

**NEWCASTLE MUNICIPALITY
SUPPLY CHAIN MANAGEMENT UNIT**



**APPLICATION FORM FOR ACCREDITATION AS A PROSPECTIVE SERVICE
PROVIDER OF GOODS AND SERVICES FOR 2015/16 FINANCIAL YEAR**

Kindly forward the completed application forms with relevant supporting documents to: Supply Chain Management Unit (SCMU), Newcastle Civic Centre, Ground Floor - Room No. G31/ G29/ G27, 37 Murchison Street, Newcastle 2940 or be posted to Newcastle Municipality: SCMU, Private Bag X 6621, Newcastle, 2940

FOR OFFICIAL USE

Name of the enterprise _____

Vendor Registration number _____

Date of Receipt _____
(application form) Official Receipt Stamp

Captured by: Name _____ Date _____

Updated by : Name _____ Date _____

Application: Accepted or Rejected

Substituting any of this form pages is prohibited
No faxed forms will be accepted

Note: Accreditation on the Newcastle Municipality's suppliers' database does not automatically qualify any supplier for any bid or contract or guarantee any award of bid or contract.

INTRODUCTION AND GUIDELINES

1. INTRODUCTION

The Newcastle Municipality is required to maintain a Suppliers Database in terms of section 168 of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003), which was promulgated in Government Gazette No. 27636 on 30 May 2005 under Chapter 2.14(1) (a) (i) as Municipal Supply Chain Management Regulations in order to provide for the registration of Service Providers specializing in various fields of competence.

2. GUIDELINES

In order to ensure that Potential Service Providers are considered accredited suppliers, it is imperative that the following guidelines are strictly adhered to:-

- a) **Applicants must complete pages 4 to 20, where applicable. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "N/A" in the appropriate space. If the space provided is left blank, it will be regarded as information that is still outstanding and you WILL NOT be registered.**
- b) Applicants are advised that only **ORIGINAL** forms will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant. It is imperative that only original documents with an **ORIGINAL** signature be submitted.
- c) All signatures to the document must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration.
- d) The onus shall rest upon the potential service provider to inform the Supply Chain Management Unit (SCMU) of any changes to the status of the Service Provider's Business, in such case certified proof will be required in order to effect the changes. Failure to do so may result in the Service Provider being removed / de - activated from the Database and/or the cancellation of contracts awarded to the Service Provider, on the basis of misrepresentation. Changes to the status of the Business shall also be subjected to a 30 day waiting period commencing from the date of receipt of such changes by the SCMU.
- e) Any alterations made by the applicant must be initialed. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business.
- f) Application forms can be downloaded from Council's website – free of charge: www.newcastle.gov.za, or be obtainable from the Office of the Strategic Executive Director: Budget & Treasury Office - Municipal Civic Centre: Rates Hall, 37 Murchison Street, Newcastle **at a non- refundable fee of R 20.00 per form** during office hours between 08h00 to 15h00.
- g) Vendor registration process will be subjected to a 30 day waiting period commencing from the date of receipt of the application form by the SCMU.
- h) Applicants furnishing false information shall be immediately disqualified from tendering and removed / de - activated from the Database system. Further to this, the Municipality shall institute action against the Service Provider in terms of Regulation 15 of the Preferential Procurement Policy Framework Act No. 5 of 2000.

