

IMPORTANT

Include your original BEE Certificate

Thembisile Hani Local Municipality Supplier Database

The Thembisile Hani Local Municipality has a vendor database which will assist with the management of all Vendors that deal with the Municipality

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

Stand no 24, Across Police Station, Kwaggafontein C
Mpumalanga 0458
Contacts: 013 986 9152/ 013 986 9100

Please complete the form in full – use a black pen. Please print so that all information is legible. Forms that cannot be read, are incomplete or incorrectly completed, will be rejected.

Direct enquiries to the Database Helpdesk

Tel: 013 986 9152 / 986 9153 or
[email: MahlanquE@thembisilehanilm.gov.za](mailto:MahlanquE@thembisilehanilm.gov.za)

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTS SUBMITTED FOR YOUR OWN RECORDS, BECAUSE NO COPIES WILL BE MADE BY THE THEMBISILE HANI LOCAL MUNICIPALITY

Thembisile Hani Local Municipality reserves the right to refuse registration.

POINTS TO REMEMBER

COMPLETING THE THEMBISILE HANI LOCAL MUNICIPALITY VENDOR REGISTRATION APPLICATION FORM

Mandatory fields – Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as “Mandatory Field”, have been completed, and if a field is not applicable to your business type clearly mark it N/A.

Required documents – Please refer to the attached table (following page) to determine which mandatory supporting documents your business type requires. Please ensure that all copies of mandatory documents (certified copies, where applicable) are attached.

Completion of questions – Clearly state Yes, No or N/A to questions asked. Do not leave any mandatory fields blank.

Certified documents – Please ensure that a Commissioner of Oaths has certified your Company Registration Document and Proof of Shareholding Certificates. The stamp of certification should be on page 16 of the document.

Copies of documents – Please keep copies of the registration form and all supporting documents submitted for your own records.

Owners, shareholders and partners – Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.

Certification of correctness – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.

Processing of registration – Your completed registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with all of the role players. The administration process will take a minimum of 5 days. Once your registration has been included on the Thembisile Hani Local Municipality Supplier Database, your details will be accessible by the procurement officials.

Business opportunities – Please note that inclusion of the name in a database does not in any way guarantee any persons, company, service provider vendor, etc. any business from Thembisile Hani Local Municipality. All procurement will be subject to the Procurement Policy of Thembisile Hani Local Municipality.

Amendments – Please notify Thembisile Hani Local Municipality Supplier Database Helpdesk immediately of any changes to the verified information submitted.

Queries – If you have any queries or if you require assistance completing the registration form, please contact the Supplier Database help desk.

If a company has more than one regional office, each office must fill in a separate form, unless the point of transaction is centralised in the company's head office.

Please note that the key facilities in the database are classified as commodities and each potential vendor must indicate the commodity in which it would like to register (see list p5).

The main objective of this process is to enhance transparency and equality on the part of the Municipality and to facilitate effective communication with its vendors.

Applications must be delivered by hand and must be completed in full with all the relevant documents attached. No electronic or faxed copies will be accepted.

It's a condition of bidding that a vendor's taxes must be in order, or satisfactory arrangements must have been made with the Receiver of Revenue to meet his or her tax obligations. In bids where consortia, joint ventures or sub-contractors are involved, each party must submit a separate original Tax Clearance Certificate.

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED

Name of Business:.....

Registration number:.....

DOCUMENTS REQUIRED	BUSINESS TYPE						WHERE TO GET DOCUMENTS
	Sole Proprietor	Close Corporation and Private Company	Partnerships/ JV	Public Company	Business Trust	Non-Profit Organization (NPO)	
Company Registration CERTIFIED COPIES	N/A	Certificate of incorporation CK1 / CK2	Partnership agreement/JV	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations and Companies
Proof of Ownership CERTIFIED COPIES	Yes	Shareholding CK1 / CK2	Partnership agreement/JV	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of Close Corporations and Companies
Proof of Banking	Letter of confirmation/ cancelled cheque	Letter of confirmation/ cancelled cheque	Letter of confirmation/ cancelled cheque	Letter of confirmation/ cancelled cheque	Letter of confirmation/ cancelled cheque	Letter of confirmation/ cancelled cheque	Branch of bank where account is held
Income Tax	For the owner or the business	For the company/cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
Original Tax Clearance Certificate	For the owner or the business	For the company/cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
P.A.Y.E	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Receiver of Revenue (SARS)
VAT Registration	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receiver of Revenue (SARS)
U I F Certificate	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour
Workman's Compensation	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour
Security Officer's Board	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	Security Service Industry Regulatory Authority
Proof of Disability	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	
Proof of Identity	Clear copy of owner's Identity document	Clear copy of identity document	Clear copy of identity document	Clear copy of identity document	Clear copy of identity document	Clear copy of identity document	
BEE Certificate		Original BEE Certificate	Original BEE Certificate	Original BEE Certificate	Original BEE Certificate	Original BEE Certificate	Verified SANNAS Agencies

