

# Buffalo City Municipality



## Suppliers Database Registration Form

Registration Forms are to be Delivered To: *The Buffalo City Municipality, Procurement Unit,*

*First Floor, SCM Building,*

*80 Philip Frame Road,  
Chiselhurst*

*Attention: The Procurement Manager*

### Enquiries

Telephone: 043 - 7059297

### For Office Use

Supplier Name \_\_\_\_\_

Date Application Received \_\_\_\_\_

BCM Number: BCM \_\_\_\_\_

Supplier information captured by \_\_\_\_\_ Date Captured \_\_\_\_\_

## **BUFFALO CITY MUNICIPALITY'S SERVICE PROVIDER'S DATABASE**

### **1.0 INTRODUCTION**

The Buffalo City 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.

### **2.0 GUIDELINES**

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

- a) Service Providers shall be required to complete this document in its **ENTIRETY** and in **NEAT, LEGIBLE HANDWRITING**. Failure to do so will result in non-registration of the Service Provider's Business and the Municipality shall not be held liable for any loss or damages sustained by the Service Provider. Where the information requested does not pertain to the Service Provider, please insert the symbol "**N/A**" in the appropriate space. Should the space be left blank, it shall be deemed that information is pending and the Service Provider's Business will not be registered.
- b) Service Providers are advised that only **ORIGINAL** copies of this document shall be processed. Should this document be re-typed or re-drafted in any manner whatsoever, the document will be disregarded.
- c) Only documents with **ORIGINAL** signatures will be accepted and processed. All signatures to this document must be commissioned by an authorised Commissioner of Oaths. Failure to do so will result in non-registration of the Business.
- d) Any alterations made by the Service Provider must be initialed. The use of correcting fluids is strictly prohibited.
- e) Registration of the Business on the Database shall be subjected to a 30 day waiting period commencing from the date of receipt of the application by the Procurement Unit.
- f) The **ONUS** shall rest upon the Service Provider to inform the Procurement Unit of any changes to the status of the Service Provider's Business, in which case certified proof will be required in order to effect the changes. Failure to do so may result in the Service Provider being removed 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 Procurement Unit.
- g) Service Providers furnishing false information shall be immediately disqualified from tendering and removed from the Database. 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.
- h) Forms may be downloaded electronically from the website: [www.buffalocity.gov.za](http://www.buffalocity.gov.za). however, the completed forms including Tax Clearance Certificates, etc. must be submitted to the Procurement Unit in its original form.

- i) All applications must be forwarded to the:- **Procurement Unit, Supply Chain Management Building, 80 Philip Frame Road, Chiselhurst, East London 5201.**

The Municipality shall not be held liable for any document which is not timeously 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.
- m) Service Provider's 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 Procurement Manager 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.
- n) 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 Provider's are also required to adhere with the afore-mentioned.
- o) 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 taking into account the principal of the distribution of work in order to empower SMME's.and BEE's.
- p) **Service Providers shall be required to provide details of a Bank Account where monies owing to the Service Provider may be electronically transferred into.**
- q) Services Providers whose primary work entails construction work, electrical work, civil engineering work, plumbing and catering shall be required to submit with this Registration Form certified copies of the following Certificates:-

Type Of Work	Certificate of Registration Required
Construction work, electrical work, civil engineering work, plumbing, etc.	Construction Industry Development Board (CIDB)
Electrical	Electrical Contractor's Board (ECB)
Plumbing	International Organisation of Plumbing South Africa (IOPSA)
Catering	Certificate of Health (COH)

Or any other relevant body not mentioned herein.