- i) The Municipality shall not be held liable for any document which is not timorously delivered, mislaid or incorrectly delivered due to the negligence of the Courier Company or any other party involved in the delivery of the documents including any employee of the Council.
- j) The Municipality reserves the right to request any other information it may deem necessary to determine the capability of the Service Provider. Further to this, the Municipality also reserves the right to inspect the premises of the Service Provider at any given time.
- k) Service Providers are advised to check the number of pages and should any be missing or duplicated, or the reproduction indistinct, or any descriptions ambiguous, or this document contain any obvious errors, the Service Provider shall inform the SCMU officials (see contact details on page 1) at once and have the same rectified. No liability whatsoever will be admitted in respect of errors in any document due to the Service Provider's failure to observe this requirement.
- l) Service Providers registering for construction work, electrical work, civil engineering work, and the like must be registered with the relevant statutory Council and a **CERTIFIED COPY OF SUCH REGISTRATION MUST BE SUBMITTED TOGETHER WITH THIS DOCUMENT** for registration purposes. Similarly, Professional Service Providers are also required to adhere with the afore-mentioned.
- m) No guarantee can be given that work will be awarded to Service Providers who are registered on the Database. Work will be awarded to Service Providers on an **"as and when"** required basis or on rotational basis taking into account the principal of the distribution of work in order to empower SMME's and BEE's.
- n) Enquiries can be directed to the following officials:

Name	Telephone number	Email address
Ms Zanele Jele	034 328 7788	Zanele.jele@newcastle.gov.za
Mr Sibusiso Mabizela	034 328 7811	Sibusiso.mabizela@newcastle.gov.za
Ms Silungile Mbatha	034 328 7819	Silungile.mbatha@newcastle.gov.za
Mr Siyabonga Zwane	034 328 7625	Siyabonga.zwane@newcastle.gov.za

THE TYPE OF BUSINESS ENTERPRISES INCLUDING REQUIRED DOCUMENTS FOR VENDOR ACCREDITATION PURPOSES & WHERE TO OBTAIN THE DOCUMENTS

Please ensure that the vendor registration form has the relevant supporting documents applicable to the type of business enterprise on submission.

REQUIRED DOCUMENTS	BUSINESS TYPE						RELEVANT INSTITUTIONS
	Sole Proprietor	Close Corporation & Private Company	Partnership	Public Company	Business Trust	Non – Profit Organization (NPO)	
Company Registration (certified copies)	N/A	Certificate of Incorporation	Partnership Agreement	Certificate of Incorporation CM3	Deed of Trust Agreement	Certificate of Incorporation Section 21	Registrar of Companies & Intellectual Property Commission
Proof of ownership ¹ (certified copies)	Signed Letter of confirmation from the Owner(s)	Shareholding CK1 & CK2: Certified Copy	Partnership Agreement: Certified Copy	Shareholding CM3: Certified Copy	Trustees details: Letter of Authority / Certified Copy of Power of Attorney and Beneficiaries & Trustees	Auditor's letter – no shareholding: Certified Copy	Registrar of Companies & Intellectual Property Commission
Proof of banking ²	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
Proof of Physical ¹ (Latest rates and taxes statement – Municipal account) or Letter from Landlord in case of rental agreement	For the owner or the business	For the company or Cc	For the partnership	For the company	For the trust	For the NPO	Local Authority - Municipality / Tribal Authority / Landlord
Original Tax Clearance Certificate	For the owner or the business	For the company or Cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
Proof of P.A.Y.E. Registration	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	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	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Department of Labour
Workman's Compensation	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Department of Labour
Proof of Registration to a Statutory Body Regulating your Industry	If Applicable	If Applicable	If Applicable	If Applicable	If Applicable	If Applicable	Industry Regulatory Authority

CIDB Registration Certificate	Certified Copy	Certified Copy	Certified Copy	Certified Copy	Certified Copy	Certified Copy	Construction Industry Development Board
B-BBEE certificate	If Applicable	Certified Copy	Certified Copy	Certified Copy	Certified Copy	Certified Copy	Verification Agency accredited by SANAS or a Registered Auditor approved by IRBA or an Accounting Officer as contemplated in the CCA
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 ³	If the owner is disable	If the owner is disable	If the owner is disable	If the owner is disable	If the owner is disable	If the owner is disable	
Proof of identity	Clear copy of owner's identity document	Clear copy of owner's identity document	Clear copy of owner's identity document	Clear copy of owner's identity document	Clear copy of owner's identity document	Clear copy of owner's identity document	

