



MOGALE CITY LOCAL MUNICIPALITY

## Mogale Supplier Database Mogale City Local Municipality

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

Mogale City Local Municipality Finance Department: Supply Chain Management Section Corner Commissioner Street and Market Street Kurgersdorp 1740

Please deposit in: **Tender Box 4** Reception Desk of Sub-Directorate Electrical Services Situated on the upper level of the West Wing of the Civic Centre.

#### OR

Mogale City Local Municipality Attention: Supply Chain Management Unit PO Box 94 Krugersdorp 1740

Direct enquiries to the Supply Chain Management Section

Maloto Phogole Specialist: Procurement Tel: (011) 951-2039 or Email: malotop@mogalecity.gov.za

Please complete the form fully - use a back 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

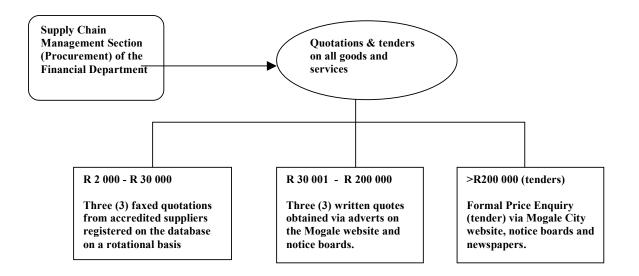
## **INTRODUCTION**

The Mogale City Local Municipality (MCLM) has for the past year been developing a procurement supplier database which will assist the Stores Section with requests for quotations.

All existing and potential suppliers must register on the procurement supplier database before they can do business with the municipality. This registration form should be completed and returned to Supply Chain Management Section of Mogale City. Please note that there is no closing date for registration on the database, as the database is continuously updated. Suppliers are however urged to complete this form as soon as possible, as to enable the Buyers at the Stores Section to obtain quotations from your business.

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

- 1. This questionnaire should be completed in full. 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.
- 2. Arrangements may be made for officials of MCLM to inspect your premises in order to assess you competency before your company is accepted.
- 3. It should be noted that should any information provided be found to be incorrect MCLM reserves the right to exclude the supplier from the vendor database at any time prior to or after acceptance of the vendor application.
- 4. You will be advised telephonically or in writing (via fax) should any vital information be lacking on your application form.
- 5. Kindly familiarise yourself with the new Supply Chain Management procurement procedures:



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Please attach copies of your company registration forms to the application.

## SUPPLIER DETAILS CONTINUE

1.13 VAT Registration Number
Please attach a Valid Original Tax Clearance Certificate to your application.
1.14 SMME STATUS (Promotion of Small, Medium and Micro Enterprises)
Indicate whether the company is small, medium or micro enterprise as defined in the National Small Business Act, 1996 (Act 102 of 1996)
Yes No
If yes, provide the following information:
Sector or sub-sector in accordance with the   Standard Industrial Classification
Total full-time equivalent of paid employees
Total annual turnover
Total gross asset value (fixed property excluded)
Size or class (for office use only)
1.15 PROMOTION OF ENTERPRISES LOCATED IN THE MOGALE CITY MUNICIPAL AREA
Is the enterprise situated within the Mogale City Municipal Area?:
Yes No
If yes, please provide: Physical address of local enterprise:
C     I     T     Y     I
P R O V I N C E
Telephone number
Fax number

#### **BANKING DETAILS** 2.

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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. CONTACT PERSON / SALES DEPARTMENT

3.1 Persons Name															
3.2 Job Title															
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3.3 Telephone Numb	ber	 	-			<b>.</b>	 				 		-		
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## 4. ACCOUNTS DEPARTMENTS (Complete only if different from above information)

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#### 5. DECLARATION WITH REGARD TO EQUITY

#### 5.1 TYPE OF FIRM

Partnership One person business/sole trader Close corporation Company (Pty) Limited [TICK APPLICABLE BOX]

#### 5.2 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

#### 5.3 COMPANY CLASSIFICATION

Manufacturer Supplier Professional service provider Other service providers, e.g. transporters, etc. [TICK APPLICABLE BOX]

#### 5.4 TOTAL NUMBER OF YEARS THE FIRM HAS BEEN IN BUSINESS?

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#### 5.4.1 PREVIOUS EXPERIENCE

Provide the following information on relevant previous experience (indicate specifically projects which is similar with regard to type of work).