## BUFFALO CITY MUNICIPALITY'S SERVICE PROVIDER'S DATABASE

### DEFINITIONS

The following definitions shall apply:-

"Municipality"	means the Buffalo City Municipality.
"Procurement Unit"	means the Procurement Unit of the Buffalo City Municipality.
"Service Provider"	means a person/business which adheres to statutory labour practices, is a legal entity, registered with the South Africa Revenue Services (SARS) and provides the Municipality with a service for the acquisition of goods and services for profit.
"Historically Disadvantaged Individuals (HDI)"	<p>means a South African citizen who:- <b>(a)</b> due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) ("the Interim Constitution"); and/or; <b>(b)</b> is a female; and /or, <b>(c)</b> has a disability:</p> <p>Provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an HDI;</p>
"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;
"Women Equity Ownership (WEO)"	means the percentage of an enterprise or business owned by women or, in respect of a company, the percentage of a company's shares that are owned by women, who are actively involved in the management of the enterprise or business and exercise control over the enterprise, commensurate with their degree of ownership at the closing date of the tender.
"Preferential Procurement Policy Framework"	means the Preferential Procurement Policy Framework Act: No 5 of 2000.
"National Small Business Act"	means the National Small Business Act No. 102 of 1996.
"SMME's"	means Small, Medium and Micro Enterprise's as described in National Small Business Act No. 102 of 1996.
"Goods and Services"	means equipment, plant, vehicles, materials or services to be supplied by the Service Provider to the Municipality.
"Professional Service Provider"	means any person or body corporate that provides on a fiduciary basis, labour and knowledge based expertise which is applied with reasonable skill, care and diligence to the Municipality, and is, appointed by the Municipality to undertake an assignment for the provision of professional services.

**APPLICATION FOR REGISTRATION ON THE BUFFALO CITY MUNICIPALITY  
SERVICE PROVIDERS DATABASE**

1.0 **BUSINESS PARTICULARS**

1.1 Name of Business as registered with the Registrar of Companies/Close Corporations.

\_\_\_\_\_

1.2 Name of Business used for **TRADING** purposes. If different from 1.1 or name of Business if Business is not registered with the Registrar.

\_\_\_\_\_

1.3 Registration No. as registered with the Registrar of Companies/Close Corporations (if applicable)

\_\_\_\_\_

1.4 Business Physical address \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

1.5 Business Postal address \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

1.6 Telephone No. (    ) \_\_\_\_\_ Fax No. (    ) \_\_\_\_\_

1.7 Cellular Phone No. \_\_\_\_\_

1.8 E-mail Address \_\_\_\_\_

1.9 Preferred Method of Communication [Please Tick]: E-mail  Fax  Post  SMS

1.10 Company contact person/s [Full names and surname]

1) \_\_\_\_\_

2) \_\_\_\_\_

1.11 VAT Registration No. [if applicable]: \_\_\_\_\_

1.12 Unemployment Insurance Fund No. [if applicable] \_\_\_\_\_

1.13 Compensation Commissioner Registration No. [if applicable] \_\_\_\_\_

1.14 Income Tax Reference No. \_\_\_\_\_

***NB.: Insert Personal Income Tax Number if a one person business [sole trader] and Personal Income Tax Numbers of all partners in a partnership***

1.15 Pay As You Earn (PAYE) [if applicable] \_\_\_\_\_

**NB.: A Valid Original Tax Clearance Certificate as required in terms of Clause 16 of the Preferential Procurement Regulations, 2001, and issued by the South Africa Revenue Services (SARS) must be submitted together with this form for registration purposes.**

1.16 Please Specify below the Ward in which you're Business operates from. **(NB: the Ward No. mentioned below must correspond with the physical address mentioned in 1.4 above)**

Ward No. \_\_\_\_\_

2.0 **MUNICIPAL FEES**

In terms of the Municipality's Supply Chain Management Policy, the Municipality is not allowed to do Business with any Service Provider whose Municipal Fees are not in order. Please furnish the information below for verification purposes and forward **a tenderer's debt clearance certificate**. It must be further noted that the Municipality reserves the right to deduct any monies due or which may become due to the Service Provider in lieu of Municipal Fees owing.

**Description**

**Account No.**

Electricity \_\_\_\_\_

Water \_\_\_\_\_

Rates \_\_\_\_\_

3. **PREVIOUS BUSINESS INFORMATION**

3.1 Did Your Business Exist Under a Previous Name? (Please Tick) Yes  No

3.2 If "Yes" What Was The Previous Business Name? \_\_\_\_\_

\_\_\_\_\_

3.3 Why Was It Changed? \_\_\_\_\_

3.4 Who were the Owners, Partners, Members or Shareholders?

Name	Title

4. **CLASSIFICATION OF BUSINESS**

4.1 Service Providers are required to provide hereunder a short summary of their **CORE** field/s of expertise (**Minimum 4**). Service Providers' attention is drawn to **Clauses 2 (g) and (q) of the Guidelines (Page 1)** when completing this Section. Please note that the field/s of expertise detailed below must be justified by the information submitted in Section 5.0 below. (Attach a copy of your Company's Profile if necessary)

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

4.2 The following information is required to determine if a Service Provider's Business can be classified as an SMME in terms of the National Small Business Act No. 102 of 1996:-

<b>Rand Value of Average Annual Turnover Including VAT For The Three (3) Preceding Years</b>			
<b>Financial Ranges</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
R0 to R30 000	R	R	R
R30 000 to R100 000	R	R	R
R100 000 to R150 000	R	R	R
R150 000 to R200 000	R	R	R
Over R200 000	R	R	R

If the Service Provider' Business is established during the present year, please indicate hereunder the date the Business was established and registered with the South African Revenue Services.