¹All copies must be certified and may not be older than 3 months

² Proof of Banking may not be older than 3 months

³ Proof of disability must be provided by a recognized relevant institution

"Disability" means, in respect of a person, a permanent impairment of a physical, intellectual, or sensory function, which results in restricted, or lack of, ability to perform an activity in the manner, or within the range, considered normal for a human being;

Contact Details	
<p>Registrar of Companies & Intellectual Property Commission Zanza Building, 116 Proes Street, Pretoria, 086 186 3384</p> <p>Newcastle Municipality Municipal Civic Centre, 37 Murchison Street, Newcastle, 2940</p> <p>Receiver of Revenue Cnr Schoeman and Van der Walt Streets, P.O. box 436, Pretoria, 0001 012 317 2000</p> <p>Construction Industry and Development Board (Act 38 of 2000) Block N&R – SABS Campus 02 Dr Lategan Road Groenkloof Pretoria, 0001 012 – 482 7200</p>	<p>Department of Labour (UIF Certificates) 94 Church Street, Pretoria, 012 337 1802</p> <p>Department of Labour (Workman`s Compensation) Compensation house, cnr Hamilton and Soutpansberg Roads, Pretoria. 012 319 9111</p> <p>Security Services Industry Regulatory Authority 481 Belvedere Street, Arcadia 012 337 5500</p> <p>SANAS Verification agency – BBEE DTI Campus 77 Mientjies Street Sunnyside Pretoria, 0001 012 – 394 3760</p>

NB: Failure to furnish the relevant supporting documents will invalidate the application.

SECTION 1: PARTICULARS OF THE ENTERPRISE

1.1 Registered Name of the enterprise

1.2 Trading Name

1.3 Contact Person

1.4 Postal Address

Postal Code:

1.5 Physical Address

Postal Code:

1.6 Head Office Physical Address (if applicable)

Postal Code:

1.7 Telephone Number Cell Phone Number Fax Number

()		()
--------	--	--------

1.8 E-Mail Address

1.9 Preferred Method of Communication [Please Tick]:

E-mail Fax Post SMS

1.10 Type of Enterprise

(Certified copy of registration form must be attached)

- Partnership One Person Business/Sole Proprietor Close Corporation
 Pty Limited Limited Trust
 Co-operative Franchise Other

Please specify if not above – listed

1.11 Core Business Operation / Classification

- Supplier Manufacturer Contractor
 Professional Service Provider Other

Please specify if not above – listed

1.12 Enterprise Registration Number

--

1.13 Income Tax Registration Number

(Certified copy of registration form must be attached)

(Insert personal income tax number if a one person business and personal income tax numbers of all partners if a partnership)

--

1.12 VAT Registration Number

(Certified copy of registration form must be attached)

--

1.13 Unemployment Insurance Fund No. (If applicable)

(Certified copy of registration form must be attached)

--

1.14 P.A.Y.E. Number (If applicable)

(Certified copy of registration form must be attached)

--

1.15 Compensation Commissioner Registration No. (If applicable)

(Certified copy of registration form must be attached)

--

1.16 Sector Specific Grading e.g. CIDB / SABS

(Certified copy of registration form must be attached)

1.17 Total number of years / months the Enterprise has been in business

1.18 Did the Enterprise exist under a previous name? (Yes/No)

If 'Yes'

1.18.1 What was the previous name?

1.18.2 Why did the name change?

1.18.3 Who were the owners/partners/directors?

Name	Position held

1.19 Is the Enterprise in any way connected to a commercial firm? (Yes/No)

If 'Yes', provide details

1.20 Details of top three major suppliers

Name of business	Name of owner	Contact no.	Type Service/Goods	Street address

1.21 LOCALITY

Please indicate the name of local authority (Municipality) where business operations are conducted:

• Name _____

• Municipal account _____

*If on rental agreement please attach a copy of the agreement

1.22 SMME CLASSIFICATION

What is the Office's/Organization's average annual turnover (excluding VAT) for the previous three financial years / if less than three years, then the average annual turnover for period the Enterprise has been operating?

