



PO Box 593 Ballito 4420

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ACCREDITED SUPPLIER DATABASE REGISTRATION FORM

COMPANY DETAILS *

COMPANY NAME: _____
Name of business as registered with the Registrar of Companies/Close Corporations

REGISTRATION TYPE:
(Please tick appropriate box)

- Close Corporation
- Private Company (Pty) Ltd
- Public Company
- Partnership
- Sole Trade/Proprietor
- Trust
- Section 21 Company
- Consortium or Joint Venture

COMPANY REG. NO: _____
Registration no as registered with the Registrar of Companies/Close Corporations
(Please attach certified copy of registration documents)

TRADING NAME: _____
Trading name if different from above

WATER ACC NO: _____
If trading or residing within Ilembe District
If trading or residing outside Ilembe District please attach a copy of the latest utility bill

UNEMPLOYMENT INSURANCE FUND NO. (if applicable): _____

COMPENSATION COMMISSIONER REG NO.: _____
(If applicable)

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INCOME TAX NO: _____
Please attach a copy of the latest valid tax clearance certificate

PAYE NUMBER: _____
(If applicable)

CATEGORY:
(Please tick appropriate box)

- SUPPLIER
- CONSULTANT
- CONTRACTOR
- LOCAL MUNICIPALITY
- UNKNOWN

*** MANDATORY INFORMATION**

VAT REG. NO: _____

SUBSIDIARY COMPANY

REGISTRATION DATE: _____

PREVIOUS BUSINESS INFORMATION (IF APPLICABLE)

Did the business exist under another name previously? YES NO (*Tick one*)

If "yes" what was the previous name? _____

Please state the reasons for the name of the change

DETAILS OF PROFESSIONAL AFFILIATION OR REGULATORY BODY (IF APPLICABLE)

Institute/Professional Body/Regulatory Body	Registration No	Professional Insurance Indemnity No

ENTERPRISE ILEMBE – REGISTRATION FORM

PHYSICAL ADDRESS: _____

POSTAL CODE: _____

PROVINCE: _____

CITY/ TOWN: _____

POSTAL ADDRESS: _____

CITY / TOWN: _____

POSTAL CODE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

PHYSICAL LOCATION OF HEAD OFFICE (If applicable): _____

WEB ADDRESS: _____

PREFERED METHOD OF COMMUNICATION: EMAIL FAX POST (INDICATE WITH A TICK)
(Please tick appropriate box)

CONTACT PERSON DETAILS *

TITLE: _____

NAME: _____

LAST NAME: _____

CONTACT TEL NO: _____ (CELL) _____ (H) _____ (W)
_____ (F) _____ (EMAIL ADDRESS)

*** MANDATORY INFORMATION**

BUSINESS DETAILS *

Business Type

(Please tick appropriately)

- Supplier
- Main Contractor
- Sub-contractor
- Labour-only Contractor
- Consultant
- Manufacturer
- Professional Services
- Education, Development & Training

CLASSIFICATION OF BUSINESS AND CATEGORY *

(Please tick appropriate box)

1. ADMINISTRATION

- Stationery
- Printing....
- Cleaning materials ...
- Cleaning equipment...
- Vehicle maintenance and repairs...
- Office maintenance...
- Office equipment
- Catering ...
- Office furniture...
- Computer hardware, software, development
- Network solutions etc...
- Travel agents, conference facilities,
- Accommodation and car rental....
- Courier services
- Media/publicity/advertising...
- Promotional materials....
- Vehicle purchasing...
- Office maintenance....
- Insurance brokers...
- Computer accessories....
- Consumables....
- Entertainment....
- Publishing....
- Books
- Fuel, oil, tyres and gas

- Auctioneers
- Security Services
- Pest control
- Painting
- Plumbing
- Electrical Repairs
- Renovations
- Fumigation
- Carpet Cleaning
- Car Wash

2. HUMAN RESOURCES

- Training and development
- Organisational development...
- Legal compliance ...
- Job evaluation...
- Industrial relations training...

3. SOCIAL SERVICES

- Health, safety and environment
- Health services...
- Medical Consumables ...
- Medical instruments...
- Linen, pillows and blankets...

4. ACCOUNTING & FINANCE

- Corporate Finance.....
- Financial Management...
- Tax Consulting Services ...
- Audit consulting services...
- Payroll systems consulting...
- Financial systems consulting...
- Banking Services...

5. CIVIL

- Sockets
- Valves....
- Wire ...
- Tees, couplings, ferrules etc...
- Tubes...
- Hose taps
- Packings....
- Water meters ...
- Miscellaneous water equipment...

6. GENERAL

- Bolts & nuts
- Building material....
- Nails ...
- Locks...
- Cement...
- Tools
- Pipes & accessories....
- Window glass ...
- Corrugated iron...
- Other specify...

