

GMM VENDOR NUMBER

For Office use ONLY



**PROVIDER DATABASE APPLICATION  
FOR REGISTRATION**

Kindly forward the completed form, together with the relevant documentation clearly marked to:-

Govan Mbeki Municipality  
Supply Chain Management Section (Database)  
Horwood Street  
Central Business District (CBD)  
Secunda  
2302

Or

Govan Mbeki Municipality  
Supply Chain Management Section (Database)  
Private Bag X1017  
Secunda  
2302

No faxed/e-mailed registration will be accepted.

For more information please contact the Procurement Section at:-

Tel No. 017-620-6193/6025/6457  
Sipho Madondo  
Tyone Gwebu  
Mandla Manana  
[www.govanmbeki.gov.za](http://www.govanmbeki.gov.za)

**POINTS TO REMEMBER**  
**COMPLETING THE GOVAN MBEKI MUNICIPALITY SUPPLIER**  
**DATABASE REGISTRATION FORM**

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

**Certified documents** – Please ensure that a Commissioner of Oaths has certified all documents that need to be certified, the stamp of certification should be in front of the document. No faxed documents will be considered for accreditation.

**A copy a valid Tax Clearance Certificate with PIN is to be submitted.** This is to be updated annually and submitted for inclusion in the RNM Supplier Database.

**Copies of documents** – Please keep copies of the Registration Form and all supporting documentation submitted for your own records and to ensure that all data is maintained and up to date on a continual basis.

**Owners, shareholders** – Please ensure that the percentages of ownership of the **individual shareholders** amount to 100%. That is, provide details of **all** shareholders, and ensure that all fields are completed for each. Proof of the individual shareholding is to be submitted.

**Holding companies & Trusts** – Please contact the GMM Supplier Database Office on Tel No. 017-620-6391 should your business be owned by a Holding company or a Trust to request additional information.

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

**Collection points** – Please collect the database forms from the Supply Chain Management office in Secunda, or download the form on our website. Completed Registration Forms and supporting documentation can be delivered to one of the addresses stated on this Application Form.

**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 Number to be used in all future communication with the Govan Mbeki Municipality. **Please note that this administration process of COMPLETED Registration Forms will take a minimum of 21 days.** Once your registration has been included on the GMM Supplier Database, your details will be accessible to the GMM Procurement Section.

Business opportunities – Please note that registration on the GMM Supplier Database does not guarantee business opportunities. Should you wish to receive leads on tenders, please refer to the GMM Website, or the local notice boards? Suppliers not registered on the Central Suppliers Database will not be accepted into our database.

**Amendments** – Please notify the GMM Supplier Database office immediately of any changes to the verified information submitted. Submit a **Certification of Correctness** with the amended data.

**Queries** – Should you have any queries, or if you require assistance completing the registration form, please contact Govan Mbeki Municipality Supplier Database Office on Tel No. 017-620-6457/6025.

**1. BUSINESS PARTICULARS**

1.1 Name of business as registered with Registrar of Companies / Close Corporations/Partnership

1.2 Name of business used for trading purposes, if different from 1.1 or Name of Business if not registered with the Registrar of Companies / Close Corporations

1.3 Registration Number as registered with the Registrar of Companies/Close Corporations (if applicable)

1.4 Postal Address

Postal Code

1.5 Physical Address (if different to postal address)

Postal Code

Contact Person

Identity Number

Telephone No.

Fax No.

Cell No.

E-mail Address (if applicable)

Website Address

Preferred Method of Communication

E-mail	<input type="checkbox"/>
Fax	<input type="checkbox"/>
Post	<input type="checkbox"/>
SMS	<input type="checkbox"/>

NB. If no Fax No or email address is submitted, request for quotation cannot be sent through.

1.6 CSD Registration Number

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1.7 Physical Location of Head Office (if applicable)

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.....
.....

1.8 VAT Vendor

Yes		No	
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VAT Registration No.

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1.9 Unemployment Insurance Fund No. (if applicable)\*

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1.10 Compensation Commissioner Registration No. (if applicable)\*

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1.11 Income Tax Reference No. (if applicable)\* (for Business)

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\*Insert personal Tax No. if one person Business (sole proprietor) or personal Income Tax No. of all partners in partnership. If the spaces provided is not enough please insert an additional document where they are listed.

1.12 P.A.Y.E. No. (if applicable)

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1.13 BBBEE Level\*

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\*Please attach a certified copy or a sworn affidavit if the company is an EME.

## 2. CERTIFIED BANKING DETAILS FORM

This form needs to be completed, and certified by the appropriate Banking Institution

Name of Account Holder (Name under which Account is operated)

Account Type (Cheque/Savings, etc.)

Name of Banking Institution

Branch Name

Branch Code (6 Digits)

Banking Account Number

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Please place Bank stamp here

Received and stamped by (Name in Block Letters)

Signature of Bank Official

<input type="text"/>	<input type="text"/>
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Date

**3. TYPE OF BUSINESS**

Please tick the appropriate box	
Public Company Private	
Company (Pty) Close	
Corporation CC Sole Proprietor	
Partnership	
Trust Co-op	
Voluntary Associations	

\*Please ensure to attach a copy of the appropriate document dependent on type e.g. Public Co. to attach a copy of Certificate of Incorporation.

