



SUPPLIER REGISTRATION FORM

1. Company Registration Documents

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

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

PUBLIC COMPANY LTD		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3)
PRIVATE COMPANY (PTY) LTD		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3)
CLOSE CORPORATIONS CC		CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE
SOLE PROPRIETOR		COPY OF IDENTITY DOCUMENT
PARTNERSHIP		COPY OF PARTNERSHIP AGREEMENT
CO-OPERATIVES		CERTIFIED COPY OF REGISTRATION DOCUMENT
OTHER		CERTIFIED COPY OF REGISTRATION CERTIFICATE
		CERTIFIED COPY OF REGISTRATION DOCUMENT

Company, CK Number

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

Have you attached a Certified copy of your Company Registration document or other applicable documentation if N/A (see attached table)

Y	N	N/A

1.2 PROOF OF SHAREHOLDING DOCUMENTS

CERTIFIED COPIES of shareholders certificates, CK members share allocation documents, or Co-operatives Shareholding must be supplied

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

Have you attached certified copies of shareholder documents or other applicable documentation if N/A? (see attached table)

Have you attached certified copies of the shareholding of the individual members in your respective level of co-operative if applicable?

Y	N	N/A

1.3 PROOF OF BANKING DOCUMENTS

Current bank statement or copy of cancelled cheque

Have you attached proof of banking documents

Y	N

1.4 UNEMPLOYMENT INSURANCE FUND DOCUMENTS

Unemployment Insurance fund No,

#REF!

Y	N

Have you attached your UIF document? (All sole proprietors to register business with the Dept of Labour

1.5 WORKMAN'S COMPENSATION FUND DOCUMENTS

Workman's Compensation Fund No.

Y	N

Have you attached your Workman's Compensation document?

1.6 VAT REGISTRATION DOCUMENT

VAT Registration No.

Y	N	N/A

Have you attached proof of your VAT registration document if VAT no. not indicated on Tax Clearance Certificate?

1.7 P.A.Y.E. DOCUMENT

P.A.Y.E. No.

Y	N	N/A

Have you attached the proof of your P.A.Y.E. document if P.A.Y.E. no. not indicated on Tax Clearance Certificate

1.8 INCOME TAX REGISTRATION NUMBER

Income Tax Registration number

1.9 TAX CLEARANCE CERTIFICATE

An original valid Tax Clearance Certificate must be supplied

As this is only valid for a twelve-month period from date of issue, an original valid Tax Clearance Certificate is to be submitted upon or before expiry of the submitted to avoid suspension on the FSCSD. Have you attached an original valid Tax Clearance Certificate

Y	N

1.10 SECURITY OFFICERS BOARD REGISTRATION NO (MANDATORY, IF APPLICABLE)

Security officers board registration No.

Applicable to security industry only, please specify if N/A

Have you attached your Security Officers Board Registration document?

Y	N	N/A

Y	N

#REF!		
T	S	P

1.11 DISABILITY DOCUMENTS

Have you attached your proof of disability document?

1.12 CO-OPERATIVES

T = Tertiary, S= Secondary or P = Primary

Indicate which Co-operatives level your company is registered under?

2. BUSINESS PARTICULARS

2.1 Name of Business

2.1.1 Business Trading Name

2.1.2 Head Office

Postal address

<input type="text"/>		
<input type="text"/>		
City	<input type="text"/>	Code <input type="text"/>
Province	<input type="text"/>	

2.1.3 Head Office

Physical address

<input type="text"/>		
<input type="text"/>		
City	<input type="text"/>	Code <input type="text"/>
Province	<input type="text"/>	

2.1.4 Head Office Telephone No.

2.1.5 Head Office Fax No.

2.1.6 E-mail Address

2.1.7 Contact Person for the correspondence as per 2.11

Title	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>		

2.1.8 Cell no.

Residential Address

<input type="text"/>			
<input type="text"/>			
City	<input type="text"/>	Code	<input type="text"/>
Province	<input type="text"/>	Telephone	<input type="text"/>

2.1.9 Correspondence Method

Please select your preferred method of correspondence. All correspondence will be sent using the method you select below.

#REF!

