



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)*

**ENTERPRISE ILEMBE – REGISTRATION FORM**

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: \_\_\_\_\_

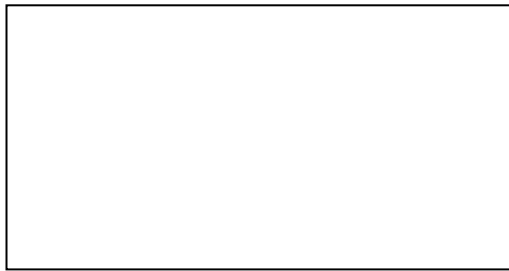
BRANCH NAME: \_\_\_\_\_

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**

**PDI STATUS \*  
OWNERS/SHAREHOLDERS/MEMBERS/TRUSTEES**

Full Names	ID NO	SA Citizen (Yes/NO)	Capacity (Member, shareholders etc)	% Ownership	Male/ Female	Handicapped (Yes/No)	HDI Status Yes/No	Race (W/C/I/A)	% of time devoted to business

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**

**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.

<b>Document Name</b>	<b>Attached</b>
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"> <li>• NHBRC Registration Certificate <input type="checkbox"/></li> <li>• CIDB Registration Certificate <input type="checkbox"/></li> <li>• SETA Registration <input type="checkbox"/></li> <li>• SAQA pertaining to business sector <input type="checkbox"/></li> <li>• Trade test certificates <input type="checkbox"/></li> <li>• SOB Registration <input type="checkbox"/></li> <li>• Membership certificates for professional services <input type="checkbox"/></li> </ul>	

**FOR OFFICE USE ONLY**

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

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

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

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