7. TECHNICAL/PROFESSIONAL SERVICES

- Building contractors...
- Consulting engineers...
- Electrical engineers ...
- Mechanical engineers...
- Land surveyors
- Architects....
- Water treatment chemicals ...
- Telemetry systems & maintenance...
- Plant hire...
- Safety equipment...
- Town & development planning
- Environmental....
- Strategic planning ...
- Economic development...

BANKING DETAILS *

NAME OF BANKING INSTITUTION: _____

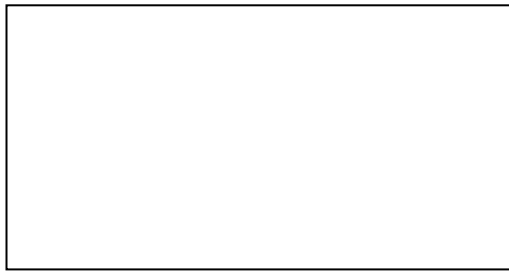
BRANCH NAME: _____

BRANCH CODE: _____

NAME OF ACCT HOLDER: _____
(Name under which account is operated)

ACCOUNT NUMBER: _____

- ACCOUNT TYPE:
- CURRENT ACCOUNT
 - SAVINGS ACCOUNT
 - TRANSMISSION ACCOUNT
 - CHEQUE ACCOUNT
 - OTHER (PLEASE SPECIFY) _____



DETAILS OF BANK OFFICIAL: _____

NAME: _____

DATE RECEIVED: _____

SIGNATURE: _____

*Bank stamp certifying the above bank
Account details as correct*

SUPPLIER CLASSIFICATION *

(Please tick the appropriate box)

Supplier classification – Refer to Page 6

- Micro
- Very Small
- Small
- Medium
- Other (specify) _____

Sector or Subsector in accordance with the standard Industrial Classification	Size of Class	The total full-time equivalent of paid employees	Total turn-over	Total gross asset value (fixed property excluded)
Manufacturing	Medium	200	R51m	R19m
	Small	50	R13m	R5m
	Very small	20	R5m	R2m
	Micro	5	R0.20m	R0.10m
Electricity, gas and water	Medium	200	R51m	R19m
	Small	50	R13m	R5m
	Very small	20	R5.10m	R1.90m
	Micro	5	R0.20m	R0.10m
Construction	Medium	200	R26m	R5m
	Small	50	R6m	R1m
	Very small	20	R3m	R0.50m
	Micro	5	R0.20m	R0.10m
Retail and Motor Trade and Repair Services	Medium	200	R39m	R6m
	Small	50	R19m	R3m
	Very small	20	R4m	R0.60m
	Micro	5	R0.20m	R0.10m
Wholesale Trade, Commercial Agents and Allied Services	Medium	200	R64m	R10m
	Small	50	R32m	R5m
	Very small	20	R6m	R0.60m
	Micro	5	R0.20m	R0.10m
Catering, accommodation and other Trade	Medium	200	R13m	R3m
	Small	50	R6m	R1m
	Very small	20	R5.10m	R1.90m
	Micro	5	R0.20m	R0.10m
Transport, storage & Communications	Medium	200	R26m	R6m

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	Small	50	R13m	R3m
	Very small	20	R3m	R0.60m
	Micro	5	R0.20m	R0.10m
Finance & Business Services	Medium	200	R26m	R5m
	Small	50	R13m	R3m
	Very small	20	R3m	R0.50m
	Micro	5	R0.20m	R0.10m
Community, social & personal services	Medium	200	R13m	R6m
	Small	50	R6m	R3m
	Very small	20	R1m	R0.60m
	Micro	5	R0.20m	R0.10m

LOCATION OF THE ENTERPRISE **(Tick the appropriate box)*

- Ilembe District Municipality Area
- KwaZulu Natal
- Other _____

SMME/PDI STATUS *

TOTAL GROSS ASSET VALUE (excl. Fixed Property) : _____

TOTAL FULL TIME PAID EMPLOYEES : _____

TOTAL ANNUAL TURNOVER : _____

*** MANDATORY INFORMATION**

HISTORICALLY DISADVANTAGED INDIVIDUALS (If Applicable)

1. RESPONSIBILITY: *(Please Tick Appropriate Box)*

NAME OF OWNER/SHAREHOLDERS/MEMBERS/TRUSTEES: _____

LENGTH OF SERVICE: _____

CHEQUE SIGNING:

SIGNING AND CO SIGNING FOR LOANS:

BUSINESS FINANCING (Overdraft, Lease etc) :

APPROVAL OF MAJOR PURCHASES / ACQUISITIONS:

SIGNING CONTRACTS:

