

Kopanong Supplier Database Kopanong Local Municipality

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

Kopanong Local Municipality
Budget Office
20 Louw Street
Trompsburg
9913

Please deposit in:

Tender Box

Reception Desk of Kopanong Local Municipality
Situated on the ground floor of the Xhariep District
Council building in Trompsburg.

OR

Kopanong Local Municipality
Attention: Budget Office
PO Box 23
Trompsburg
9913

Direct enquiries to the Budget Office / Procurement Department

Tel: 051 – 713 9244 or
Email: budget@kopanong.gov.za

Please complete the form fully – use a black 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 Kopanong Local Municipality (KLM) is in the process of developing a procurement supplier database which will assist with requests for quotations.

All existing and potential suppliers must register on the procurement supplier database before they can do business with the municipality. Registration form included should be completed and returned to Budget Office of Kopanong on or before 30 November 2008. Suppliers are urged to complete this form regardless of whether you have completed registration forms previously.

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

ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL.

This questionnaire should be fully completed. 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.

Arrangements may be made for officers of KLM to inspect your premises in order to assess your competency before your company is accepted.

It should be noted that any information provided be found to be incorrect KLM reserves the right to exclude the Supplier from the tender and quotation list at any time prior to or after acceptance.

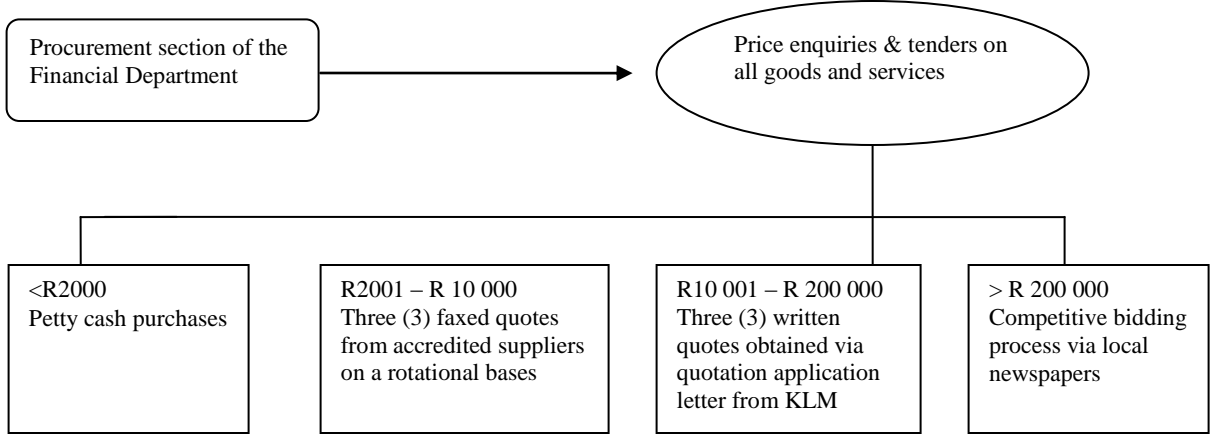
You will be advised telephonically or in writing should any vital information be lacking on your application form.

Once off suppliers (such as those used for projects or once off suppliers) will also be accredited in accordance with this policy where expenditure exceeds R 200 000 per annum.

Copies of the following certified documents must be furnished together with your application:

- Company Registration Documents (if applicable)
- Identity documents of directors/owners/members/shareholders
- Most recently approved Annual Financial Statements
- Value Added Tax (VAT) Registration Certificate (if applicable)
- Tax Clearance Certificate
- Shareholding Certificate
- Compensation of Occupational Injuries and Disease (COID) Registration Certificate
- Levy clearance certificate, if residing within Kopanong Municipality boundaries
- Company Profile
- Any other relevant registration certificate pertaining to your business.

Kindly familiarize yourself with the new Supply Chain Management procurement function:



KOPANONG LOCAL MUNICIPALITY – SUPPLIER APPLICATION FORM

1. SUPPLIER DETAIL

1.1 Name of Supplier

1.2 Trading as

1.3 Physical address

City

Code

Province

1.4 Postal address

City

Code

Province

1.5 Telephone number

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1.6 Fax number

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1.7 Cell number

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1.8 E-mail address

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1.9 Web-Page Address

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

Post Fax Email

1.11 Company Registration Number :/...../.....

1.12 Is the company ISO9000 Compliant?

Yes No

If Yes, please state ISO: _____

Acquired date:/...../.....

1.13 VAT Registration Number

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Please attach a Valid Original Tax Clearance Certificate to you application.

1.14 Does your company have a affirmative action program?

Yes No

If Yes, please provide detail: _____

1.15 BEE information to be completed by applicant

General Manager/Director : _____

Name of the company : _____

Telephone number : _____

Fax number : _____

Cell phone : _____

E-mail : _____

(a) List all partners, proprietors and shareholders by name, identity number, citizenship, PDI status and ownership, as relevant:

NAME	IDENTITY NUMBER	CITIZENSHIP	DATE OF OWNERSHIP	HDI STATUS			DISABLED YES/NO	% OWNERSHIP	TEL. NO.
				RACE B/W	YOUTH M/F	GENDER M/F			
								100%	

(b) **The Generic information**

The following table represent the Generic information that businesses must complete. The elements of BEE in the business.

