

Ubuntu Municipality



*menswaardigheid • hoop • erfenis
ubuntu • ithemba • izithethe
humanity • hope • heritage*

REGISTRATION ON DATABASE

All Companies/Firms/Enterprises/Suppliers & Consultants who have previously registered or intend to do business with the Municipality are hereby requested to register. Once in the database, providers will be required to update their profiles on annually basis to remain accredited. Registration forms are available at the Office of Ubuntu Municipality and the website (www.ubuntu.gov.za) are to be accompanied by the following documents: ***Company Profile; An updated Original Tax Clearance Certificate [indicate on registration form from which SARS office obtained – for clearance purposes]; a certified copy of Identity Document of owner and shareholder/s.***

Important Notes:

- ❖ To be completed by All vendors seeking registration as an approved supplier;
- ❖ The questionnaire must be completed in full and be signed;
- ❖ A company profile may accompany the registration form, but will not be accepted as substitute for the application form – all fields on application form must be completed by the applicant;
- ❖ Applicants must be contacted via fax and must therefore submit an operating fax number, failure to comply may result in excluding the supplier from the database;
- ❖ Ubuntu Municipality reserves the right to accept or reject any application without being obliged to give any reasons in this respect;
- ❖ Suppliers will not be notified whether application was accepted or not, but will be advise of the outcome if telephonically requested;
- ❖ Supplier must comply with all the registration-criteria for registration to be finalised – failure to do so, may result in the application being declined.

Street Address:

Ubuntu Municipality
78 Church Street
VICTORIA WEST
7070

Box Address:

Ubuntu Municipality
Private Bag X329
VICTORIA WEST
7070

Telephone Number: (053) 6210026

Fax Number: (053) 6210368

E-mail Address: info@ubuntu.gov.za

Closing date: 30 April 2011

NB: If you are not registered on the database, the Municipality will not buy from you or make use your services

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QUESTIONNAIRE FOR REGISTRATION ON DATABASE OF SUPPLIERS

NAME OF FIRM

POSTAL ADDRESS

.....

.....

.....

PHYSICAL ADDRESS

.....

.....

.....

TELEPHONE

FAX

E-MAIL

CONTACT PERSON

COMPANY REGISTRATION
NUMBER & DATE

COMPANY / ENTERPRISE
INCOME TAX REF. NO.

NAME OF OFFICE THAT ISSUED
TAX CLEARANCE CERTIFICATE

1. LEGAL STATUS (tick in one box)

- PARTNERSHIP
- ONE PERSON BUSINESS / SOLE TRADER
- CLOSE CORPORATION
- PUBLIC COMPANY
- PRIVATE COMPANY
- SECTION 21 COMPANY
- TRUST
- PARASTATAL
- NGO
- OTHER (Please specify)

Ubuntu Municipality

2. PRINCIPAL BUSINESS ACTIVITIES

(tick per box applicable)

- COMMUNITY SERVICES
- FINANCIAL SERVICES
- HUMAN RESOURCES MANAGEMENT
- INFORMATION TECHNOLOGY
- ORGANISATIONAL DEVELOPMENT
- LEGAL SERVICES
- CONSTRUCTION INDUSTRY
- ROAD WORKS
- TRAFFIC RELATED MANUFACTURING
- STEEL WORKS
- STRATEGIC DEVELOPMENT
- ENGINEERING
- PROJECT MANAGEMENT
- TRAINING AND DEVELOPMENT
- GENERAL RETAILER
- OFFICE AUTOMATIZATION
- STATIONERY / BOOKSHOP
- WHOLESALER
- CATERING
- SECURITY SERVICES
- GARDENING / CLEANING
- OTHER TRADES

OTHER (Specify)

ATTACHED A SHORT COMPANY PROFILE (2PAGES)

LIST IN YOUR COMPANY PROFILE AT LEAST TWO COMPANIES / CLIENTS PER BUSINESS ACTIVITY THAT WOULD BE ABLE TO SERVE AS REFERENCES AS FOLLOWS:-

COMPANY NAME	BUSINESS ACTIVITY	CONTACT PERSON	TELEPHONE NUMBER	POSITION IN COMPANY

Ubuntu Municipality

3. STREET ADDRESS OF ALL FACILITIES USED BY THE FIRM (e.g. warehouses, storage space, offices, etc.)

ADDRESS

FACILITY

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

4. DO YOU SHARE ANY FACILITIES? YES NO

IF YES, WHICH FACILITIES ARE SHARED?

5. DETAIL ALL TRADE ASSOCIATIONS / PROFESSIONAL BODIES / BUSINESS ASSOCIATIONS IN WHICH YOU HAVE MEMBERSHIP

.....

.....

6. COMPLETE THE FOLLOWING FOR EACH PARTNER, PROPRIETOR, SHAREHOLDER, DIRECTOR AND OFFICER OF THE FIRM (viz, chairman, secretary, director, etc.)

TITLE	NAME	PDI STATUS [YES/NO]	% TIME DEVOTED TO FIRM

7. LIST THE MAJOR ITEMS OF EQUIPMENT, PLANT AND VEHICLES OWNED BY THE FIRM.

ITEM	QUANTITY	PRESENT FINANCIAL LIABILITY

Ubuntu Municipality

8. SMME STATUS OF YOUR ENTERPRISE

Please use this table to determine the SMME status of your enterprise.

Please tick the relevant box in each column.

