

## PREFERRED SUPPLIER DATABASE REGISTRATION FORM

### SECTION 1- COMPANY DETAILS

#### 1.1. COMPANY NAME/ NAME OF COOPERATIVE:

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Name of business

#### 1.2. Is the business registered? (Yes/ No) Please provide details.

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#### 1.3. If the business is a cooperative, and is not registered, would assistance be required from Enterprise iLembe in registering the business? (Yes/ No)

#### 1.4. Type of business:

*(Please tick appropriate box)*

- Close Corporation
- Private Company (Pty) Ltd
- Public Company
- Partnership
- Sole Trade/Proprietor
- Cooperative
- Other

**If Other is selected, please provide details:**

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### SECTION 2 – Please complete ONLY if the Business is Registered

**2.1 COMPANY REG. NO:** \_\_\_\_\_  
Registration no as registered with the Registrar of Companies/Close Corporations

*(Please attach certified copy of registration documents)*



**2.2 TRADING NAME:** \_\_\_\_\_

Trading name if different from above

**2.3 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*

If no water account, please supply Proof of Address.

**2.4 UNEMPLOYMENT INSURANCE FUND NO. (if applicable):** \_\_\_\_\_

**2.5 COMPENSATION COMMISSIONER REG NO.:**

\_\_\_\_\_  
*(If applicable)*

**3. ENTERPRISE ILEMBE – REGISTRATION FORM**

**3.1 INCOME TAX NO:** \_\_\_\_\_  
*(If applicable)*

***Please attach a copy of the latest valid tax clearance certificate***

**3.2 PAYE NUMBER:** \_\_\_\_\_  
*(If applicable)*

**3.3 PHYSICAL ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.4 POSTAL CODE:**

\_\_\_\_\_

**3.5 PROVINCE:**

\_\_\_\_\_

**3.6 CITY/ TOWN:**

\_\_\_\_\_



**enterprise ilembe**  
ECONOMIC DEVELOPMENT AGENCY

**3.7 POSTAL ADDRESS:**

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**3.8 CITY / TOWN:**

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**3.9 POSTAL CODE:**

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**3.10 TELEPHONE NUMBER:**

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**3.11 FAX NUMBER:**

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**3.12 PHYSICAL LOCATION OF HEAD OFFICE (If applicable):**

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**3.13 WEB ADDRESS:**

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**3.14 PREFERRED METHOD OF COMMUNICATION:**

EMAIL  FAX  POST (*INDICATE WITH A TICK*)  
(Please tick appropriate box)

**3.15 CONTACT PERSON DETAILS \***

**TITLE:**

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**NAME:**

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**LAST NAME:**

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CONTACT TEL NO: \_\_\_\_\_ (CELL) \_\_\_\_\_ (H)  
\_\_\_\_\_ (W)

\_\_\_\_\_ (F) \_\_\_\_\_ (EMAIL ADDRESS)

**\* MANDATORY INFORMATION**

**3.16 BUSINESS DETAILS \***

**Business Type**

*(Please tick appropriately)*

- Supplier
- Main Contractor
- Sub-contractor
- Labour-only Contractor
- Consultant
- Manufacturer
- Professional Services

**3.17 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) \_\_\_\_\_

**To be completed by a bank official:**

DETAILS OF BANK OFFICIAL: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

### **3.18 SUPPLIER CLASSIFICATION \***

*(Please tick the appropriate box)*

#### **Supplier classification**

- Micro
- Very Small
- Small
- Medium
- Other (specify) \_\_\_\_\_

### **3.19 LOCATION OF THE ENTERPRISE \***

*(Tick the appropriate box)*

- Kwa-Dukuza
- Mandeni
- Maphumulo
- Ndwedwe
- Other \_\_\_\_\_

#### **SMME/PDI STATUS \***

TOTAL GROSS ASSET VALUE (excl. Fixed Property) :

\_\_\_\_\_

TOTAL FULL TIME PAID EMPLOYEES :

\_\_\_\_\_

TOTAL ANNUAL TURNOVER :

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#### **\* MANDATORY INFORMATION**

#### **Definition of “HDI” & “youths” – Historically Disadvantaged Individuals:**

An HDI is defined in terms of Section 1(h) of the Preferential Procurement Policy Framework Act 2000 (Act 56 of 2000) as being a South African Citizen: -

1. Who due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of South Africa 1983



(Act no.110 of 1983) or the Constitution of the Republic of South Africa 1983 (Act No. 200 of 1983) (The Interim Constitution) and/or

2. who is female/male, and/or

3. who has a disability provided that a person who obtained South Africa citizenship on or after the coming to effect of the Interim Constitution, is not deemed to be an HDI

4. Generally accepted definition of "Youth" is any persons between the age of 18 and 35 years.

**\* MANDATORY INFORMATION**

**3.20 HISTORICALLY DISADVANTAGED INDIVIDUALS (If Applicable)**

**3.20.1 Is the business owned by Historically Disadvantaged Individuals? Yes/ No**

Please provide details of such individuals:

1. RESPONSIBILTY: *(Please Tick Appropriate)*

NAME OF OWNER/SHAREHOLDERS/MEMBERS/TRUSTEES:

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LENGTH OF SERVICE:

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2. RESPONSIBILTY: *(Please Tick Appropriate)*

NAME OF OWNER/SHAREHOLDERS/MEMBERS/TRUSTEES:

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LENGTH OF SERVICE:

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3. RESPONSIBILTY: *(Please Tick Appropriate)*

NAME OF OWNER/SHAREHOLDERS/MEMBERS/TRUSTEES:

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LENGTH OF SERVICE:

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**SECTION 4:**

**4.1 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 if the relationship

Employee Name: \_\_\_\_\_

Salary Number: \_\_\_\_\_

**\* MANDATORY INFORMATION**

#### 4.2 DECLARATION BY THE APPLICANT\*:

I have read the Terms of Reference and I am fully aware of the pricing arrangement set out in Section 4 thereof.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### \* MANDATORY INFORMATION

#### 4.3 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 Enterprise iLembe 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 Enterprise iLembe 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: \_\_\_\_\_

**To be stamped by a Commissioner of Oaths:\* (NOTE: Both the despondent and the Commissioner of Oath must initial all pages of the Application form)**

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

Company Registration Certificate

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.

Banking details certified by bank (section 3.17)

Copy of Identity Documents of directors/owners/members/shareholders

Compensation of Occupational Injuries and Diseases (COID) Registration Certificate (if applicable)

All relevant registration certificate pertaining to your business, incl. but not limited to (if applicable)

***FOR OFFICE USE ONLY***

**CAPTURED BY:** \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

**CHECKED NT DATABASE :** \_\_\_\_\_