

# MODIMOLLE LOCAL MUNICIPALITY



## SUPPLIER REGISTRATION FORM

For Enquiries Contact  
Supply Chain Management Unit  
Tel No: 014 718 2057/73  
Fax No: 014 717 1687/086 663 3189

Municipal Building  
OR Tambo Square  
Harry Gwala Street

Private Bag X1008  
Modimolle  
0510

**FOR OFFICIAL PURPOSES ONLY:**

|                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Business            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Registration Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Name of Personnel Issued: .....

Name of Personnel Received: .....

Checked By: .....

Date: .....

Employee Number: .....

Signature: .....

Signature of Senior Official for Verification: .....

**SUPPLIER NUMBER:** .....

NOTE:

SUPPLIERS PROVIDING FALSE OR FRAUDULANT INFORMATION OR DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. THIS INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED.

## COMPULSORY DOCUMENTATION:

| <b>The Following Documents Are Compulsory For ALL Businesses Seeking Registration:</b> |  |
|--|--|
| Original Tax Clearance Certificate   |  |
| Latest Rates and Taxes Statement   |  |
| A Valid BBEE Certificate (If Accredited)   |  |
| Copy Of VAT Registration Certificate (If Registered)                                   |  |
| Company Profile  |  |
| Affidavit Confirming Disability (If Applicable)  |  |

| <b>The Following Documents Are Compulsory For The Applicable Businesses:</b> |   | <b>Y</b> | <b>N</b> | <b>N/A</b> |
|--|---|----------|----------|------------|
| <i>Public Company (Listed)</i>   | CM29 And CM1<br>(Or If Company Details Have Changed With The Registrar Of Companies,<br>Please Provide CM26, CM9 And CM1) |          |          |            |
| <i>Private Company (Pty) Ltd</i>   | CM29 And CM1<br>(Or If Company Details Have Changed With The Registrar Of Companies,<br>Please Provide CM26, CM9 And CM1) |          |          |            |
| <i>Close Corporation</i>   | CK1<br>(Or If Company Details Have Changed With The Registrar Of Companies,<br>Please Provide CM26, CM9 And CM1)          |          |          |            |
| <i>Partnership</i>   | Certified Letter Stating Partners With Identity Numbers Included  |          |          |            |
| <i>Trust</i>   | Deed Of Trust   |          |          |            |
| <i>Non Profit Organisation</i>   | Certificate Of Incorporation - Section 21   |          |          |            |
| <i>Individual/Sole Proprietor</i>  | Certified Copy Of ID Document Of Individual   |          |          |            |

# BUSINESS PARTICULARS

|   |   |
|---|---|
| Registered Name of Business:                          |   |
| Trading Name of Business:                             |   |
| Holding Company Name (If Applicable):                 |   |
| Type of Business: <i>(Tick/Select Applicable Box)</i> | <input type="checkbox"/> Public Company (Listed)<br><input type="checkbox"/> Private Company (Pty) Ltd<br><input type="checkbox"/> Close Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust<br><input type="checkbox"/> Non Profit Organisation<br><input type="checkbox"/> Individual/Sole Proprietor |
| Business Registration Number:                         |   |
| Income Tax Number:                                    |   |
| VAT Registration Number: <i>(If Registered)</i>       |   |
| Business Email:                                       |   |
| Business Website Address:                             |   |
| Business Mobile Number (for SMS):                     |   |

## ADDRESS DETAIL

|   |  |
|---|--|
| Registered Business Address Line 1:       |  |
| Registered Business Address Line 2:       |  |
| Town/City of Registered Business Address: |  |
| Province of Registered Business Address:  |  |
| Country of Registered Business Address:   |  |
| Postal Code:                              |  |
| Business Physical Address Line 1:         |  |
| Business Physical Address Line 2:         |  |
| Town/City of Business Physical Address:   |  |
| Province of Business Physical Address:    |  |
| Postal Code:                              |  |

## ADDRESS DETAIL (CONTINUED)

|                                       |  |
|---------------------------------------|--|
| Business Postal Address Line 1:       |  |
| Business Postal Address Line 2:       |  |
| Town/City of Business Postal Address: |  |
| Province of Business Postal Address:  |  |
| Postal Code:                          |  |