PLEASE NOTE:

NB: Vendors may only register for a maximum of three commodity groups for RFQ's

Please tick with an X on commodity group	Description of commodity group	Please tick on the group commodity	Description of commodity group
			Cleaning equipment, supplies
	Mineral, textile, inedible plant, animal materials		Service industry machinery, equipment, supplies
	Chemicals including biochemicals, gas materials		Sports, recreational equipment, supplies, accessories
	Paper materials, products		Food beverages
	Well drilling machinery, accessories		Apparel, luggage, personal care products
	Live plant, animal material, accessories and supplies		Cleaning equipment, supplies
	Farming, fishing, forestry machinery, accessories		Published products
			Furniture, furnishings
	Machinery and accessories for building and construction		Musical instruments, games, toys, arts, crafts, educational material
	Industrial manufacturing, processing machinery, accessories		Farming, fishing, forestry, wildlife contracting services
	Material handling, conditioning, storage machinery, accessories and supplies		Mining, oil, gas services
			Maintenance services for the building industry
	Commercial, military, private vehicles, their		Industrial production, manufacturing services
	Power generation, distribution machinery, accessories		Industrial cleaning services
			Environmental services
	Tools, general machinery		Transportation, storage, mail services
	Structures, building, construction, manufacturing components		Management, business professionals, administrative services
	Manufacturing components, supplies		Engineering, research, technology based services
	Electronic components, supplies		
	Electrical systems, lighting, components, accessories, supplies,		Editorial, design, graphic, fine art services
			Public utilities, public sector related services
	Distribution, conditioning systems, equipment,		Financial, insurance services
	Laboratory, measuring, observing, testing equipment, forensic		Healthcare services
			Education, training services
	Medical equipment, accessories, supplies		Travel, catering, lodging, entertainment services
	Information technology broadcasting, telecommunications		Personal, domestic services
			National defense, public order, security, safety services
	Office equipment, accessories, supplies		
	Printing, photographic, audio, visual equipment, supplies, services		Politics, civic affairs services
			Organisations, clubs
	Defense, law enforcement, security, safety equipment, surveillance accessories, supplies		Sale of redundant or obsolete items and scrap
			Consultants

Documents Attached

(Please tick where applicable with a tick)

Workman's Compensation Certificate (Certified)
VAT 103 (Certified)
P.A.Y.E. / SDL / UIF (EMP 103) (Certified)
Company Registration Document (Certified)
Proof of Ownership / Shareholder certificate (Certified)
Tax Clearance Certificate (Original)
Proof of banking document
Disability documents (certified)
Security Officer's Board Registration (Certified)
Municipal account
Labour broker
Original BEE Certificate

Please Note: Proof of documents for all of these is required to ensure successful registration on the Supplier Database. In the event of a document not being required, please tick the N/A box. Please refer to Page 4 for detailed information with regard to documents required.

1. COMPANY REGISTRATION DOCUMENTS

1.1 NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable.)

COMPANY TYPE (NB Documentary Proof of registration must be provided)

PUBLIC COMPANY LTD	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CLOSE CORPORATION CC	CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE
SOLE PROPRIETOR	COPY OF IDENTIFICATION DOCUMENT
PARTNERSHIP	COPY OF PARTNERSHIP AGREEMENT
BUSINESS TRUST	CERTIFIED COPY OF REGISTRATION DOCUMENT
OTHER (If Joint Venture)	CERTIFIED COPY OF REGISTRATION DOCUMENT

Company, CK number

Not applicable to all companies, please specify if N/A

Have you attached your Company Registration document?

