON AND TELEPHONE NO	CONTRACT VALUE IN RAND	COMPLETED SUCCESSFULLY YES/NO	YEAR

9. PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNER INTEREST IN OTHER BUSINESS

NAME OF OWNER	NAME AND ADDRESS OF OTHER BUSINESS	POSITION HELD	% OF OWNERSHIP	TYPE OF BUSINESS

10. IDENTIFY BY NAME, HDI STATUS AND LENGTH OF SERVICES THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON OWNERS) RESPONSIBLE FOR DAY TO DAY MANAGEMENT AND BUSINESS DECISION.

	NAME	HDI STATUS (YES/NO)	LENGTH OF SERVICE (YEAR)
CHEQUE SIGNING			
ING AND CO-SIGNING FOR LOANS			
BUSINESS FINANCING (OVERDRAFT,LEASE AGREEMENT)			
SURETIES			
APPROVAL MAJOR PURCHASES OR ACQUISITION			
SIGNING CONTRACT			

11. VERIFICATION OF INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR

I/WE THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO DO SO ON BEHALF OF THE SUPPLIERS, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS FORM INCLUDING THE ANNEXURE/S WITH ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE ACKNOWLEDGE THAT:

1. The supplies will be required to furnish documentary proof of the information relating to preference, if requested to do so.
2. If the information supplied is found to be incorrect then the municipality may, in addition to any remedies it may have:
3.
 - i. Disqualify the supplier/ contract for a particular bid/contract/project if it may be considered for, or which had been awarded to the supplier/ contractor.
 - ii. Recover from the supplier / contractor all costs, losses or damages incurred or sustained by the province as a result of breach of the contract
 - iii. Cancel the contract and claim any damages which the municipality may suffer by having to make less favorable arrangements after such cancellation : and/or:
 - iv. De-register the supplier registered on the supplier Database.

SIGNED ON THE _____ DAY OF _____ 20____ AT _____

BEFORE THE COMMISSIONER OF OATHS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME IN BLOCK LETTERS

SUPPLIER'S NAME _____

Signed and affirmed to, before me at _____ on this _____ day of _____ year _____, by the deponent who has acknowledged that he/she has known and understands, the contents of this document, and he/she has acknowledged that he/she has no objection to affirming that he/she regards the affirmation to be binding on his/her conscience.

COMMISSIONER OF OATHS

FULL NAME

BUSINESS ADDRESS:

CAPACITY: _____

AREA: _____

ANNEXURE A

Required document

Please ensure that all documentation listed below is attached (where applicable) to the registration form.

Document

Attached

Original Tax Clearance Certificate if applicable

Company registration certificate

Certified copy of ID

Certified copy of BBBEE certificate

Declaration of interest form

Proof of Central Supplier Database registration

Banking details certified by bank (page 3)