

Buffalo City Municipality



Suppliers Database Registration Form

Registration Forms are to be Delivered To:

Buffalo City Municipality

Supply Chain Management,

Ground Floor, SCM Building,

*80 Philip Frame Road,
Chiselhurst*

Attention: The General Manager: Supply Chain

Enquiries

Telephone: 043 - 7059286

For Official Purposes Only:

Name of Supplier: _____

Registration Number : _____

Captured By: _____ Signature: _____ Date _____

Checked and Verified By: _____ Signature _____ Date _____

Management Authorization

Authorised By _____ Signature _____ Date _____

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 Bidders, it is imperative that the following guidelines are strictly adhered to:-

- a) Service Providers shall be required to complete all aspects of the document 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 Supply Chain Unit.
- f) The **Responsibility** shall rest upon the Service Provider to inform the Supply Chain 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 Supply Chain 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. however, the completed forms including Tax Clearance Certificates, etc. must be submitted to the Supply Chain Unit in its original form.
- i) All applications must be forwarded to the: - ***The General Manager, Supply Chain Management, 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,

Buffalo City Municipality

the Service Provider shall inform the Supply Chain 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) 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.
- o) **Service Providers shall be required to provide details of a Bank Account where monies owing to the Service Provider may be electronically transferred into.**

BUFFALO CITY MUNICIPALITY’S SERVICE PROVIDER’S DATABASE

DEFINITIONS

The following definitions shall apply:-

- “Municipality” means the Buffalo City Municipality.
- “Supply Chain Unit” means the Supply Chain 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)” means a South African citizen who:- **(a)** 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)** is a female; and /or, **(c)** has a disability:

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;
- “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

Buffalo City Municipality

| | | | | |
|--|-------|--------------------|----------|----------|
| | | Province | | Postcode |
| District Municipality | Name: | Local Municipality | | |
| Contact Details (for receipt of Tenders and Quotes): <i>(Circle Title below)</i> Mr. / Mrs. / Ms. / Miss. Other _____ <i>(Specify)</i> | | Designation: | | |
| | | Telephone: | | |
| | | Cell: | E Mail: | |
| | | Fax: | ID No : | |
| | | | | |
| Website Address: | | | | |
| Alternative Contact Details(if available): <i>(Circle Title below)</i> Mr. / Mrs. / Ms. / Miss. Other _____ <i>(Specify)</i> <i>(Specify the Office)</i> Located at: | | Designation: | | |
| | | Telephone: | | |
| | | Cell: | E Mail: | |
| | | Fax: | I D No : | |
| | | | | |

A – 3 BANKING INFORMATION

| | | | | |
|--|------------------------------------|----------------|--------------|--|
| Bank Details for this office: Official Bank Stamp AFFIX OFFICIAL BANK STAMP HERE (Attach a copy or original bank statement not older than 60 days). | Bank Location: | | | |
| | Branch Name: | | | |
| | Branch Code: | | | |
| | Account Holder: | | | |
| | Account Number: | | | |
| | Account Type: <i>(Tick One)</i> | Cheque/Current | Transmission | |
| | Savings | | | |

Bank Official Name: _____ Designation: _____ Signature: _____

A – 4 TAX INFORMATION *(N.B. - Attach an original valid Tax Clearance Certificate to this application)*

| | |
|---|--|
| SARS Tax Reference Number <i>(Insert personal tax number if a one person business (Sole Proprietor) or Personal Income Tax numbers of all partners in a partnership.)</i> | |
| VAT Registration Number | |
| Supplier's SARS Office and Telephone contact number where tax file is held | |

B – 1 OWNERSHIP/SHAREHOLDING

| | |
|--|---|
| List all persons who are OWNERS (Proprietors/Shareholder/Partners/Sole Proprietors/Trustees/Beneficiaries) in the business or Trust being registered and indicate their involvement in the management/operations of the business/Trust. IN THE CASE OF HANDICAPPED, PROOF OF DISABILITY PROVIDED BY A RECOGNIZED RELATED INSTITUTION MUST BE ATTACHED If insufficient space, NB: kindly attach a copy/copies of the following page to this application form, signed by the same person who signs on behalf of the business/Trust | N.B. % Ownership should add up to 100% |
| | SA Citizen before 27/4/1994 |
| | Handicapped = Yes - attach proof. |
| | Race – <u>White</u> , <u>Black</u> , <u>Indian</u> , <u>Coloured</u> , <u>Other</u> |
| | % Time spent in the daily activities of this business |