Y N N/A

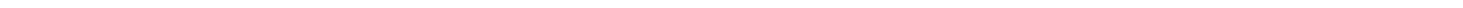
1.2 PROOF OF SHAREHOLDING DOCUMENTS

CERTIFIED COPIES of shareholders certificates or CK members share allocation documents must be supplied.

Not applicable to all companies, please specify if N/A

Have you attached proof of shareholders documents?

Y N N/A



NB: All mandatory fields must be encircled where applicable

1.3 PROOF OF BANKING DOCUMENTS

Original cancelled cheque or letter of confirmation from bank

Have you attached your proof of banking documents?

Y N N/A

1.4 VAT REGISTRATION NO

VAT Registration number:

If you qualify for VAT exemption, please attach a VAT exemption document Not applicable to all companies, please specify if N/A

Have you attached proof of your VAT registration (VAT 103)?

Y N N/A

1.5 P.A.Y.E DOCUMENT

P.A.Y.E. Document (See Point 8)

Not applicable to all companies, please specify if N/A

Have you attached proof of your P.A.Y.E document?

Y N N/A

1.6 UNEMPLOYMENT INSURANCE FUND DOCUMENTS

Unemployment Insurance Fund number:

Not applicable to all companies, please specify if N/A

Have you attached your UIF document?

Y N N/A

1.7 WORKMAN'S COMPENSATION FUND DOCUMENTS

Workman's Compensation Fund number:

Not applicable to all companies, please specify if N/A

Have you attached your Workman's Compensation document?

Y N N/A

1.8 SECURITY OFFICERS BOARD REGISTRATION NO

Security officers board registration number:

Not applicable to all companies, please specify if N/A

Have you attached your Security Officers Board Registration document?

Y N N/A

1.9 DISABILITY DOCUMENTS

Not applicable to all companies, please specify if N/A

Have you attached your proof of disability document?

Y N N/A

1.10 INCOME TAX REGISTRATION

Income Tax Registration number:

If you qualify for income tax exemption, please attach an income tax exemption document Not applicable to all companies, please specify if N/A

Have you attached your proof of income Tax Registration document?

Y N N/A

1.11 TAX CLEARANCE CERTIFICATE

The registration of a vendor will lapse immediately on expiry of the tax clearance certificate. It is the vendor's responsibility to continuously renew the certificate with SARS

Original of a valid Tax Clearance Certificate must be supplied

Have you attached your original valid tax clearance document?

Y N N/A

1.12 BEE CERTIFICATE

Issued by either verification agencies accredited by the South African Accreditation System (SANAS) or by registered auditors approved by the Independent Regulatory Board for Auditors (IRBA)

Attach the original BEE certificate and update annually

Have you attached original BEE certificate?

Y N N/A

1.13 CORE BUSINESS OPERATION

(Mark applicable fields with X)

Primary Contractor	Subcontractor (less than 25 % generated turnover as primary contractor)	Labour-only contractor
Supplier	Manufacturer	Labour agency
Professional services	Education, developmental and training service provider	Construction (CIDB)
Other, please specify		

1.14 ANNUAL AVERAGE TURNOVER

Indicate annual average turnover, excluding value-added tax, during the past three years: R

Indicate gross asset value:

R

Financial statement of the last financial year must be attached if applying for SMME status

1.15 SMALL BUSINESS INFORMATION

The following table must be completed to establish whether a business can be classified as an SMME in terms of the national Small Business Act, (Act 102 of 1996). Indicate the sector by ticking the appropriate block in column 1.

(Mark applicable fields with X)

Economic Sector		Type of Business	
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	ISO listed
<input type="checkbox"/>	Mining and quarrying	<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Electricity, gas and water	<input type="checkbox"/>	Sales
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Services
<input type="checkbox"/>	Retail, motor trade and repair services	<input type="checkbox"/>	Importer
<input type="checkbox"/>	Wholesale trade, commercial agents and allied services	<input type="checkbox"/>	Exporter
<input type="checkbox"/>	Catering, accommodation and other trade	<input type="checkbox"/>	Repairer
<input type="checkbox"/>	Transport, storage and communications	<input type="checkbox"/>	
<input type="checkbox"/>	Finance and business services	<input type="checkbox"/>	
<input type="checkbox"/>	Community, social and personal services	<input type="checkbox"/>	

1.16 TOTAL FULL TIME EQUIVALENT OF PAID EMPLOYEES

Total full time equivalent of paid employees:

2. BUSINESS PARTICULARS

2.1 Name of business:

2.1.1 Physical address:

Municipality:

Code:

Province:

2.1.2 Postal address

Municipality :

Code:

Province:

2.1.3 Telephone number:

2.1.4 Fax number:

2.1.5 Cell number:

2.1.6 Email address:

2.1.7 Web Page address:

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

Post: Fax: Email:

2.1.9 Correspondence Address:

Municipality: Code:

Province:

(Contact Person for correspondence as per 2.1.9)

Title: Name:

Surname:

3. SALES AND ACCOUNTS DEPARTMENTS

3.1 Sales Department

Contact name

Cell number

Email address

Telephone

Fax

3.2 Accounts Department

Contact name

Cell number

Email address

Telephone

Fax

4. FINANCIAL DETAILS (BANKING)

Banking institution's name

Branch

Banking account number

Account type

Account holder's name

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED

(Cancelled Cheque or letter of confirmation)

5. PREVIOUS BUSINESS INFORMATION

6.1 Did your business previously exist under a previous name?

Y N

6.2 If yes, what name did it trade under? 6.3

Previous business registration number?

6. LABOUR BROKERS

Please answer the questions by encircling the appropriate answer. Please answer all questions about your special circumstances.

-
1. Do you render the service to the Thembisile Hani Local Municipality through a company, close corporation or trust? **Y N**
-
2. Are you an independent contractor **Y N**
3. Are you a labour broker? **Y N**
If yes, taxable unless IRP30 certificate is received. If no, see next questions)
-
4. Are the services personally rendered by a person who is connected (shareholder, member, trustee, beneficiary, relative, etc) in relation to the company, close corporation or trust? **Y N**
If yes, see question 5, 6, 7, 8 and 9. If no = not subject to employees tax)
-
5. Does the entity employ four or more full-time employee? (Other than shareholders, members or connected persons) who render service to clients on a full-time basis? **Y N**
(This implies that the tea lady and gardener would not be considered in determining the number of full-time staff members rendering services to clients).
-
6. Is the person's quality and hours of service controlled or supervised by the Thembisile Hani Local Municipality? _____
7. Do the amounts paid for services rendered include earnings that are payable at regular, daily, weekly, monthly or other intervals? (This is normally on the basis that you charge your client for the person in question's salary plus commission for your service.) **Y N**
8. Does the company, close corporation or trust (during its financial year) receive or anticipate receiving more than 80% of the income for this specified service from the Thembisile Hani Local Municipality? **Y N**
(If yes to any one of questions 6, 7, 8, or 9, then taxable except if an IRP30 certificate can be submitted. If no to all four questions (6, 7, 8, and 9), not subject to employee's tax).
-

7. PREVIOUS CONTRACT WORK OR TENDERING EXPERIENCE (Please encircle where applicable)

Do you have any previous contract work or tendering experience?

Y N

If yes, please complete the table below. List the last two contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.

Employer/department

Contact person

Contact number

Estimated contract value in rand

R

Year awarded

Year completed / still in progress

Proof documents attached?

Y N

Employer/department

Contact person

Contact number

Estimated contract value in rand

R

Year awarded

Year completed / still in progress

Proof documents attached?

Y N

In terms of section 37(2) of the Occupational Health and Safety Act 1993 (Act 85 of 1993) as amended, the mandatory (contractor) acknowledges that he or she is an employer in his or her own right. He or she undertakes to determine all risks associated with the work he or she is required to perform and to determine and implement all cautionary measures to mitigate or remove such risk. The mandatory will take all necessary steps to ensure compliance with the Occupational Health and Safety Act, 1993.

Where the mandatory is found not to comply with the requirements of the Occupational Health and Safety Act, Thembisile Hani Local Municipality or its representative can stop the activities of the mandatory, without any cost to the Thembisile Hani Local Municipality, until such time as the mandatory complies with the requirements of the Act.

8. Authorization for electronic transfer of funds (EFT) to vendor's bank account

PLEASE COMPLETE IN BLOCK LETTERS

Surname/company name

First name(s)/company account holder

Address

Telephone

Fax

Mobile

Email

Bank

Branch

Bank account number

Branch code

Type of Account

Cheque

Savings

Transmission

I, the undersigned, authorise the Thembisile Hani Local Municipality to credit my account via EFT with the amount payable or due to the specified beneficiary for goods and services rendered.