Turnover	TICK
< R 200 000	
R 200 001 – R 500 000	
R 500 001 – R 1 000 000	
R 1 000 001 – R 5 000 000	
R 5 000 001 – R 10 000 000	
R 10 000 001 – R 30 000 000	
> R 30 000 000	

(Please append additional pages if required)

1.23 List the Personnel or Enterprise who provide the following services

	Service	Name of office	Contact person	Telephone
1.20.1	Accounting			
1.20.2	Auditing			
1.20.3	Insurance			
1.20.4	Legal			

1.24 Please provide details on the current staffing within the organization

Type of Personnel	HDI*	Male	Female	Disable
Directors / Partners / Shareholders				
Middle Management				
Junior Management				
On Contract / Temporarily Employed				
Other				
Total				

*HDI – Historically Disadvantaged Individual(s) (SA Citizen) who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitutions

1.25 Business Financial Standing based on recent Audited Financial Statements:
(Where possible please attach the recent audited Financial Statement)

Classification	Sub - classification	Value
Total Assets	Non – current assets	
	• Land & buildings	
	• Plant & Equipment	
	• Investments & Other	
	Current assets	
	• Inventories	
	• Debtors	
Total Liabilities	• Cash & Other	
	Non – current liabilities	
	• Long – term borrowings	
	• Other	
	Current liabilities	
	• Short – term borrowings	
	• Other	
Net Assets - Total		
Minority interest		
Total Revenue		
Total Expenditure		
Surplus / Profit or (Deficit / Loss)		

1.26 A certified copy of the valid BBBEE Status Level Verification Certificate – issued by an accredited Verification Agencies – SANAS approved or Registered Auditor approved by Independent Regulator Board of Auditors (IBRA) or Accounting officers as contemplated in section 60(4) of the CCA (Closed Corporations Act, Act No 69 of 1984). The certificate should form part of the returnable documents (if applicable).

1.27 Ownership Structure of the Enterprise

List below all proprietors/partners/shareholders/members/trustee/beneficiary of the enterprise

Type (individual / Entity)	Full Name / Business name	SA ID number / Business Registration number	Race * (A/C/I/W)	Gender: M / F	Disability: Yes / No	% Owned

*A/C/I/W means African, Coloured, Indian, White

SECTION 2: AREA OF SPECIALIZATION

(Please indicate area of interest by ticking appropriate sector)

CODE	DESCRIPTION	TICK
A0	Agriculture	
B0	Catering, Accommodation and other Trade	
C0	Commercial Agents and Allied Services	
D0	Community, Social and Personal services	
E0	Construction	
F0	Electricity, Gas and Water	
G0	Finance and Business Services	
H0	Manufacturing	
I0	Mining & Quarrying	
J0	Retail and Motor Trade	
K0	Transport, Storage and Communications	
L0	Wholesale Trade	
	Other Sector(s) Please Specify <hr/> <hr/> <hr/>	

2.2 Supply Chain Management Database Category List

NB! Please select maximum of 4

Construction

Air conditioning Systems	C1	Electrical Contracts	C15	Plumbing	C29
Alarm/Security Systems/Access Control	C2	Evacuation Systems	C16	Precast Concrete Manufacture	C30
Autoclaves	C3	Fencing	C17	Pumping Installations	C31
Automatic Hanger Doors	C4	General Building Work	C18	Road Marking & Signage	C32
Automatic Sliding Doors	C5	Glazing	C19	Road works & Cleaning	C33
Automatic Sprinkle Fire Protection Systems	C6	Hauling/Heavy Equipment /Transport	C20	Roofing & Waterproofing	C34
Brickwork/Masonry	C7	Hot Water Installations	C21	Sewerage Installations/Reticulations	C35
Cabinet/Furniture Making	C8	Incinerators	C22	Steam Installations & Ancillary Equipment	C36
Carpeting/Tiling/Floor Covering	C9	Landscaping/Earthworks	C23	Steel Fabrication & Erection	C37
Ceilings, Partitioning and Shop fitting	C10	Lift & Escalator Equipment	C24	Storm water draining	C38
Cladding Contracts	C11	Mechanical Contracts	C25	Water installations/reticulations	C39
Cooking & Related Systems	C12	Metalwork & Burglar Bars	C26	Transport	C40
Compressed Air Installations	C13	Painting	C27		
Concrete works Demolition	C14	Paving Plastering	C28		