\_\_\_\_\_

5.0 **PREVIOUS EXPERIENCE**

5.1 List the last four (4) contracts successfully completed by your Business or other previous experience related to your core business as indicated in 4.1 above. (Attach a separate sheet if necessary)

<b>Customer</b>	<b>Contact Person</b>	<b>Contact No.</b>	<b>Value of Work Undertaken</b>	<b>Year</b>	<b>Nature of Work Undertaken</b>
			R		
			R		
			R		
			R		
			R		

SMME's may submit letters of recommendations from suitably reliable sources in support of their core business operations. (Attach a separate sheet if necessary)



7. **GENERAL**

7.1 Have you previously done work for the Municipality? (If yes, please specify hereunder)

<b>Contract No.</b>	<b>Title</b>	<b>Rand Value</b>	<b>Contact Person</b>	<b>Successfully Completed Yes/No</b>
		R		
		R		
		R		
		R		

7.2 If not successfully completed, state reasons below.

---

---

---



9. **BANKING DETAILS**

9.1 Name of Banking Institution \_\_\_\_\_

9.2 Branch Name \_\_\_\_\_

9.3 Town/City \_\_\_\_\_

9.4 Banking Account No. \_\_\_\_\_ Branch No. \_\_\_\_\_

9.5 Account Holder (Name under Which the Business is Operated) \_\_\_\_\_

9.6 Type of Account (Please Tick): Current Account  Transmission Account  Savings Account

***NB.: The information reflected under items 9.1 to 9.6 must be confirmed by the bank and a confirmation letter must be attached.***

10.0 **SETTLEMENT DISCOUNTS OFFERED**

***NB: Payment Shall Be Made Within 30 Days from the Date of Approval by the Council's Representative or unless Otherwise Agreed.***

10.1 Please state any settlement discounts.....% if paid within.....days from date of statement.

10.2 Please state any other discounts offered \_\_\_\_\_

11.0 **TYPE OF BUSINESS**

11.1 Tick Whichever Block is Applicable to Your Business and **ATTACH THE RELEVANT CERTIFIED COPY** for Registration Purposes.

Type of Business	Tick	Information Required
Public Company Ltd		Certified copy of Certificate of Incorporation [CM3]
Private Company [Pty] Ltd		Certified copy of Certificate of Incorporation [CM3]
Close Corporation cc		Certified copy of CK1 Document and CK2 if applicable
Sole Proprietor		Certified copy of I.D. Document
Partnership		Certified copy of Partnership Agreement
Trust		Certified copy of Trust Document

**AFFIDAVIT**

**VERIFICATION OF INFORMATION SUPPLIED**

I/we the undersigned, warrants that I am/ we are duly authorised to do so on behalf of the Service Provider, certifies that the Business complies with all statutory and Municipal requirements and that the information supplied in terms of this document with additional information is correct and accurate and acknowledges that if the information supplied is found to be incorrect, then the Municipality in addition to any remedies it may have, shall,

- i recover from the Business all costs, losses or damages incurred or sustained by the Municipality as a result of breach of the contract;
- ii cancel the contract, de-register the Service Provider on the Database and claim any damages which the Municipality may suffer by having to make less favourable arrangements after such cancellations;
- iii impose the penalties on the Business as provided for herein, and/or
- iv take any other action as may be deemed necessary.

I/we further undertake to submit any other documentary proof to the Municipality as and when required.

Full Name of Signatory .....

Capacity of Signatory .....

I.D. Number .....

Duly Authorised to sign on behalf of .....

Physical Address .....

.....

Signature.....

Signed and sworn to before me at.....

On this the ..... day of..... 20.....,by the Deponent,

who has acknowledge that she/he knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribe oath, and that the prescribed oath shall be binding on his/her conscience.

Full Name .....

Capacity.....

Commissioner of Oaths.....

**NOTE : All pages of this Affidavit must be initialed by both the Deponent and the Commissioner of Oaths**