

NGQUSHWA LOCAL MUNICIPALITY



INFORMATION REQUIRED TO REGISTER ON THE NGQUSHWA LOCAL MUNICIPALITY DATABASE

1. Company Profile **describing what the company does. What is the core business of the company?**
2. Company Business Registration (**Founders Statement**) depicting ownership / shareholding and their PDI Status.
3. Original Tax Clearance **Certificate obtainable from the South African Revenue Services.**
4. **Contractors must be registered with the Construction Industry Development Board (CIDB) and provide NLM with proof of registration. (applies only to contractors)**
5. **Banking details : Branch**
Bank Code
Account Number
Copy of a blank cancelled cheque or a letter from the bank)

Delivery or send to : The Supply Chain Management Officer

The Supply Chain Management Officer
ERF 313 Main Road
Peddie
5640

6. **Copies of certified Identity Documents for the owners/shareholders.**

Companies will be advised by the Supply Chain Management Officer once Official registration has taken place.

NGQUSHWA LOCAL MUNICIPALITY



PROFESSIONAL SERVICE PROVIDERS APPLICATION FORM

NGQUSHWA LOCAL MUNICIPALITY

APPLICATION FORM FOR PROFESSIONAL SERVICE PROVIDERS TO BE INCLUDED ON THE NGQUSHWA LOCAL MUNICIPALITY PROFESSIONAL SERVICE PROVIDER DATABASE.

Please note:

This form must be completed by all applicants wishing to register as a professional service provider in the Ngqushwa Local Municipality [NLM] Database. A *curriculum vitae* for each project staff member/consultant should be attached to the application form. Other relevant additional documentation may also be attached.

All sections of the application form must be completed in full.

The application form is to be completed by the duly authorised official of the professional service provider firm.

**New Application
Application**

Updated

Date:

Once the Application is completed return it to:

The Supply Chain Management Officer
ERF 313 Main Road
Peddie
5640

or posted to:

The Supply Chain Management Officer
P O Box 539
Peddie
5640

PARTICULARS OF FIRM

1. Name of Firm_____

2. Name of Managing Principal

3. Type of firm (tick relevant box)

- Partnership
- One person business/sole proprietor
- Close corporation
- Company
- [Pty] Limited
- Consortium
- Other (specify)

4. Co/CC Registration_____

5. Vat Registration Number_____

6. Company Income Tax Reference Number_____

Note: Insert personal income tax reference number if one – man business and personal income tax reference numbers of all parties if a partnership.

7. Membership with Professiona Bodies:_____

8. Banking details:

Current Banking Details:

Please attach an original cancelled cheque or an original bank verification letter.

Bank : _____

Branch number/code: _____

Branch Location: _____

Bank Account number: _____

Account type: _____

Date the account was opened: _____

Signatories Name/s, Surname/s and ID number/s:

9. Complete the following table and provide supporting documents to confirm information.

INFORMATION REQUIRED	PERCENTAGE
Percentage HDI ownership (who had no franchise in national elections before the 1983 and 1993 constitution)	
Percentage of HDI's in management positions	
Percentage of HDI's employed	
Percentage of HDI's receiving bursaries	
Percentage of HDI's in mentorship programs	
Total permanent staff complement (% not applicable)	
Percentage female ownership	
Percentage disability ownership	

REGISTRATION PREREQUISITES:

NOTE: CONTRACTORS WILL NOT BE REGISTERED ON THE DATABASE IF THE FOLLOWING PREREQUISITES ARE NOT MET:

1. Proof of company registration and/or any other form of legal standing must be submitted.
2. A current and original Tax Clearance certificate from South African Receiver of Revenue Service [SARS] certifying that the taxes of the applicant are in order or that suitable arrangements have been made with SARS to bring them in order. The Tax Certificate will be reworded at the allocated space for the VAT number with the words "compulsory if turnover is more than R300 000". Where the person is not required to be registered for VAT, the Receiver of Revenue will write "not required to register" next to the allocated space for the VAT registration number.
3. Submit proof of Professional Registration with the relevant Professional Body, e.g. The Engineering Council of South Africa
4. Submit Professional indemnity and type of cover
5. Submit Company composition on the form attached as **Annexure "H"**.
6. Complete Previous/Past Experience **Annexures**.
7. Attach Black Economic Empowerment (BEE) Strategy/Transformation Strategies/ strategies to empower the Disabled/physically challenged.
8. Proof of Registration with the Commissioner for Compensation (Workman's Compensation).

CONTACT DETAILS

CONTACT DETAILS

1. Contact person _____

Phone No: _____

Cell No: _____

Fax No: _____

E-Mail _____

2. Postal Address _____

Postal Code: _____

3. Physical Address: _____

Postal Code: _____

4. Eastern Cape Offices: _____

5. National Offices: _____

A SEPARATE DATABASE WILL BE SET UP FOR EACH OF THE FOLLOWING CATEGORIES: INDICATE THE FIELD OF COMPETENCE YOUR FIRM WILL BE REGISTERING IN:

- Architectural
- Structural
- Road works/civil
- Water/sanitation
- Environmental
- Geotechnical
- Electrical
- Mechanical
- Quantity Surveyors
- Land Surveyors
- Town Planning
- Legal
- Financial
- Human Resource
- Training
- Project Management
- Occupational Health and Safety
- Audit
- Environmental
- Health
- Other (specify)

More than one (1) field of competence may be selected.

DECLARATION OF INTERESTS (KINSHIP, RELATIONSHIP WITH PERSONS EMPLOYED BY ADM)

In terms of the Municipal Supply Chain Management Regulations, no person or persons employed by the State may be awarded a bid by any municipality.

Any legal person, or persons having a kinship with persons employed by the NLM including a blood relationship, may undertake business with NLM. In view of possible allegations of favouritism, should a resulting bid or part thereof be awarded to persons connected with or related to an employee of NLM, it is required that the service provider or his/her authorized representative declare his position vis-à-vis the evaluating authority and/or take an oath declaring his/her interest, where-

- the legal person on who's behalf the bid document is signed, has a relationship with persons/a person who are/is involved with the evaluation of the bid(s), or where it is known that such a relationship exists between the person or persons for or on who's behalf the declarer acts and persons who are involved with the evaluation of the bid.

In order to give effect to the above, the following questionnaire shall be completed and submitted with this application.

Do you, or any person have any relationship (family, friend, other) with a person employed with the NLM or its Administration and who may be involved with the evaluation, preparation and/or adjudication of any bid?

Yes/No

If so, state particulars

.....

.....

Are you or any other person connected with this application, employed by any organ of State?

Yes/No

If so, state particulars

.....

.....

.....
SIGNATURE OF DECLARER

DATE

.....
POSITION OF DECLARER

NAME OF COMPANY OR SERVICE PROVIDER

DECLARATION OF INTEREST (IN THE SERVICE OF THE STATE) (MBD 4)

- 1. In terms of the Municipal Supply Chain Management Regulations any person employed by the state, cannot undertake business with NLM.
- 2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
 - 2.1 Are you or any person connected with this application, employed by the state?

YES / NO

2.1.2 If so, state particulars.

DECLARATION

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

certify that the information furnished in paragraphs 2.1 to 2.1.2 above is correct. I accept that the state may act against me in terms of paragraph 23 of the general conditions of contract should this declaration prove to be false.

Signature **Date**

Position **Name of Service Provider**