The banking details supplied to the municipality can lead to payments made into incorrect bank accounts. You are required to make sure your banking details are correct as all payments made in accordance with details supplied by a vendor will be considered as final settlements of the debt by the municipality.

The municipality will not be held liable if the banking details submitted is incorrect, resulting in payments being made in faulty bank accounts.

Date

Signature

FOR OFFICE USE ONLY – THEMBISILE HANI LOCAL MUNICIPALITY

The information was confirmed and captured on: (date)

Signature

Date

9. DECLARATION OF INVOLVEMENT

The following questionnaire must be completed and submitted with the vendor application.

Y N

1. Is/was An Owner, Manager, Principal shareholders or stakeholder and or director of the Vendor in the service of an Organ of State, or has been in the service of an Organ of State in the previous twelve months:

If yes, state particulars i.e. name, designation and date of resignation

.....
.....
.....

Y N

2. Is/was a spouse, child or parent of the provider or of a director , manager , shareholder or stakeholder referred to in subparagraph 2 is in the service of the state, or has been in the service of the state in the previous twelve months,

If yes, state particulars i.e. name, designation and date of resignation

.....
.....
.....

3. Is an employer / owner of the tenderer a person who is an advisor or consultant contracted with the municipality or municipal entity

Y N

If yes, state particulars i.e. name, designation and project

.....
.....
.....

4. Are the applying Vendor or any of the members; directors; principal shareholders or stakeholder in this entity involved in another entity that has applied as an independent Vendor to the City of Tshwane Metropolitan municipality?

Y N

If yes, state particulars i.e. Vendor name and number, and involvement

.....
.....
.....

10. DECLARATION OF TENDER PAST SUPPLY CHAIN MANAGEMENT PRACTICE

1. This document forms part of the vendor application
2. It serves as a declaration to be used by Municipalities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bids of any Vendor may be rejected if that Vendor, or any of its directors have:
 - a. abused the Municipality's / Municipal entity's supply chain management system or committed any improper conduct in relation to such system;
 - b. been convicted for fraud or corruption during the past five years;
 - c. intentionally neglected, reneged on or failed to comply with any government, Municipal or other public sector contract during the past five years; or
 - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
4. In Order to give effect to the above, the following questionnaire must be completed and submitted with the Vendor application:

4.1 Is the Vendor or any of its shareholders and/or directors listed on the National Treasury's database as a company or persons prohibited from doing business with the public sector? Y N

If yes, furnish particulars:

.....
.....

4.2 Is the Vendor or any of its shareholders and/or directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and combating of Corrupt Activities Act (No 12 of 2004)? Y N

(To access this register enter the National Treasury's website , www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 326 5445

.....
.....

4.3 Was the Vendor or any of its shareholders and/or directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years? Y N

If yes, furnish particulars:

.....
.....

4.4 Was any contract between the Vendor or any of its shareholders and/or directors and the Municipality / Municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or to comply with the contract? Y N

If yes, furnish particulars:

.....
.....

4.5 Does the Vendor or any of its shareholders and/or directors owe any Municipal rates and taxes or Municipal charges to the Municipal entity, or to any Municipality / Municipal entity, that is in arrears for more than three months? Y N

If yes, furnish particulars:

11. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I the undersigned am authorised to do so on behalf of the firm and I certify that:

1. The information supplied is correct.
2. All copies of relevant information are attached.
3. The HDI points claimed are correct and based on owners and/or shareholders who are actively involved in the day-to-day management of the enterprise.
4. I take note that payment will be effected 30 days after delivery, if delivered with an original invoice.
5. If I am classified as a dependent service provider or labour broker as stated in the fourth schedule of the Income Tax Act, I authorise the THLM to deduct PAYE and supply me with a yearly IRP 30 (only if no valid Labour Broker Certificate can be supplied).

Signature of an authorised person

Date

Personal information in block letters

Name

Surname

Telephone number

Capacity

ON BEHALF OF THE (SUPPLIER'S NAME)

Signed and sworn to before me at on this the day of
by the deponent, who has acknowledged that he or she knows and understands the contents of this affidavit, that it is correct to the best of his or her knowledge, that he or she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his or her conscience.

Commissioner of Oaths

Stamp