Buffalo City Municipality

| B – 2 Owners' Information (Circle choice or fill in the required information.) | | | | | | | | | | | Regarding Owners and Trusts | | | | | |
|---|-----------------------------------|---|---|---|--------------|---------------------------------|--------------|---|---------------------------------|---|------------------------------------|---|---|--------|---|---|
| (1) Full Name: | | | | | | | | | | | Trustee? | Y | N | Owner? | Y | N |
| ID Number: | | | | | Designation: | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| Own Interest in Another Business | | | | Y | N | <u>Specify in Section B - 3</u> | | | Nationality: <i>(Attach ID)</i> | | | | | | | |
| % Ownership | South African? - Before 27/4/1994 | | | | Gender: | | Handicapped: | | Race | | % Time Spent | | | | | |
| | Y | N | Y | N | M | F | Y | N | W | B | I | C | | | | |
| (2) Full Name: | | | | | | | | | | | Trustee? | Y | N | Owner? | Y | N |
| ID Number: | | | | | Designation: | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| Own Interest in Another Business | | | | Y | N | <u>Specify in Section B - 3</u> | | | Nationality: <i>(Attach ID)</i> | | | | | | | |
| % Ownership | South African? - Before 27/4/1994 | | | | Gender: | | Handicapped: | | Race | | % Time Spent | | | | | |
| | Y | N | Y | N | M | F | Y | N | W | B | I | C | | | | |
| (3) Full Name: | | | | | | | | | | | Trustee? | Y | N | Owner? | Y | N |
| ID Number: | | | | | Designation: | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| Own Interest in Another Business | | | | Y | N | <u>Specify in Section B - 3</u> | | | Nationality: <i>(Attach ID)</i> | | | | | | | |
| % Ownership | South African? - Before 27/4/1994 | | | | Gender: | | Handicapped: | | Race | | % Time Spent | | | | | |
| | Y | N | Y | N | M | F | Y | N | W | B | I | C | | | | |
| (4) Full Name: | | | | | | | | | | | Trustee? | Y | N | Owner? | Y | N |
| ID Number: | | | | | Designation: | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| Own Interest in Another Business | | | | Y | N | <u>Specify in Section B - 3</u> | | | Nationality: <i>(Attach ID)</i> | | | | | | | |
| % Ownership | South African? - Before 27/4/1994 | | | | Gender: | | Handicapped: | | Race | | % Time Spent | | | | | |
| | Y | N | Y | N | M | F | Y | N | W | B | I | C | | | | |

(Please copy this page and add to Application if more space is needed)

| B – 3 LIST ANY OWNER WHO HAVE AN OWNERSHIP INTEREST IN ANOTHER BUSINESS | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|-----------|--|
| Name: | | | | | | | | | | | Position: | |
| Name of Other Business: | | | | | | | | | | | | |
| Type of Business: | | | | | | | | | | | % Held: | |
| Name: | | | | | | | | | | | Position: | |
| Name of Other Business: | | | | | | | | | | | | |
| Type of Business: | | | | | | | | | | | % Held: | |
| Name: | | | | | | | | | | | Position: | |

Buffalo City Municipality

Name of Other Business:

Type of Business:

% Held:

B – 4 DECLARATION OF CONFLICT OF INTEREST BY PROSPECTIVE SUPPLIER

Are any of your Owners or Senior/Executive Management current Government Officials? If yes, specify below

Yes

No

Do any of your Directors/Owners have any previous/current association with Government? If so, please indicate by declaring such interest/association in the space below

Yes

No

B – 5 FINANCIAL CLAIMS AGAINST PROSPECTIVE SUPPLIER

Have your organization / parent company / former company with the same principals ever been liquidated? If "Yes" please give details below.

Yes

No

Date of Liquidation

Has the Liquidation been resolved?

Date Resolved:

Who was appointed as Trustee?

What was the reason for Liquidation?

Have your organization / parent company / former company with the same principals ever been restricted for Government Tenders? If "Yes" please give details below.

Yes

No

When did Restriction commence and until what date?

From:

To:

Which institution invoked the restriction?

What was the reason for the restriction?

B – 6 LITIGATION / JUDGMENT HISTORY**Nature of Claim / Judgment**

Start Date

Cause of Dispute

Parties Involved in Dispute

Status of Claim

End Date

Claim Financial Implications

*(Please copy this page and add to Application if more space is needed)***B – 7 Previous Business Information**

Did your business exist under a previous name?