## CONTACT PERSON DETAILS

|   |   |
|---|---|
| Contact Person Title: <i>(Tick/Select Applicable Box)</i> | <input type="checkbox"/> Mister (Mr)      |
|   | <input type="checkbox"/> Miss (Ms)        |
|   | <input type="checkbox"/> Doctor (Dr)      |
|   | <input type="checkbox"/> Partnership      |
|   | <input type="checkbox"/> Professor (Prof) |
|   | <input type="checkbox"/> Misses (Mrs)     |
|   | <input type="checkbox"/> Sir              |
| First Name Of Contact Person:                             |   |
| Last Name Of Contact Person:                              |   |
| Contact Person Job Title:                                 |   |
| Contact Person Identity Number:                           |   |
| Contact Person Telephone Number:                          |   |
| Contact Person Fax Number:                                |   |
| Contact Person Cellphone Number:                          |   |
| Contact Person Email Address:                             |   |

## BANKING DETAILS

|  |  |
|--|--|
| Account Holder (Name Under Which Account Is Operated): |  |
| Name Of Bank:  |  |
| Bank Branch Name:                                      |  |
| Bank Branch Code:                                      |  |
| Bank Account Number:                                   |  |
| Account Type: <i>(Tick/Select Applicable Box)</i>      | <input type="checkbox"/> Savings<br><input type="checkbox"/> Cheque<br><input type="checkbox"/> Transmission |

## COMPANY SERVICE TYPE

Select the service type applicable to your business: *(Tick/Select Applicable Box)*

|  |                            |
|--|----------------------------|
|  | OEM                        |
|  | Manufacturer               |
|  | Distributor/Supplier/Agent |
|  | Service Provider           |

## **PRODUCTS AND SERVICES: NB ONLY FOUR CATEGORIES TO BE CHOSEN**

Please indicate by ticking an appropriate box below, all products or services your business can supply to Modimolle Municipality.

### **SERVICES YOUR BUSINESS CAN DELIVER:**

#### **ACCOUNTING AND BOOKKEEPING SERVICES**

- ACCOUNTING SERVICES
- AUDIT SERVICES
- FINANCIAL SERVICES

#### **BUSINESS ADMINISTRATION SERVICES**

- MANAGEMENT SUPPORT SERVICES

#### **REPRODUCTION SERVICES**

- PRINTING
- ENGRAVING
- PHOTOCOPYING
- PUBLISHING
- BOOKBINDING

#### **BUILDING CONSTRUCTION SERVICES**

- COMMERCIAL AND OFFICE BUILDING CONSTRUCTION SERVICES

#### **SPECIALITY BUILDING AND TRADES SERVICES**

- WELDING SERVICE

#### **CLEANING SERVICES**

- GENERAL BUILDING AND OFFICE CLEANING AND MAINTENANCE SERVICES
- LAUNDRY SERVICES
- GARDENING SERVICES
- WASTE REMOVAL

#### **ELECTRONICS**

- AUDIO AND VISUAL EQUIPMENT

#### **SECURITY AND PERSONAL SAFETY**

- GUARD SERVICES

**COMPUTER SERVICES**

- SYSTEM AND SYSTEM COMPONENT ADMINISTRATION SERVICES
- INFORMATION RETRIEVAL SYSTEMS
- SOFTWARE MAINTENANCE AND SUPPORT
- COMPUTER HARDWARE MAINTENANCE AND SUPPORT

**BUILDING AND FACILITY  
MAINTENANCE AND REPAIR**

- BUILDING MAINTENANCE AND REPAIR SERVICES
- PEST CONTROL
- FACILITY MAINTENANCE AND REPAIR SERVICES
- INFRASTRUCTURE MAINTENANCE AND REPAIR SERVICES

**ENGINEERING SERVICES**

- ELECTRICAL AND ELECTRONIC ENGINEERING
- CIVIL ENGINEERING
- MECHANICAL ENGINEERING

**TRANSPORTATION REPAIR OR  
MAINTENANCE SERVICES**

- VEHICLE MAINTENANCE AND REPAIR SERVICES
- PANEL AND PAINT SERVICES
- VEHICLE CAR WASH SERVICE

**INTERIOR FINISHING AND  
FURNISHING AND REMODELING  
SERVICES**

- INTERIOR DESIGN OR DECORATING

**OTHER PROFESSIONAL SERVICES**

- ARCHITECTS
- SURVEYOR
- TOWN PLANNERS

**COMPREHENSIVE HEALTH  
SERVICES**

- HEALTH ADMINISTRATION SERVICES

**HUMAN RESOURCES SERVICES**

- HUMAN RESOURCE DEVELOPMENT
- PERSONNEL RECRUITMENT
- LABOR OR UNION RELATIONS
- PERSONNEL SKILLS TRAINING
- AUDIT TRAINING
- IT TRAINING