	Value of	Year(s)		Reference	
Description of contract	contract (VAT excl)	executed	Name	Organisatio n	Tel no

#### 5.5 MUNICIPAL ACCOUNTS INFORMATION (Rates, water and electricity accounts)

Municipality where business is situated:

Registered Account No:

Stand No: .....

#### PLEASE ATTACH A COPY OF LATEST MUNICIPAL ACCOUNT

5.6 List all Shareholders by Name, Position, Identity Number, Citizenship, HDI status and ownership, as relevant. Information to be used to calculate the points claimed in paragraph 8.

				*	HDI Status		0/
Name	Date/Position occupied in Enterprise	ID Number	Date RSA Citizenship obtained	No franchise prior to elections	Women	Disabled	% of business / enterprise owned

Please attach certified copies of the ID documents of all the shareholders/members (as per 5.5).

#### 5.7 GENERAL CRITERIA

Provide information on the infrastructure and resources that you have available for the execution of contracts:

#### 5.7.1 Physical facilities:

Description	Address	Area (m <sup>2</sup> )

### 5.7.2 Plant, vehicles and equipment

Provide information on plant and equipment that you have available for this project attach details if the space provided is not enough)

Description : Plant, vehicles and equipment owned	Number of units

## 5.7.3 Key Staffing

Provide information on key staff that is employed in your business and you intend utilising on contracts should it be awarded to you.

Name	Position in your organisation	Experience	HDI status (Y/N)	Gender Male or Female

## 6. COMMODITY CATEGORY

#### PLEASE NOTE: Any Supplier may only register for a maximum of five (5) commodity groups

Commodity Categories	Indicate
Advertising (News Papers)	
Catering (Hot & cold foods, Halaal)	
Chemicals (Acid, ammoniac)	
Civil Engineering (Building, maintenance, sand, stone)	
Cleaning Material (Dish wash liquate, window clean)	
Community Projects (Needle work, arts & crafts)	
Consultants (Audit, Civil, Electrical)	
Corporate Gifts and Merchandise	
Debt Collection	
Decorations	
Electrical (Components & Services)	
Fuels (Diesel, Petrol & Oil)	
Furniture (Desks, chairs, cupboards)	
Hardware (Nails, glue, paint, timber, bolts & nuts)	
Information Technology (Hardware, software, network)	
Laboratories (Microscope, test tube, pipette)	
Maintenance Service (Roads, buildings, gardens)	
Medical / Healthcare (Needles, plasters, bandages, tablets)	
Office Equipment (Fax machine, calculating machine)	
Personal Protective Equipment (Uniforms, safety glasses, boots,	
overalls)	
Printing (Pamphlets, books)	
Recruitment	
Redundant Stock	
<b>Refreshments</b> (Coffee, tea, sugar, cool drinks)	
Security Services & Systems	
Sewerage; Material & Services (Manhole covers & rings)	
Sport & Recreation (Equipment)	
Stationary (Paper, pens, books, pencils, rulers)	
Steel (I-beams, steel rods, corrugated iron)	
Tools (Hand tools & electrical tools)	
Training & Education (All training)	
Travel (Car hire, bus hire, accommodation, air travel)	
Vehicles & Accessories (Spares, windscreens, panel beating)	
Water works (PVC piping, flanges, tees, plugs)	
Waste Removal (Refuse bins, waste management)	
Any other service not included in above – Please name	

Kindly indicate with an X the commodity groups that you would like to register your company for.

If a Distributor / Agent / Stockist; please submit letters of appointment from principals.

## 6. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

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

- a. This information supplied is correct.
  - All copies of relevant information are attached:
    - a. Copy of latest municipal account;
    - b. Certified copies of ID documents of members/shareholders/owners
    - c. Company registration documentation
    - d. Cancelled cheque (only if form was not certified by bank).
    - e. Company Profile (if available).
- c. I take note that payment will be effected 30 days after delivery was affected if delivered with an original invoice.
- d. A Valid Original Tax Clearance Certificate is attached.

Personal information in block letters

b.

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By the Deponent, who has acknowledged that he/she knows and understands 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