Services

Accommodation	S1	Food & Beverage	S22	Personnel Services	S43
Advertising/Public Relations	S2	Funeral Services	S23	Pest Removal Services	S44
Auto Repairs & Services	S3	Florist	S24	Performance Management	S45
Auto Electrical and Hydraulic Repairs	S4	Garden Services	S25	Printing/Photography/Graphic Design	S46
Bookkeepers	S5	Handyman	S26	Promotional Materials	S47
Carpet Cleaning	S6	Horticultural Services	S27	Publishing	S48
Catering/Vending/Food Supply	S7	HV Fault Finding, Jointing & Terminations	S28	Real Estate	S49
Cleaning Services	S8	Insurance/Employee Benefits	S29	Radio Publicity/TV Publicity	S50
Computer Supplies/Services	S9	Interior/Industrial Design	S30	Road Maintenance	S51
Corporate Gifts/Corporate Clothing	S10	IT Maintenance	S31	Recruitment Agencies	S52
Copywriting	S11	IT Management	S32	Safety & Security Services	S53
Courier Services	S12	IT Networking	S33	Security & Access Control	S54
Cleaning Equipment/Materials	S13	IT Programming	S34	Servicing HV & LV Switchgear/Transformers	S55
Diesel & Petrol Engines	S14	Laundry Service/Dry Cleaning	S35	Site Cleaning	S56
Debt Collection	S15	Locksmith Services	S36	Solid Waste Disposal	S57
Distribution	S16	Media Liaison	S37	Telecommunications	S58
Digging of Graves	S17	Mailing/Courier Services	S38	Travel Agencies	S59
Educational Services	S18	Medical/Ambulance/Health Care	S39	Timber Contractor	S60
Entertainment	S19	Municipal Services	S40	Telephone and Data Line Maintenance	S61
Fire Extinguishers & Refills	S20	Medical Equipment/Instruments	S41	Training & Development	S62
Fire Hydrants	S21	Office Maintenance	S42	Wind Socks for the Aerodrome Other	S63

Professional Services

Accountants/Financial Advisory Services	P1	EDMS Consultants	P11	Pre-Employment Assessment Consultants	P21
Architects	P2	EAP Consultants	P12	Project Managers	P22
Attorneys/Legal Services	P3	Economists	P13	Quantity Surveyors	P23
Archival Services Consultants	P4	Industrial Relations Consultants	P14	Statisticians	P24
Business Information Management	P5	Job Description Consultants	P15	Teachers	P25
Consulting Engineers (Geotechnical)	P6	Land Surveyors	P16	Town Planners	P26
Consulting Engineers (Civil/Structure)	P7	Legal Compliance Consultants	P17	Training Providers	P27
Consulting Engineers (Electrical)	P8	Medical Practitioners	P18	Translation Services	P28
Consulting Engineers (Mechanical)	P9	OHS Consultants	P19	Insurance Services	P29
Consulting Engineers (Multidisciplinary) Contractors	P10	Organization Development Consultants Pharmacists	P20	Real Estate Services	P31