**INSURANCE AND RETIREMENT SERVICES**

- LIFE AND HEALTH AND ACCIDENT INSURANCE
- RETIREMENT FUNDS
- PENSION FUND
- INSURANCE SERVICES FOR STRUCTURES AND PROPERTY AND POSSESSIONS

**LEGAL SERVICES**

- BUSINESS LAW SERVICES
- CIVIL LIABILITY SERVICES

**MAIL AND CARGO TRANSPORT**

- POSTAL AND SMALL PARCEL AND COURIER SERVICES
- ROAD CARGO TRANSPORT

**PASSENGER TRANSPORT**

- PASSENGER ROAD TRANSPORTATION

**MANAGEMENT ADVISORY SERVICES**

- RISK MANAGEMENT CONSULTATION SERVICE
- PROJECT MANAGEMENT

**MARKETING AND DISTRIBUTION MATERIALS**

- SALES AND BUSINESS PROMOTION ACTIVITIES
- EVENTS MANAGEMENT
- AUCTION SERVICES

**CATERING**

- CATERING SERVICES
- EVENT RENTAL SERVICES

**HOTELS AND LODGING AND MEETING FACILITIES**

- HOTELS AND MOTELS AND INNS
- MEETING FACILITIES

**SPECIALIZED TRADE  
CONSTRUCTION AND MAINTENANCE  
SERVICES**

- HEATING AND COOLING AND AIR CONDITIONING SERVICES
- PLUMBING SERVICES
- PAINTING SERVICES
- ELECTRICAL SYSTEM SERVICES
- CARPENTRY SERVICES

**STORAGE**

- GENERAL GOODS STORAGE

**TRAVEL FACILITATION**

- TRAVEL AGENTS

**WATER AND WASTEWATER  
TREATMENT SUPPLY AND DISPOSAL**

- WATER TREATMENT

**PERFORMING ARTS**

- LIVE PERFORMANCES

**VISUAL ART SERVICES**

- PAINTERS SERVICES
- SCULPTORS SERVICES

## PRODUCTS YOUR BUSINESS CAN PROVIDE:

### FURNITURE

OFFICE FURNITURE

### AGRICULTURAL AND FORESTRY AND LANDSCAPE MACHINERY AND EQUIPMENT

AGRICULTURAL MACHINERY AND COMPONENTS

### BUILDING AND CONSTRUCTION MACHINERY AND ACCESSORIES

CONSTRUCTION MACHINERY AND EQUIPMENT

CONSTRUCTION MATERIAL AND ACCESSORIES

### STRUCTURAL BUILDING PRODUCTS

BRICKS

TILES AND FLAGSTONES

### INSULATION

THERMAL INSULATION

### EXTERIOR FINISHING MATERIALS

ROOFING MATERIALS

ROOFING ACCESSORIES

RAIN GUTTERS AND ACCESSORIES

SIDING AND EXTERIOR WALL MATERIALS

FINISHING MATERIALS AND PRODUCTS

FENCING

### INTERIOR FINISHING MATERIALS

WALL FINISHING MATERIALS

CEILING MATERIALS

FLOORING

CABINETS

MOLDING AND MILLWORK

PARTITION WALLS

### PLUMBING FIXTURES

SANITARY WARE

### INDUSTRIAL PUMPS AND COMPRESSORS

PUMPS

**CONSTRUCTION AND MAINTENANCE  
SUPPORT EQUIPMENT**

LADDERS AND SCAFFOLDING

**HARDWARE**

SCREWS

BOLTS

NUTS

WASHERS

NAILS

**PAINTS AND PRIMERS AND  
FINISHES**

PAINTS AND PRIMERS

PAINT APPLICATORS AND PAINTING ACCESSORIES

**ADDITIVES**

COLLOIDS (EMULSIONS)

**HEATING AND VENTILATION AND  
AIR CIRCULATION**

AIR CIRCULATION AND PARTS AND ACCESSORIES

COOLING (AIR CONDITIONING)