Element	Weighting (1% to 100%)	If there is an envisage increase in future
Skill development of Blacks in the company		
Preferential procurement from Black owned Companies if applicable		
Enterprise development for small BEE companies if applicable		
Residual		

(c) The following table represents the methodology used for the purpose of deriving a score for management and control. Please complete the weighting and target's section.

Management control	Weighting points (1%-100%)	Compliance target
(1) Board Participation:		
a) Percentage that the Voting Rights exercisable by members of the Board who are black people hold to the total of all Voting Rights exercised by all members of the Board		
b) Executive Members of the Board who are black		
c) Executive Members of the Board who are women		
d) Executive Members of the board who are Youth		
e) Executive Members of the Board who are Disabled		
(2) Executive management participation:		
a) Percentage that Senior executive Management who are black people constitute of the total number of Senior Executive Management		
b) Percentage that Senior Executive Management who are black woman, Youth and people with Disabilities constitute of the total number of Senior Executive Management	Women- Youth- Disabled-	
c) Percentage that other Executive Management who are black people constitute of the total number of Other Executive Management		
d) Percentage that other executive Management who are black women constitute of the total number of Other Executive Management		

(d) **Joint Ventures**

Joint Venture members	A % Contribution to the JV/partnership	B % HDI ownership	% HDI contribution
Total HDI contribution			

(e) **Staffing Profile**

Provide information on the staff that you have available (attach a separate list if the space provided is insufficient)

Permanent Employed staff: gender and race	Number of staff
Temporary staff	Number of staff

(f) **Business references for the previous work done in the past years (you may attach)**

Company's name	
Address	
Contact Person	Telephone
Value of Contract Amount	R Date
Description of work	
Nature of duties	
Indicate ownership of assets	
Any registration with relevant authority	

1.16 Annual Turnover

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1.17 Operation Shut Down

FROM/...../..... TILL/...../.....

1.18 Delivery method of Tenders (please indicate one (1) method)

Delivery mode of Tender

Cost to Supplier

- a. Collect at KLM R 250
- b. E-mail R 250
- c. Fax R 250

Note that all Requests for Quotations will automatically be faxed to the supplier.

1.19 Commodity Category

Services		
1	Advertising	
2	Carpet cleaning	
3	Catering	
4	Computer supplies	
5	Motor services	
6	Insurance services	
7	Locksmith services	
8	Courier services	
9	Pest removals	
10	Printing/photography	
11	Security & access control	
12	Air conditioning systems	
Professional services		
13	Financial services	
14	Legal services	
15	Land surveyors	
16	Project managers	
17	Quantity surveyors	
18	Town planners	
19	engineers	
20	Consulting engineers (Civil/Structural)	
21	Consulting Engineers (Mechanical)	
Workshop Electrical		
22	Electrical motor repairs	

Construction		
23	Concrete works	
24	Fencing	
25	General building work	
26	Transport	
27	Landscaping/earthworks	
28	Mechanical contracts	
29	Metalwork/burglar guards	
30	Painting	
31	Paving	
32	Plumbing	
33	Pumping installation	
34	Road works	
35	Special contracts	
Wholesalers/Distribution		
36	Building materials	
37	Cleaning supplies	
38	Clothing/Printing	
39	Computer equip/software	
40	Office furniture	
41	Stationary & office supply	
42	Fire protection equip	
43	Vehicles	
44	Workshop equipment	
45	Consumables	
46	Fuel supplies	
47	Plumbing material	
48	Purifications	

Mechanical		
49	Pump spares	
50	Bolts & nuts	
51	Mechanical seals/packing	
52	Hardware supplies	
53	Pipe supplies	
54	Lifting equipment	
55	Bearing supplies	
Vehicles		
56	Spares & parts	
57	Auto electrical	
58	Brakes and clutch	
59	Transmissions	
60	Panel beaters	
61	Tyres	
62	Batteries	
63	Oil & Lubricants	
64	Windscreens	
65	Communicative	
66	Engine overalls	
67	Hydraulics	
68	Towing Services	
69	Upholstery	
70	Radiator repairs	
71	Adhoc motor services	

2. BANKING DETAILS

2.1 Banking institution name

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2.2 Branch

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2.3 Town/City

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2.4 Banking account number

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2.5 Account type

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2.6 Account holder's name

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**NB: DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED
(CANCELLED CHEQUE / BANK STATEMENT)**

<p><u>FOR USE OF BANK</u> (In cases where a cancelled cheque / bank statement is not attached)</p>	
<p>Above information checked and confirmed.</p>	
<p>Signature: _____</p>	<p>Bank Stamp: _____</p>

3. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

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

- a. This information supplied is correct.
- b. All copies of relevant information are attached.
- c. I take note that payment will be effected 30 days after delivery was effected if delivered with an original invoice.
- d. **A Valid Original Tax Clearance Certificate is attached.**

Signature of authorized person: _____ Date: _____

Personal information in block letters

Name

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Surname

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Telephone Number

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Capacity

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On behalf of the (Supplier's name)

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Signed and sworn to before me aton this theDay of

By the deponent, who has acknowledge that he/she knows and understand 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 _____