Yes

No

If "Yes" what previous name(s)?

Year:

Year:

Why was the name changed?

Previous Suppliers Database number?

Owners, partners, members or shareholders now de-registered:

Name**Title****ID Number**

Buffalo City Municipality
B – 8 Business Information:

The following table must be completed to establish whether a business can be classified as an **SMME** in terms of the National Small Business Act 102 of 1996. Select the Sector and tick the appropriate blocks in Column 2, 3 and 4.

| Column 1 | Column 2 (tick applicable) | | Column 3 (tick applicable) | | Column 4 (tick applicable) | |
|---|--|--|----------------------------|--|---|--|
| Sector or subsectors in accordance with the Standard Industrial Council | Total full time equivalent of paid employees | | Total annual turnover | | Total Gross Asset Value (fixed property excluded) | |
| Agriculture | More than 100 | | More than R 5m | | More than R 5m | |
| | Less than 100 | | Less than R 5m | | Less than R 5m | |
| Mining and Quarrying | More than 200 | | More than R 39m | | More than R 23m | |
| | Less than 200 | | Less than R 39m | | Less than R 23m | |
| Manufacturing | More than 200 | | More than R 51m | | More than R 19m | |
| | Less than 200 | | Less than R 51m | | Less than R 19m | |
| Electricity, Gas and Water | More than 200 | | More than R 51m | | More than R 19m | |
| | Less than 200 | | Less than R 51m | | Less than R 19m | |
| Construction | More than 200 | | More than R 26m | | More than R 5m | |
| | Less than 200 | | Less than R 26m | | Less than R 5m | |
| Retail, Motor Trade and Repair Services | More than 100 | | More than R 39m | | More than R 6m | |
| | Less than 100 | | Less than R 39m | | Less than R 6m | |
| Wholesale Trade, Commercial Agents and Allied Services | More than 100 | | More than R 64m | | More than R 10m | |
| | Less than 100 | | Less than R 64m | | Less than R 10m | |
| Catering, Accommodation & other trade | More than 100 | | More than R 13m | | More than R 3m | |
| | Less than 100 | | Less than R 13m | | Less than R 3m | |
| Transport, Storage and Communications | More than 100 | | More than R 26m | | More than R 6 | |
| | Less than 100 | | Less than R 26m | | Less than R 6m | |
| Finance and Business Services | More than 100 | | More than R 26m | | More than R 5m | |
| | Less than 100 | | Less than R 26m | | Less than R 5m | |
| Community, Social and Personal Services | More than 100 | | More than R 13m | | More than R 6m | |
| | Less than 100 | | Less than R 13m | | Less than R 6m | |
| | | | | | | |

C – 1 COMMODITIES WHERE MANDATORY CERTIFICATION IS REQUIRED

| Commodity | Mandatory certificate |
|-------------------|--|
| Catering | Registration with the Local Municipality for certificate of acceptability of premises for food preparation |
| Accommodation | South African Tourism Grading Council |
| | Registration with the Local Municipality for certificate of acceptability of premises for food preparation <u>if</u> catering service is also provided |
| Travel Agency | Certification from ASATA |
| Security Services | Private Security Industry Regulatory Authority Certification |
| Construction | Construction Industry Development Board (CIDB). Registration number is essential |
| Electrical Work | Electrical Corporation Board (ECD) |
| Cleaning Services | Bargaining Council for the Contract Cleaning Services Industry (Certificate of Registration) |

C – 2 PLEASE COMPLETE SECTION C 3 BELOW BY USING THE FOLLOWING INDUSTRIAL SECTOR/S TO DETERMINE THE TYPE OF GOODS OR SERVICE YOUR BUSINESS CAN RENDER TO THE MUNICIPALITY.

| | |
|--|--|
| Agriculture, Forestry and Fishing | Manufacturing Goods and Equipment |
| Catering Services, Equipment and Accommodation | Medical Services and Other Testing Equipment. |
| Cleaning , Security and other Services | Office Furniture, Equipment and Supplies. |
| Clothing ,Footwear and Accessories | Professional Building and Planning Consultants |

Buffalo City Municipality

| | |
|--------------------------------------|--|
| Communication devices and Services | Retail Motor Trade and Repair Services |
| Education , Training and Development | Safety and Security Equipment |
| Electricity, Gas and Water | Sports Equipment and Accessories |
| Finance, Business and other Services | Tools, Construction and Services |
| Fuels, Gases and Water | |