HEATING EQUIPMENT AND PARTS AND ACCESSORIES

**ELECTRICAL EQUIPMENT AND  
COMPONENTS AND SUPPLIES**

ELECTRICAL BOXES AND ENCLOSURES AND FITTINGS AND ACCESSORIES

ELECTRICAL LUGS PLUGS AND CONNECTORS

SWITCHES AND CONTROLS AND RELAYS AND ACCESSORIES

CIRCUIT PROTECTION DEVICES AND ACCESSORIES

ELECTRICAL HARDWARE AND SUPPLIES

**CLOTHING**

CLOTHING ACCESSORIES

UNIFORMS

T-SHIRTS

OVERALLS AND COVERALLS

ATHLETIC WEAR

**FOOTWEAR**

BOOTS

SHOES

**FIRE PROTECTION**

FIRE FIGHTING EQUIPMENT

**INFORMATION TECHNOLOGY  
BROADCASTING AND  
TELECOMMUNICATIONS**

COMMUNICATIONS DEVICES AND ACCESSORIES

HARDWARE COMPONENTS FOR INFORMATION TECHNOLOGY OR BROADCASTING OR TELECOMMUNICATIONS

DATA VOICE OR MULTIMEDIA NETWORK EQUIPMENT OR PLATFORMS AND ACCESSORIES

**OFFICE EQUIPMENT AND  
ACCESSORIES AND SUPPLIES**

OFFICE SUPPLIES (STATIONARY)

OFFICE EQUIPMENT

**SIGNAGE AND ACCESSORIES**

TAGS

LABELS

SIGNAGE

SIGNAGE EQUIPMENT

IDENTIFICATION DOCUMENTS

**PHOTOGRAPHIC SERVICES**

PHOTOGRAPHERS AND CINEMATOGRAPHERS

**PERSONAL SAFETY AND  
PROTECTION**

SAFETY APPAREL

**SOFTWARE**

BUSINESS FUNCTION SPECIFIC SOFTWARE

FINANCE ACCOUNTING AND ENTERPRISE RESOURCE PLANNING ERP SOFTWARE

**WATER AND WASTEWATER  
TREATMENT SUPPLY AND DISPOSAL**

WATER TREATMENT AND SUPPLY EQUIPMENT

**CLEANING AND JANITORIAL SUPPLIES**

- CLEANING RAGS AND CLOTHS AND WIPES
- BROOMS AND MOPS AND BRUSHES AND ACCESSORIES
- RESTROOM SUPPLIES
- CLEANING AND DISINFECTING SOLUTIONS
- CLEANING KITS

**JANITORIAL EQUIPMENT**

- FLOOR MACHINES AND ACCESSORIES
- WASTE CONTAINERS AND ACCESSORIES
- CLEANING EQUIPMENT

**DAIRY PRODUCTS AND EGGS**

- MILK AND BUTTER PRODUCTS

**PREPARED AND PRESERVED FOODS**

- SNACK FOODS
- SANDWICHES AND FILLED ROL
- PACKAGED COMBINATION MEALS
- SAVORY PIES AND QUICHES AND PASTIES

**BEVERAGES**

- COFFEE AND TEA
- NON ALCOHOLIC BEVERAGES
- FRESH CITRUS JUICE OR CONCENTRATE
- FRESH BERRY JUICE OR CONCENTRATE

**CHOCOLATE AND SUGARS AND SWEETENERS AND CONFECTIONARY**

- CHOCOLATE AND SUGARS AND SWEETENING PRODUCTS

## OWNERSHIP

List All Persons/Entities, Who Are Owners (i.e. Proprietors/Shareholders/Partners/Sole Proprietors/Trustees/Beneficiaries/Companies/Trusts) In the Business/Trust:

| FIRST NAME: | LAST NAME: | SA CITIZENSHIP / REGISTERED? (YES/NO) | RACE: | IDENTITY NUMBER (IF APPLICABLE) | CAPACITY (MEMBER / PARTNER / PROPRIETOR / SHAREHOLDER / TRUSTEE / BENEFICIARY): | YOUTH (YES/NO) (INDIVIDUAL AGED 18-35 YEARS) | * HDI - NO FRANCHISE (YES/NO) | ** HDI - FEMALE (YES/NO) | *** HDI - DISABILITY (YES/NO) | PERCENTAGE OWNERSHIP | ENTITY REGISTRATION NUMBER (IF APPLICABLE) |
|-------------|------------|---------------------------------------|-------|---------------------------------|---|--|-------------------------------|--------------------------|-------------------------------|----------------------|--|
|             |            |                                       |       |                                 |   |  |                               |                          |                               |                      |  |

\* Qualify as HDI By Virtue Of Not Having Had Any Franchise In Elections Prior To 1983 Or 1994.