Explanation of abbreviations used in the following table

Capacity	
Post	P
Fax	F
Telephone	T

(TICK ONE ONLY)

P	F	T

2.1.10 Please indicate your preferred method of correspondence

Correspondence			
Address			
City		Code	
Province			

2.1.11 Fax Number

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2.1.12 Telephone Number

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3. BRANCHES, SALES AND ACCOUNTS DEPARTMENTS

3.1 Sales Department

Contact Name			
Cell No.			
E-mail address			
Telephone		Fax	

3.2 Accounts Department

Contact Name			
Cell No.			
E-mail address			
Telephone		Fax	

3.3 Branches

Y	N

Do you have any other branches in this region?

#REF!

If yes, kindly complete 3.3 below

Multiple copies of this page may be submitted if required.

Name/Area			
Physical Address			
City		Code	
Province			
Telephone		Fax	

Name/Area			
Physical Address			
City		Code	
Province			
Telephone		Fax	

4.1 CORE BUSINESS OPERATION (MANDATORY FIELD) ***

(Mark with X in applicable fields)

Prime Contractor	<input type="checkbox"/>	Sub-Contractor (less than 25% generated turnover as prime contractor)	<input type="checkbox"/>	Labour-only Contractor	<input type="checkbox"/>
Supplier	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Legal Service Provider	<input type="checkbox"/>
Professional Services	<input type="checkbox"/>	Education, Training and development service Provider (ETD)	<input type="checkbox"/>	Other**	<input type="checkbox"/>
BUILT Environment	<input type="checkbox"/>				<input type="checkbox"/>

**Other, please specify

4.2 ANNUAL AVERAGE TURNOVER

Indicate annual average turnover excluding Value Added Tax during the past three years:

R

5. FINANCIAL DETAILS (BANKING)

Banking institution name	
Branch	
Town/City	
Banking account number	
Account Type	
Account holders name	

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (*Cancelled cheque / Bank Statement*)

7.1 OWNERS AND SHAREHOLDERS

Explanation of abbreviations used in the following tables:

Capacity	
Director	D
Partner	P
Member	M
Proprietor	R
Other	O

Race Group	
Black	B
White	W
Coloured	C
Indian	I
Other	O

7.1 List all persons who are shareholders/owners in the business or Co-operatives

NB Proof of disability provided by recognised institution in the case of handicapped persons must be supplied.

NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED

(Multiple copies of this page may be submitted if required.)

First Name					
Surname					
Identification Number					
Percentage Share					%
Capacity	D	P	M	R	O
Gender				M	F
Race Group	B	W	C	I	O

Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)

Were you a South Africa citizen on or before the 26th of April 1994?

Are you actively involved in management and daily business operations of the business?

Y	N
Y	N
Y	N

7.2 PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

	MALE	
	Permanent	Temporary
BLACK		
COLOURED		
INDIAN		
WHITE		
OTHER		
DISABLED		

	FEMALE	
	Permanent	Temporary

8. BEE INITIATIVES (Mark with X)

8.1 Does the company have an employment equity programme?

Y	N

8.2 How many permanent employees are at management level or can be classified as professional

8.3 How many of the permanent staff that are management or are professional are previously disadvantaged?

8.4 How many people of the board and senior management are previously disadvantaged?

8.5 Have you formed alliances with BEE entities through partnering, joint ventures or other similar initiatives?

Y	N

10. CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/WE THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE ACKNOWLEDGES THAT:-

1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have:-
 - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
 - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or
 - iii. Impose a penalty on the contractor as provided for in the relevant organisation's regulations.

In the interest of simplifying the registration process for the supplier community, I support the concept of centralised supplier database management and agree to make my profile visible to other databases populated by Dhlhabeng Municipality on behalf of a number of organisations including local provincial and national government department, Public Entities, SOES and the private sector.

SIGNED ON THIS

(SIGNATURE)

(PRINT NAME)

_____ DAY OF _____ 200____ AT _____
ON BEHALF OF THE (SUPPLIER'S NAME)

Yes	No

NB - Your Tax Clearance Certificate is only valid for a twelve (12) month period from the date of issue. You will be required to submit an updated original original, valid Tax Clearance Certificate on, or before expiry of the currently housed Tax (**IN HIS/HER CAPACITY AS** maintain your Verified status on the Dhlhabeng Local Municipality Supplier Database and thereby ensure your eligibility to conduct business Failure to do so will result in your immediate suspension on the database, to be uplifted only when a new certificate is submitted.