C – 3 GOODS AND SERVICES SUPPLIED BY YOUR BUSINESS

In order to assist with the classification process, a short summary of your key products and services must be provided. **You are required to indicate ONLY FOUR (4) types of goods or services**

PLEASE SELECT AN INDUSTRIAL SECTOR FROM C – 2 ABOVE AS A HEADING FOR THE GOODS/SERVICES SUPPLIED BY THE BUSINESS AND INDICATE THE ACTUAL SERVICES/GOODS THAT THE COMPANY PROVIDES.
NOTE – Services mentioned in C 1 will not be considered if the relevant certification is not provided.

| | |
|----------|--|
| Sector : | |
| | |
| Sector | |
| | |
| Sector | |
| | |
| Sector | |
| | |

(Please copy this page and add to Application if more space is needed)

D CURRENT OR PREVIOUS SUPPLY CONTRACTS WITH BUFFALO CITY MUNICIPALITY

| | | | |
|---|--|-----------------------|-----------------|
| Reference No | | Contract Value | |
| Department | | R | |
| Description of Contract | | Start Date | End Date |
| Departmental Reference <i>(Contact Name and Number)</i> | | | |
| Municipal Area of work done | | Supplied: | |
| | | Goods | Service |
| Reference No | | Contract Value | |
| Department | | R | |
| Description of Contract | | Start Date | End Date |
| Departmental Reference <i>(Contact Name and Number)</i> | | | |
| Municipal Area of work done | | Supplied: | |
| | | Goods | Service |

E FURNISH A BRIEF PROFILE OF THE COMPANY

| |
|--|
| |
| |

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

F DECLARATION

VERIFICATION OF INFORMATION SUPPLIED IN THIS APPLICATION FORM, INCLUDING INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR:

I/we, the undersigned, warrants that he/she is duly authorized to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the annexure/s with additional information, is correct and accurate and I/we acknowledge that:

The supplier/applicant, which is the signatory hereto, will be required to furnish documentary proof of the information relating to preferences, if required to do so.

If the information supplied in this form is found to be incorrect then the Department may, in addition to any remedies it may have:

- a. Disqualify the supplier/applicant for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/applicant;
- b. Recover from the supplier/applicant all costs, losses or damages incurred or sustained by the Department as a result of breach of the contract;
- c. Cancel the contract and claim any damages which the Department may suffer by having to make less favorable arrangements after such cancellation; and/or
- d. De-register the supplier registered on the Supplier Database

SIGNED BEFORE THE COMMISSIONER OF OATHS ON THIS _____ DAY OF _____ 20_____.

SUPPLIER'S NAME: _____

SIGNATORY NAME IN BLOCK LETTERS _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

SIGNATORY ID NUMBER _____

SIGNATORY CAPACITY _____

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 objection to affirming that he/she regards the affirmation to be binding on his/her conscience.

Commissioner of Oaths: Signature

Commissioner of Oaths: Full Name

Business Address _____

Capacity _____
Area _____

COMMISSIONER OF OATHS
STAMP

| Tick (√) | Checklist: All applicable documents listed below must be attached to all registration forms. |
|-------------|--|
| | Certified copies of Business Registration Certificate (CK documents) where applicable (mandatory). |
| | An original valid SARS Tax Clearance Certificate (mandatory) and VAT Registration Certificate where applicable. Please note: Tax clearance certificates are valid for a period of 12 months. |
| | An original cancelled Cheque or bank statement (mandatory) |
| | Any other relevant independent agency ratings, industry endorsements, accreditation certificates where applicable, such as CIDB |
| | Certified copies of Identity documents of ALL Owners/Shareholders(mandatory) |
| | Tenderer's Debt Clearance Certificate if the business is run from owner's premises or confirmation of rent being paid if premises is rented. Only applicable to businesses in the Buffalo City Municipal area and is obtainable at the Munifin Building situated in Oxford Street at Credit Control. |
| | Catering certification – Health clearance certificate for catering services. |
| | Travel Agency - Certification from ASATA |
| | Security Services - Private Security Industry Regulatory Authority Certification (PSIRA) |
| | Electrical Work - Electrical Corporation Board (ECB) Certification |
| | Cleaning Services - Bargaining Council for the Contract Cleaning Services Industry (Certificate of Registration) |
| | Accommodation - South African Tourism Grading Council Certification. Registration with the Local Municipality for certificate of acceptability of premises for food preparation <u>if</u> catering service is also provided |