# **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 - 7139244 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 31 October 2006. 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 INFORMATIN WILL BE TREADED STRICTLY COFIDENTIAL.

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 you 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.

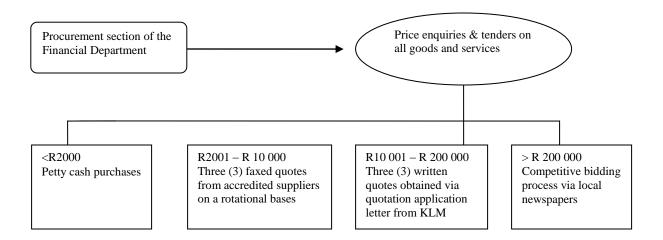
You will be advised telephonically or in writing should any vital information be lacking on your application form.

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

	SUI	PLII	ER D	ETA	<b>AIL</b>												
	Nan	ne of S	Supp	lier													
	Trac	ling a	S														
	Phy	Physical address															
	City	,															
	Cod	e															
	Prov	vince															
	Post	al ado	dress														
	City																
	Cod	e															
	Prov	ince															
	Tele	phone	e nur	nber													
	Fax	numb	er	1	1		1	1			1		1	1	1	1	
	Cell	numl	oer														
	E-m	ail ad	dress	S	•		•	•	•	•	•		•	•	•	•	
_	Wel	o-Page	e Ado	dress	3							 					

1.10	How would you like to receive Post Fax	your cor	rrespon Em		from u	ıs?			
1.11	Company Registration Number	r :	/	•••••	/.		•••••		
1.12	Is the company ISO9000 Comp	pliant?	No [						
	If Yes, please state ISO:								
	Acquired date:/	/	•••••	•••					
1.13	VAT Registration Number								
	Please attach a Valid Original	Tax Clear	rance (	Certific	ate to	you a	applic	cation.	
1.14	Does your company have a aff Yes	irmative :	action No	prograi	m?				
	If Yes, please provide detail: _								
1.15	BEE information to be comple	ted by ap	plican	t					
	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	CITIZENSHIP	DATE OF		HDI STAT	US		% OWNERSHIP	TEL
	NUMBER	OWNERSHIP	RACE B/W	YOUTH M/F	GENDER M/F	DISABLED YES/NO		NO.	
	<u> </u>		I.	1		I	I	100%	

6

#### (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 Ver	ıtures
---------------	--------

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)

Number of 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	Annua	al Tı	urno	ver													
1.17	Opera	ition	Shu	t Do	wn												
	FRON	И	••••	/	••••	/	••••	. TII	LL.	••••	/	••••	/	•••••	•••		

	<u>livery mode of</u> <u>nder</u>	Cost to Supplier	
a.	Collect at KLM	R 250	
b.	E-mail	R 250	
c.	Fax	R 250	

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

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

#### 1.19 **Commodity Category**

1.18

Ser	vices						
1	Advertising						
2	Carpet cleaning						
3 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						
Pro	fessional 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		
Veh	nicles		
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		

# 2.1 Banking institution name Branch Town/City 2.3 2.4 Banking account number Account type 2.5 Account holder's name 2.6 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:\_\_\_\_\_

2.

**BANKING DETAILS** 

### 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 affected if delivered with an original invoice.
- d. A Valid Original Tax Clearance Certificate is attached.

Signature of authorized person: Date:	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								
Commissioner of Oaths								

Address all correspondence to: The Municipal Manager Kopanong Local Municipality P O Box 23 TROMPSBURG 9913 E-Mail:

budget@kopanong.gov.za

Website: www.kopanong.gov.za



Tel:051-7139200 Fax: 051-7130060

# DECLARATION OF SUPPLIERS PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Document must form part of all data base forms.
- It 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 supplier may be rejected if that supplier, 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. willfully neglected, reneged on or failed to comply with any government, municipal or other 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 bid.

Item	Question	Yes	No
4.1	Is the supplier or any of its directors listed on the National Treasury's database	Yes	No
	as a company or person prohibited from doing business with the public sector?		
	(Companies or persons who are listed on this database were		
	informed in writing of this restriction by the National Treasury after		
	the audi alteram partemrule was applied).		
4.1.1	If so, furnish particulars:		

4.2	Is the supplier or any of its directors listed on the Register for Tender Defaulters	Yes	No
	in terms of section 29 of the Prevention and Combating of Corrupt Activities		
	Act (No 12 of 2004)?		
	(To access this Register enter the National Treasuty'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) 3265445).		
	1003111116 Hulliser (012) 3203443).		
4.2.1	If so, furnish particulars:		
4.3	Was the suppliers or any of its directors convicted by a court of law (including a	Yes	No
	court of law outside the Republic of South Africa) for fraud or corruption during		
	the past five years?		
4.3.1	If so, furnish particulars:		
4.4	Does the supplier or any of its directors owe any municipal rates & taxes or	Yes	No
	muninicipal charges to the municipality / municipal entity, or to any other municipality		
	/ municipal entity, that is in arrears for more than three months?		
4.1.1	If so, furnish particulars:		
4.5	Was any contract between the bidder and the Municipality / municipal entity or any	Yes	No
	other organ of state terminated during the past five years on account of failure to		
	perform on or comply with the contract?		
4.5.1	If so, furnish particulars:		

#### **CERTIFICATION**

I, THE UNDERSIGNED (FULL NAME)	
CERTIFY THAT THE INFORMATION FURNI FORM TRUE AND CORRECT.	SHED ON THIS DECLARATION
I ACCEPT THAT, IN ADDITION TO CANCEL ACTION MAY BE TAKEN AGAINST ME SHOULD THI	,
BE FALSE.	
Signature	Date
••••••••••	
Position	Name of Bidder