A. SECTOR	B. FULL TIME EMPLOYEES				C. ANNUAL TURNOVER (millions)				D. TOTAL GROSS ASSET VALUE (property)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
	Empl.	Empl.	Empl.	Empl.	Empl.	Empl.	Empl.	Empl.	Empl.	Empl.	Empl.	Empl.
Agriculture	100	50	10	5	4	2	0.4	0.1	4	2	0.4	0.1
Mining & Quarrying	200	50	10	5	30	7.5	3	0.15	18	4.5	1.8	0.1
Manufacturing	200	50	10	5	40	10	4	0.15	15	3.75	1.5	0.1
Construction	200	50	10	5	20	5	2	0.15	4	1	0.4	0.1
Retail & Motor Trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Wholesale Trade	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Catering, Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport Storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Finance & Business	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Repair/Allied Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Communications	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Other Trade	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Commercial Agents	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1

9. FINANCIAL DECISIONS

FINANCING DECISIONS	NAME	PDI STATUS (yes/no)	LENGTH OF SERVICE
Cheque signing			
Signing & Co-signing for loans			
Acquisitioning of lines of credit			
Sureties			
Major purchases or acquisitions			
Signing contracts			

10. MANAGEMENT DECISIONS

MANAGEMENT DECISIONS	NAME	PDI STATUS (yes/no)	LENGTH OF SERVICE
Estimating			
Marketing and Sales operations			
Hiring and firing of management personnel			
Hiring and firing of non-management personnel			
Supervision of office personnel			
Supervision of field/production activities			

11. LIST THE FOLLOWING PERSONNEL OR FIRMS WHO PROVIDE THE FOLLOWING SERVICES:

SERVICE	NAME	CONTACT PERSON	TELEPHONE
ACCOUNTING			
LEGAL			
AUDITING			
BANKING			
INSURANCE			

12. LIST ALL PARTNERS, PROPRIETORS AND SHAREHOLDER BY NAME, ID NUMBER, CITIZENSHIP, PDI STATUS AND OWNERSHIP, AS RELEVANT

NAME	ID NUMBER	CITIZENSHIP	MALE/ FEMALE	PDI STATUS (Yes/No)	DATE OF OWNERSHIP	% OWNERSHIP	VOTING POWER %

13. NAMES OF EXECUTIVE MANAGEMENT TEAM

SURNAME	INITIAL	MALE/ FEMALE	POSITION	PDI STATUS	YEARS IN SERVICE	CITIZENSHIP	ACTIVE IN DAILY RUNNING

14. INTEREST OF SHAREHOLDERS IN OTHER FIRMS

SURNAME	INITIAL	NAME OF OTHER FIRM	TYPE OF BUSINESS	NATURE OF INTEREST	% OWNERSHIP

15. EMPLOYMENT PROFILE / EQUITY AND SKILLS DEVELOPMENT

NUMBER OF EMPLOYEES	PROFESSIONAL		TECHNICAL		ADMIN		GENERAL WORKERS	
	PDI	NON-PDI	PDI	NON-PDI	PDI	NON-PDI	PDI	NON-PDI
FULL-TIME								
PART-TIME								
FEMALE								
MALE								
DISABLED								

- ❖ Is your firm subjected to the Employment Equity Act in terms of the number of employees and turnover YES NO
- ❖ If yes, please append a summary of your Employment Equity Plan.
- ❖ Percentage of payroll currently being spend on training and development%.
- ❖ Append a summary of training and development programmes being undertaken by your firm in the last 3 years.

16. FIRMS WITH WHICH YOU HAVE CONDUCTED JOINT VENTURE PROJECTS (ALSO CONSULTING PROJECTS) OR WITH WHICH YOU HAVE A CLOSE ASSOCIATION

	FIRM 1	FIRM 2	FIRM 3
NAME OF FIRM			
PARTNER-BASED			
LOCAL / INTERNATIONAL			
NAME OF PROJECT			
LOCATION OF PROJECT			
PARTNER SPECIALISATION			
% OF WORK TO PARTNER			

17. ANNUAL TURNOVER OF OWN WORK

- UP TO R300 000
- UP TO R1 MILLION
- BETWEEN R1 MILLION AND R5 MILLION
- BETWEEN R5 MILLION AND R15 MILLION
- ABOVE R15 MILLION

18. EXPERIENCE AND COMPETENCY

PROJECTS UNDERTAKEN DURING THE LAST 3-YEARS

DESCRIPTION	CLIENT	START	FINISH	VALUE

19. FINANCIAL INSTITUTION DETAILS

NAME OF BANK :

BRANCH :

BRANCH CODE :

NAME OF ACCOUNT HOLDER :

ACCOUNT NUMBER :

ACCOUNT TYPE :

20. IS ANY OF YOUR PARTNERS / SHAREHOLDERS / PROPRIETORS EMPLOYED BY EITHER NATIONAL, PROVINCIAL OR LOCAL GOVERNMENT? YES NO

DECLARATION

The firm agrees to abide by any reasonable and acceptable code of conduct published by the Northern Cape Provincial Administration (NCPA). All the information supplied in this application is true and correct. The firm will, without protest, submit to all reasonable & acceptable procedures instituted by the NCPA. The firm will, if requested to do so, supply further information and documentary evidence for scrutiny. The firm will update the registration particulars whenever a significant change in details occurs and, in any event, at intervals of two years. The undersigned, who warrants that he/she is duly authorised to do so on behalf of the firm, confirms that the contents of this Affidavit are within their personal knowledge and, save where otherwise stated, to the best of their knowledge, both true and correct.

Signed: **duly authorised to sign on behalf of**

Signed at: **on this** **day of**
 **(month)** **(year)** by the Deponent, who has acknowledge that he/she knows and understands 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.