2. RESPONSIBILITY: *(Please Tick Appropriate Box)*

NAME OF OWNER/SHAREHOLDERS/MEMBERS/TRUSTEES: _____

LENGTH OF SERVICE: _____

CHEQUE SIGNING:

SIGNING AND CO SIGNING FOR LOANS:

BUSINESS FINANCING (Overdraft, Lease etc) :

APPROVAL OF MAJOR PURCHASES / ACQUISITIONS:

SIGNING CONTRACTS:

3. RESPONSIBILITY: *(Please Tick Appropriate Box)*

NAME OF OWNER/SHAREHOLDERS/MEMBERS/TRUSTEES: _____

LENGTH OF SERVICE: _____

CHEQUE SIGNING:

SIGNING AND CO SIGNING FOR LOANS:

BUSINESS FINANCING (Overdraft, Lease etc):

APPROVAL OF MAJOR PURCHASES / ACQUISITIONS:

SIGNING CONTRACTS:

4. RESPONSIBILITY: *(Please Tick Appropriate Box)*

NAME OF OWNER/SHAREHOLDERS/MEMBERS/TRUSTEES: _____

LENGTH OF SERVICE: _____

CHEQUE SIGNING:

SIGNING AND CO SIGNING FOR LOANS:

BUSINESS FINANCING (Overdraft, Lease etc):

APPROVAL OF MAJOR PURCHASES / ACQUISITIONS:

SIGNING CONTRACTS:

DECLARATION: CONFLICT OF INTEREST *

Are any members or shareholders of the business:

- a) employed by Ilembe District Municipality, any Local Municipality or Municipal Entity within the Ilembe District Municipality boundaries; or
- b) in the service of the state?

Yes No

NOTE: "in the service of the state" means –

- a) a member of -
 - i) any municipal council;
 - ii) any provincial legislature; or
 - iii) the National Assembly or the National Council of Provinces;
- b) a member of the board of directors of any municipality entity;
- c) an official of any municipality or municipal entity;
- d) any employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999)
- e) a member of the accounting authority of any national or provincial public entity; or
- f) an employee of Parliament or a provincial legislature.

If "YES" please state the nature of the relationship

Employee Name: _____

Salary Number: _____

*** MANDATORY INFORMATION**

DECLARATION *

I/WE, THE UNDERSIGNED WHO WARRANTS THAT I/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT INCLUDING THE RELEVANT ATTACHEMENT IS CORRECT AND ACCURATE AND ACKNOWLEDGE THAT:

1. The enterprise will be required to furnish documentary proof requested to do so.
2. If the information supplied is found to be incorrect, then Ilembe District Municipality may in addition to any remedies it may have:
 - a) Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
 - b) Recover from the contractor/supplier all costs, losses or damages incurred by Ilembe District Municipality as a result of the breach of contract ;
 - c) De-register the supplier from the accredited suppliers database;
 - d) Take any other action as may be deemed necessary.

Full Names: _____

ID Number: _____

Signature: _____

Date: _____

Duly authorised on behalf of: _____

Address: _____

Telephone no: _____

Signed and affirmed before me at _____ on this _____ day of _____ year _____ by the despondent who has acknowledged that he/she knows and understands, the contents of this document, and he/she has acknowledged that he/she regards the affirmation to be binding on his/her conscience.

Commissioner of Oaths

Full Name

Capacity

Business address

NOTE: Both the despondent and the Commissioner of Oath must initial all pages of the Application form

*** MANDATORY INFORMATION**

ANNEXURE “A”

Required document checklist

Please ensure that all documentation listed below is attached (where applicable) to the registration form.

Document Name	Attached
Original Tax Clearance Certificate	<input type="checkbox"/>
Company Registration Certificate	<input type="checkbox"/>
Most recent municipal accounts for your business location or your personal residence i.e. rates, water, refuse, electricity (if applicable) and levy registration confirmation letter.	<input type="checkbox"/>
Banking details certified by bank (page 10)	<input type="checkbox"/>
Copy of Identity Documents of directors/owners/members/shareholders	<input type="checkbox"/>
Compensation of Occupational Injuries and Diseases (COID) Registration Certificate <i>(if applicable)</i>	<input type="checkbox"/>
All relevant registration certificate pertaining to your business, incl. but not limited to <i>(if applicable)</i>	
<ul style="list-style-type: none"> • NHBRC Registration Certificate <input type="checkbox"/> • CIDB Registration Certificate <input type="checkbox"/> • SETA Registration <input type="checkbox"/> • SAQA pertaining to business sector <input type="checkbox"/> • Trade test certificates <input type="checkbox"/> • SOB Registration <input type="checkbox"/> • Membership certificates for professional services <input type="checkbox"/> 	

FOR OFFICE USE ONLY

CAPTURED BY: _____

CHECKED BY: _____

VERIFIED BY: _____

CHECKED NT DATABASE : _____