Wholesalers/Traders

Automotive Parts	W1	Fuel Supplies	W18	Recreational Supplies	W35
Air Pollution Measuring Equipment	W2	Furniture	W19	Refrigeration & Air Conditioning	W36
Books	W3	Fencing supply	W20	Refuse Bulk Containers	W37
Building Materials/Hardware	W4	Fire Fighting Equipment and Consumables	W21	Protective Clothing/Uniforms	W38
Batteries	W5	Food for Game Animals	W22	Radio/Radio Equipment	W39
Cleaning Supplies/Chemicals/Pesticides	W6	Generating Sets	W23	Supply plants, flowers and seeds	W40
Clothing	W7	Health Safety and Environmental Suppliers	W24	Toilet Paper Wrapped/Unwrapped	W41
Computer Equipment/Software	W8	IT Hardware and Software	W25	Traffic Signs/Materials	W42
Curtains	W9	Industrial Catering Equipment	W26	Vehicles	W43
Consumables	W10	Laundry Equipment	W27	Workshop Equipment	W44
Domestic Appliances	W11	Linen, Pillows & Blankets	W28	Vehicles, equipment, trailers and tractors	W45
Groceries	W12	Medical Supplies & Equipment	W29		
Electrical Supplies & Equipment	W13	Medicines	W30		
Fire Extinguishing	W14	NGO's/NBO's	W31		
Fire Protection & Detection	W15	Office Consumables	W32		
Floor Coverings	W16	Office Equipment	W33		
Food Supplies Fertilizers	W17	Paint Supplies Paper & Stationery	W34		

PLEASE PROVIDE DETAILS ON OTHER CATEGORIES IF NOT INCLUDED IN THE ABOVE MENTIONED LIST:

SECTION 3: VERIFICATION OF BANKING DETAILS

NAME OF COMPANY/CC/PARTNERSHIP/INDIVIDUAL: _____

TRADING AS: _____

REG. NO.: _____ TEL.: _____ FAX: _____

ADDRESS: _____

_____ POSTAL CODE: _____

I/We, the undersigned, hereby authorize and instruct the Newcastle Municipality to pay all amounts that may hereafter, from time to time, become due and payable to me/us by the Newcastle Municipality by electronically transferring the same to the bank mentioned below for the credit of my/our account detailed below.

I/We, the undersigned, understand and agree that:

- Any such transfer shall constitute a full and final discharge of the Newcastle Municipality's obligation to make such payments to me/us. Newcastle Municipality shall not be liable to make good any loss I /We may suffer consequent upon such transfers pursuant to this authority and instruction.
- This payment authorization and instruction will be applied to both goods purchased and services rendered.
- This authority and instruction will remain valid unless cancelled by either party upon thirty (30) days written notice. The said notice will only be effective in writing, delivered to the other party at the addresses stated herein and bearing an acknowledgement of receipt by the other party.
- Should any transfer attempted in respect of this authorization be unsuccessful due to incorrect information supplied by me/us, I/We agree to pay all bank charges for this transfer attempt.

In the event that the details set out herein should change, I/We agree to notify the Municipality forthwith.

_____ Name	_____ Capacity	_____ Telephone/Cellphone
_____ Signature	_____ Date	

***TO BE COMPLETED BY BANK ***

SECTION A: BANK ACCOUNT TO WHICH PAYMENTS ARE TO BE MADE

NAME IN WHICH ACCOUNT IS HELD: _____

NAME OF BANK: _____

BRANCH: _____

BANKCLEARING NUMBER:

(as indicated on the top right hand corner of your cheque)

ACCOUNT NO.:

Account Type:

Important :- Please attach a copy of your certified identification(for individuals), and a copy of a cancelled cheque or bank statement

SECTION B:

I/We confirm that the above information on the client's account at this bank/building society is correct.

_____ Signed on behalf of Bank	Bank Stamp :-
_____ Name	
_____ Capacity	

Note :- This information will supersede any previous authorization and instruction lodged with the Newcastle Municipality. Only Original **completed** form will be accepted. Photocopies or faxed copies will not be accepted.