**4. PREVIOUS BUSINESS INFORMATION**

4.1 Did your business exist under a previous name? Yes

No

4.2 If "Yes", what was the previous business name?

4.3 Reasons for name change

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

**5. BUSINESS INFORMATION**

Please indicate your appropriate Sector

Agriculture	
Mining and Quarrying	
Manufacturing	
Electricity, Gas and Water	
Construction	
Retail, Motor Trade and Repair	
Wholesale Trade, Commercial	
Catering, Accommodation, Other	
Transport and Storage	
Finance and Business Services	
Community, Social and Personal	

**6. PROPRIETORS/SHAREHOLDERS/PARTNERS/SOLE PROPRIETORS/TRUSTEES/ OWNER**

Please list all owners (as listed above). If insufficient space, kindly attach a copy of this page signed by the person who signs on behalf of the business.

<b>Name</b>	<b>ID No.</b>	<b>Shareholding %</b>	<b>Gender</b>

**7. PREVIOUS EXPERIENCE** (If applicable)

Please list the municipal contracts awarded to you over the last 5 years or other previous experience related to your core business

<b>Employer/ Department</b>	<b>Contact Person and Telephone No.</b>	<b>Contract Value In R -+ands</b>	<b>Completed Successfully (Yes/No)</b>	<b>Year</b>





**9. VERIFICATION OF INFORMATION SUPPLIED RELATING TO REFERENCES THAT THE APPLICANT/BUSINESS MAY APPLY FOR**

I/We, the undersigned, who warrant/s that I/We are duly authorized to do so on behalf of the supplier, certify/ies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledge/s that:

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
2. If the information supplied is found to be incorrect, then Govan Mbeki Municipality may, in addition to any remedies it may have:
  - (i) Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
  - (ii) Recover from the supplier/contractor for all costs, losses or damages incurred or sustained by Govan Mbeki Municipality as a result of breach of contract;
  - (iii) Cancel the contract and claim any damages which Govan Mbeki Municipality may suffer by favorable arrangements after such cancellation; and
  - (iv) De-register the supplier registered on the Supplier Database.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
before the Commissioner of Oaths

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name in Block Letters

\_\_\_\_\_  
Supplier's Name

Signed and affirmed to before me at \_\_\_\_\_ On this \_\_\_\_\_

Day of \_\_\_\_\_ 20\_\_\_\_ By the deponent who has acknowledged that he/she

knows and understands the contents of this document, and he/she has acknowledged that he/she has no objections to affirming that he/she regards the affirmation to be binding on his/her conscience.

\_\_\_\_\_  
Commissioner of Oaths

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Area

## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

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

2.1 Full Name of bidder or his or her representative:

.....

2.2 Identity Number:.....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):

.....

2.4 Company Registration Number:

.....

2.5 Tax Reference Number:

.....

2.6 VAT Registration Number:

.....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

<sup>1</sup>“State” means –

- (a) 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);
- (b) Any municipality or municipal entity;
- (c) Provincial legislature;
- (d) National Assembly or the national Council of provinces; or
- (e) Parliament.

<sup>2</sup>“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

.....

Name of state institution at which you or the person connected to the bidder is employed :

.....

Position occupied in the state institution:

.....

Any other particulars:

.....

.....

.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attached proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

.....

.....

.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:

.....

.....

.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.



**4 DECLARATION**

I, THE UNDERSIGNED (NAME)

.....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

**REQUIRED DOCUMENTATION CHECKLIST**

Please ensure that all documents listed below are attached (where applicable) to the Registration Form.

**ALL** documentation is to be provided in its original format (where applicable) or certified copies except Tax Clearance Certificate.

**ATTACHED****(Please tick appropriate box)**

<b>Document Name</b>	<b>Yes</b>	<b>No</b>
Printed Tax Clearance Certificate (Please provide Tax Compliance Status PIN For validation)	<input type="checkbox"/>	<input type="checkbox"/>
Company Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Company Resolution of Signatories	<input type="checkbox"/>	<input type="checkbox"/>
Original or Certified Copy "Letter of Good Standing" from Workmen's Compensation Commissioner or its Agent	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Banking	<input type="checkbox"/>	<input type="checkbox"/>
Most recent municipal accounts for your business location or your Personal residence, i.e. rates, water, refuse, electricity (if Applicable) and levy registration confirmation letter	<input type="checkbox"/>	<input type="checkbox"/>
Certified copies of ID documents of Directors/Owners/Shareholders	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation Certificates: Registration to professional bodies, e.g. RMI, SETA, PSIRA, IOPSA, NHBRC, CIDB, PSIRA copy of Certificate of Acceptability for Food Premises	<input type="checkbox"/>	<input type="checkbox"/>
BBBEE Certificate from the registered Auditors IRBA/Accounting Officer (as contemplated in Section 60 of the Close Corporation Act, Act No. 69 of 1984) or a SANAS accredited verification agency or a SWORN Affidavit.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of registration on the Central Suppliers Database (CSD Registration Summary Report)	<input type="checkbox"/>	<input type="checkbox"/>