



Intsika Yethu Municipality
201 Main Street, Private Bag x1251, Cofimvaba, 5380
E-mail: manil@intsikayethu.gov.za
Tel: (047) 8748770
Fax (047) 8740358

TO ALL SUPPLIERS SEEKING REGISTRATION AS A PREFERRED SUPPLIER ON THE DATABASE OF THE INTSIKA YETHU MUNICIPALITY

All suppliers are invited to register as a preferred supplier on the database of the Intsika Yethu Municipality.

In order to comply with Treasury Regulations 16A, the municipality has developed a supplier database to be used by the Supply Chain Management Unit.

The purpose of this database is to give all prospective suppliers an equal opportunity to submit **quotations** to the municipality and to enhance transparency and equality. The database will also contribute to better administration and compliance with the PFMA and legal framework effective from 7 December 2011.

Attached is an official registration form that will assist in updating the departmental database.

For office use ONLY

Date Received	
Received By	
Validation	
Approved/Declined by	
Capture Date	
Supplier No.	

DATABASE CONTENTS:

SECTIONS	MANDATORY	COMPLETED YES/NO
Part A: General Information	Yes	
Part B: Documents to be submitted	Yes	
Part C: Supplier Details	Yes	
Part D: Declaration	Yes	
Part E: SERVICECATEGORY/BUSINESS SECTORS	Yes	

It is imperative that suppliers read the application document carefully, complete it in full and sign it.

Questions can be sent to **Luleka Mani** via email to: manil@intsikayethu.gov.za or **047 874 8770**

Completed documents should be sent to:

**For attention: The Supplier Database Administrator
Supply Chain Management unit
Budget & Treasury Office
IntsikaYethu Municipality
Private Bag X1251
Cofimvaba
5380**

Or hand delivered to:

**For attention: The Supplier Database Administrator
Supply Chain Management unit
Budget & Treasury Office
IntsikaYethu Municipality
Corner of Windus&Bellair Street
Cofimvaba**

**SUPPLIER
APPLICATION FORM**

Part A: GENERAL INFORMATION

IMPORTANT NOTES

Please read carefully

- To be completed by the applicant seeking registration as an approved supplier;
- Please note that submission of this form to IntsikaYethu Municipality does not in any manner imply automatic registration or awarding of contracts.
- The information provided in this form will be treated as confidential and will not be disclosed to any third party.
- The questionnaire must be completed in **full** and be **signed**; failure to do so will result in the application being declined;
- A **company profile** must accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed;
- Applicants **must** submit all contact details including a **fax number**, failure to do so will result in the application being excluded;
- It should be noted that **IntsikaYethu Municipality** reserves the right to accept or reject any application **without being obliged to give any reasons**;
- Applicants will **be notified** about the outcome of their application irrespective of whether it is positive or negative;
- A **maximum** of six commodities must be reflected on the application form. Reflecting more than six commodities will **nullify** the application; and
- A company registration certificate **MUST** be included in the application package.

Part B: DOCUMENTS TO BE SUBMITTED

CRITICAL

Non – submission of the following supporting documentation will render your supplier application invalid.

DOCUMENTATION REQUIRED	ATTACHED (YES / NO)
Certified Company registration documents(C.K)	
Certified ID copies of shareholders	
Original cancelled cheque or original letter from the bank	
B-BBEE Certificate	
Signed Joint venture/ consortium agreement (where applicable)	
VAT Registration Certificate (where applicable)	
Valid Tax Clearance Certificate/ SARS Tax Clearance Pin	
Copy of Central Supplier Database Form (CSD)	
A concise company profile(max.2 pages)	

Part C: SUPPLIER DETAILS:

Company / Supplier name:

Company / Close Corporation Registration Number																													
VAT registration number (if applicable):																													
Income tax reference number:																													
Web address:																													
E-mail address:																													
Telephone number:																													
Fax number: (compulsory)																													
Toll free number:																													
Number of full time employees:																													

Postal Address: (compulsory)															Physical Address:														
Postal Code:															Postal Code:														

Company/Supplier Classification: (Please ✓ the relevant box or boxes)

ISO Listed	Importer	Services	Manufacturer	Repairer	Distributor	Exporter	Sales
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(Please ✓ the relevant box)

Tax Clearance Certificate Attached	yes	no
Expiry date:		

Supplier Grouping Detail: Type of Firm: (Please ✓ the relevant box)

1	Public Company (Ltd)	
2	Private Company (Pty) Ltd	
3	Close Corporation (cc)	
4	Other (specify)	
5	Joint Venture	
6	Consortium	
7	Sole Proprietor	
8	Foreign Company	
9	Partnership	
10	Trust	
11	Section 21 Company	
12	Government / Parastatal	

Main contact person in your organisation:

Name:																													
Company Position:																													
Cell phone Number:																													
Fax Number:																													
E-mail address:																													

Contact person (responsible for sales) in your organisation:

Name:																													
Position in company:																													
Cell Phone Number:																													
Fax Number:																													
E-mail address:																													

Trade names: Maximum of six will be registered

Trade names of commodities (Example: HP or Dell)	Description of commodities (Example: cartridge)

SMME status of your enterprise:

- Please use this table to determine the SMME status of your enterprise
- Please ✓ the relevant box in each column

A. Sector	B. Full time paid employees				C. Annual Turnover (millions)				D. Total Gross asset value (property excluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4	2	0.4	0.15	4	2	0.4	0.1
Mining and Quarrying	200	50	20	5	30	7.5	3	0.15	18	4.5	1.8	0.1
Manufacturing	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Retail and 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 Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Repair/Allied Services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Communications	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Other Trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Commercial Agents	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Community & Social Services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Personal Services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1

SMME status of your enterprise: (Please ✓ the relevant box)
(According to SMME table) (Compulsory)

Micro	
Very small	
Small	
Medium	
Large	

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Part D: DECLARATION

Declaration of any conflict of interest:

Are you currently working as an employee in any organ of state?