For Official Use only	Supplier Code	Verified By (Name)	Initial	Date
		Confirmed By (Name)	Initial	Date

SECTION 4: TRADE EXPERIENCE AND DECLARATIONS

4.1 Schedule of Previous & Current Experience

2.1 Please complete the table below indicating your experience herein.

Name of Contract/ Nature of Service	Duration	Value	Name, address & telephone no. of client and/or Project Leader
<hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/>

4.2 Declaration on Previous Supply Chain management Practices

- 2.2 Is the enterprise or any of its directors listed on the National Treasury's database as a company prohibited from doing business with the public sector? (Enterprises or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the audi alteram partem rule was applied)

Yes No

If so, furnish particulars

- 2.3 Is the enterprise or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No12 of 2004)? (To access the Register enter the National Treasury's website, www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit a written request for a hardcopy of the register to facsimile number (012) 326 5445).

Yes No

If so, furnish particulars.

- 2.4 Was the enterprise or any of its 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?

Yes No

If so, furnish particulars.

- 2.5 Does the enterprise or any of its directors owe any municipal rates and taxes or municipal charges to the municipality /municipal entity that is in arrears for more than three months?

Yes No

If so furnish details.

2.6 Was any contract between the enterprise 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 comply with the contract? Yes No

If so, furnish particulars.

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

This serves as a declaration to be used by municipalities and municipal entities 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.

The bid of any enterprise may be rejected if that enterprise or any of its directors have:

- I. Abused the municipality's/municipal entity's supply chain management system or committed any improper conduct in relation to such a system.
- II. Been convicted for fraud or corruption during the past five years.
- III. Willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
- IV. Been listed in the register for tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No12 of 2004).

CERTIFICATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE

FALSE.

.....

Signature

Date

.....

Position

Name of Bidder

4.3 Declaration of Interest

1. No bid will be accepted from persons in the service of the state*.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

- 3.1 Full Name:
- 3.2 Identity Number:
- 3.3 Company Registration Number:
- 3.4 Tax Reference Number:
- 3.5 VAT Registration Number:

3.6 Are you presently in the service of the state* **YES / NO**

3.6.1 If so, furnish particulars.

Name	Name of Dept. /Municipality.....
Salary number.....	
Appointment dates /...../.....	Termination date/...../.....

3.7 Have you been in the service of the state for the past twelve months? **YES / NO**

*MSCM Regulations: "in the service of the state" means to be –

- (a) a member of –
 - (i) any municipal council;
 - (ii) any provincial legislature; or
 - (iii) the national Assembly or the national Council of provinces;
- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.8.1 If so, furnish particulars.

.....

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.9.1 If so, furnish particulars

.....

3.10 Are any of the company's directors, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

3.10.1 If so, furnish particulars.

.....

3.11 Are any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

3.11.1 If so, furnish particulars.

.....

CERTIFICATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

SECTION 5: SWORN AFFIDAVIT STATEMENT

(To be completed by the Managing Director/Registered Principal)

I,(Full Name), Identity Number
..... declare that I am duly authorized to confirm on behalf of :-

Name of Enterprise :

Company Registration No. :

Address of Enterprise :

.....

Telephone Number :

Hereafter referred to as the "Enterprise"

That the "Enterprise"

1. is a legal entity
2. is a continuing and independent enterprise for profit
3. performs a commercially useful function
4. is registered with the South African Revenue Service and has the following Tax Reference Numbers :-
 - Income Tax Reference No. :
 - VAT Registration No. :
 - PAYE Employers Registration No. :
5. BBBEE Status Level of Contribution
6. the contents of this affidavit and the "Office's/Organization's" Application for Registration on the Suppliers Database are within my personal Knowledge and save where stated otherwise are to the best of my belief true and correct.
7. the accredited vendor **Must** notify the Newcastle Municipality: SCMU of any changes to information supplied on this form. Failure to do so may result in such vendor being removed from the Vendor database and / or the cancellation of contracts awarded to the vendor, on the basis of misrepresentation

Signature of Deponent:

Signed and sworn to before me at on this the
..... day of 200..... 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.

Signature of Commissioner of Oaths :

Full Name, Title and Address :

.....

.....