\*\* Qualify as HDI By Virtue Of Being Female.

\*\*\* Qualify as HDI By Virtue Of Having A Disability.

## OWNER INTEREST IN OTHER BUSINESS

|                            |  |
|----------------------------|--|
| First Name Of Owner:       |  |
| Last Name Of Owner:        |  |
| Name Of Other Business:    |  |
| Position Held:             |  |
| Percentage Ownership Held: |  |

## BBBEE/BEE STATUS

Select Your Business BEE Component /  
Ownership: *(Tick/Select Applicable Box)*

- BO (Black Owned, 50% + 1 vote)
- BE (Black Empowered, 25,1% + 50%)
- BI (Black Influenced, 5,1% - 25%)
- ES (Empowering Supplier, 1% - 5%)
- WO (White Owned, 0%)

Has Your Business Undergone A Formal Broad Based Black Economic Empowerment (BBBEE) Accreditation? *(Tick/Select Applicable Box)*

Yes  No

If Answered "Yes", State The Name Of The Accreditation Agency:

Indicate Your BBBEE Level Of Accreditation:  
*(Tick/Select Applicable Box)*

- Level 1 (100 Points Scored Or More)
- Level 2 (85 To 100 Points Scored)
- Level 3 (75 To 85 Points Scored)
- Level 4 (65 To 75 Points Scored)
- Level 5 (55 To 65 Points Scored)
- Level 6 (45 To 55 Points Scored)
- Level 7 (40 To 45 Points Scored)
- Level 8 (30 To 40 Points Scored)
- Non Complaint (Less Than 30 Points Scored)

BBBEE Certificate Expiry Date:

## SMALL MICRO AND MEDIUM SIZED ENTERPRISE (SMME'S)

Select Your Business Sector Or Sub-Sectors In Accordance With The Standard Industrial Council: *(Tick/Select Applicable Box - ONLY IF YOUR BUSINESS IS CLASSIFIED AS AN SMME ACCORDING TO THE NATIONAL SMALL BUSINESS ACT 102 OF 1996.)*

|  |  |
|--|--|
| Agriculture  |  |
| Catering, Accommodation & Other Trade                |  |
| Community, Social & Personal Services                |  |
| Construction   |  |
| Electricity, Gas & Water                             |  |
| Finance And Business Services                        |  |
| Manufacturing  |  |
| Mining & Quarrying                                   |  |
| Retail, Motor Trade And Repair Services              |  |
| Transport, Storage & Communications                  |  |
| Wholesale Trade, Commercial Agents & Allied Services |  |

## PREVIOUS BUSINESS INFORMATION

|  |  |
|--|--|
| Date Current Business Was Established:   |  |
| Did Your Business Exist Under A Previous Name? <i>(Tick/Select Applicable Box)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", What Was The Previous Name?  |  |



## DECLARATION OF INTEREST

Any person, having a kinship with persons in the service of the Modimolle Municipality or any other government institutions, including a blood relationship, may apply to register. Disclosure is required in the interest of fairness and transparency.

|  |                          |                          |
|--|--------------------------|--------------------------|
| Are you presently in the service of the Modimolle Municipality or any other government institutions? <i>(Tick/Select Applicable Box)</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |
| If so, furnish particulars:  |                          |                          |
| Have you been in the service of the Modimolle Municipality or any other government institutions for the past twelve months? <i>(Tick/Select Applicable Box)</i>                        | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |
| If so, furnish particulars:  |                          |                          |
| Do you have any relationship (family, friend or other) with persons in the service of the Modimolle Municipality? <i>(Tick/Select Applicable Box)</i>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |
| If so, furnish particulars:  |                          |                          |
| Are any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders in service of Modimolle Municipality? <i>(Tick/Select Applicable Box)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |
| If so, furnish particulars:  |                          |                          |

# CERTIFICATION

I, UNDERSTAND (NAME AND SURNAME) .....  
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT. I ACCEPT THAT THE MODIMOLLE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

|   |
|---|
| Signature (Duly authorised):              |
| First Name:                               |
| Last Name:                                |
| Identity Number:                          |
| Capacity (Owner, Director, Partner etc.): |
| Date Completed:                           |
| Place Completed:                          |

The Modimolle Municipality will validate the information supplied in the registration form and supporting documentation as part of the accreditation process for suppliers.