Yes	No
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If "Yes", give details: _____

Have you worked in any organ of state* for the past 12 months?

Yes	No
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If "Yes", give details: _____

Do you have any relative working for an organ of state?

Yes	No
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If "Yes", give details: _____

Do you have any close relationship with any official working in our establishment (except of the above)?

Yes	No
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If "Yes", give details: _____

Is there any other relevant information that you would like to disclose?

Yes	No
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If "Yes", give details: _____

I/we the undersigned acknowledge(s) that:

- The information furnished is true and correct.
- The B-BBEE claimed is in accordance with the new Preferential Procurement Policy Framework Act 2000 (PPPFA).
- Any conflict of interest will be declared in the comment space below.

**SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE**

DATE

**SIGNATURE OF OWNER OR
AUTHORISED REPRESENTATIVE**

DATE

Comments / Notes:

SERVICES CATEGORY/BUSINESS SECTORS

1. Event Management & Catering Services	
• Catering Services	
• Decoration	
• PA System	
• Tent Hiring	
• Mobile Fridge Hire	
• Mobile Toilet Hire	
• Other	
2. Transport Service	
• Bus/Van Service	
• Shuttle Service	
• Car Rental	
• Removal Service	
• Other	
3. Stationery & Printing	
• Cartridges	
• Printing Services	
• Stationery	
• Newspaper Suppliers	
• Government Printers	
• Other	

4. Information Technology & Telecommunication	
• Computer Equipment	
• Computer Supplies	
• Computer Repairs	
• Computer Software Installation	
• Computer licenses	
• Data Projectors	
• Telephone Equipment	
• Telephone Installation	
• Telephone Repairs	
5. Properties & Infrastructure AND Motor Vehicle	
• Building construction	
• Building repairs and maintenance	
• Aircon installation & repairs	
• Electrical maintenance & repairs	
• Electrical services	
• Contractors	
• Partitioning	
• Water services	
• Water chemicals	
• Roads infrastructure	
• Road maintenance & repairs	
• Car Dealers	
• Vehicles Supplies	
• Plant Hire & Services	

6. Security & Safety Services	
• Security Services/Suppliers	
• Access Cards	
• Locksmith Services	
• Other	
7. Business Consultants	
• Legal Advisors & Consultants	
• Engineering Consultants	
• Financial Consultants	
• Audit Consultants	
• HR Solutions	
• Employee Relations Consultants	
• Training & Development	
• Performance Management	
• Other	
8. Cleaning Service & Suppliers	
• Cleaning products	
• Cleaning equipment	
• Cleaning services	
• Garden service	
• Other	
9. Travelling & Accommodation	
• Conference facilities & venue	
• Accommodation	
• Travelling Agency	
• Other	
10. Office Furniture & Equipment	
• Furniture Removals	
• Furniture Repairs	

<ul style="list-style-type: none">• Office Furniture & Equipment	
<ul style="list-style-type: none">• Other	



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201 Main Street, Private Bag x1251, Cofimvaba, 5380
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TO :ACCOUNT PAYABLE
IntsikaYethu Municipality
Private Bag x1251
Cofimvaba
5380

Bank Institution Stamp to verify the account holder, account number and branch code:

ENTITY BANK ACCOUNT DETAILS

NAME OF LEGAL ENTITY / PARTNERSHIP / BUSINESS : _____
POSTAL ADDRESS : _____

TELEPHONE NUMBER / CONTACT PERSON : _____
BANK / FINANCIAL INSTITUTION : _____
BRANCH : _____
BRANCH CODE : _____
ACCOUNT NUMBER : _____
TYPE OF ACCOUNT : _____

VERY IMPORTANT, REMEMBER TO ATTACH AN ORIGINAL CANCELLED CHEQUE OR A RECENT USED DEPOSIT SLIP BEARING A BANK STAMP. (PLEASE NOTE THAT PHOTO COPIES ARE NOT ACCEPTABLE)

- 1. I / We, the undersigned, in my / our capacity as duly authorized representative(s) of the above legal entity / partnership / business, hereby undertake to inform the IntsikaYethu Municipality immediately per registered mail of any changes in the particulars provided above.**
- 2. I/ We understand that the IntsikaYethu Municipality will not assume responsibility for any delayed payment due to incorrect information supplied.**
- 3. I/ We understand that the bank details provided should be exactly as per the records held by the bank.**
- 4. This information must be validated as per required bank screen**
- 5. This authority may be cancelled by me/ us by giving thirty days notice.**
- 6. I / We furthermore declare that the above information is correct and complete in all respects and that the IntsikaYethu Municipality shall not be held accountable for any faulty payment(s) that may occur as a result of wrong / incomplete information proved by me / us.**

7. I / We understand that a payment advice reflecting the relevant invoice particulars will be posted on the day on which the fund transfer has taken place, and that no telephonic or facsimile queries will be attended to within 21 days from the date of the remittance advice.

.....
Signature Capacity Date

Name in block letter

.....
Signature Capacity Date

Name in block letters

Telephone number Fax number

For office use ONLY

Date Received	
Received By	
Validation	
Approved/Declined by	
Capture Date	
Supplier No.	