



# LAINGSBURG MUNICIPALITY

## SUPPLIERS DATABASE

### REGISTRATION DOCUMENTS

Please return clearly marked: <b>"Registration of Suppliers"</b> to	
<b>POSTAL ADDRESS:</b> Head: Supply Chain Management <b>Private Bag X4</b> Laingsburg, 6900	<b>DELIVER AT:</b> Head: Supply Chain Management Van Riebeeck Street Laingsburg, 6900
<b>ENQUIRIES:</b>	
Miss Lesley Ann Gouws Tel: (023) 551 1019 Fax: (023) 551 1019 E-mail: Lesley-ann.gouws@lgnet.org.za	Mrs. A Barnardo Tel: (023) 551 1019 Fax: (023) 551 1019 E-mail: adel.barnardo@lgnet.org.za
<b>Name of Supplier or Applicant:</b> .....	

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**LAINGSBURG MUNICIPALITY**  
**SUPPLIERS DATABASE**  
**APPLICATION for REGISTRATION**

**Section 1:**

**Name of Enterprise :**

**Type of Commodity or Service (indicate type of Sector)**


**Postal Address :**

	Code:

**Physical Address :**

	Code:

**Registered Office Address:**

	Code:

**Contact Details**

Telephone:	Fax:
Cellular Phone:	e-mail:
Website:	Other:

**Date of incorporation:**

**Type of Business:**

**Premises:**

Owned:	Rented:
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**If rented, Landlord's name and address:**

  


**How long have you been trading from this premises:**

**Please mark which one of the following is applicable:**

Sole Ownership	Partnership	Private Company	Public Company	Close Corp.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Company / Close Corporation Number:**

\*

Please attach copy of CIPRO registration certificate as proof

**VAT Number:**

**Particulars of sole proprietors and partners in partnerships**

Name*	Identity number*	Personal income tax number*

\* Complete only if sole proprietor or partnership and attach separate page if more than 3 partners

**TRADE REFERENCES (3)**

NAME:	ADDRESS:	TELEPHONE NO:

**Our account reference with you:**

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**Section 2: Record in the service of the state**

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a member of any municipal council</li> <li>a member of any provincial legislature</li> <li>a member of the National Assembly or the National Council of Province</li> <li>a member of the board of directors of any municipal entity</li> <li>an official of any municipality or municipal entity</li> </ul> | <ul style="list-style-type: none"> <li>an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)</li> <li>a member of an accounting authority of any national or provincial public entity</li> <li>an employee of Parliament or a provincial legislature</li> </ul> |
|---|--|

**If any of the above boxes are marked, disclose the following:**

Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

insert separate page if necessary

**Section 3: Record of spouses, children and parents in the service of the state**

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months been in the service of any of the following:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a member of any municipal council</li> <li>a member of any provincial legislature</li> <li>a member of the National Assembly or the National Council of Province</li> <li>a member of the board of directors of any municipal entity</li> <li>an official of any municipality or municipal entity</li> </ul> | <ul style="list-style-type: none"> <li>an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)</li> <li>a member of an accounting authority of any national or provincial public entity</li> <li>an employee of Parliament or a provincial legislature</li> </ul> |
|---|--|

Name of spouse, child or parent	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

\*insert

separate page if necessary

The undersigned, who warrants that he / she is duly authorised to do so on behalf of the enterprise:

- Confirms that neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- Confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;
- Confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.
- Acknowledges that the bid is subject to Council's General Conditions of Contract which is available as an addendum to the tender document if required

Signed

Date

Name

Position

Enterprise  
name



**LAINGSBURG MUNICIPALITY  
TAX CLEARANCE REQUIREMENTS**

**IT IS A CONDITION OF BIDDING THAT -**

1. The taxes of the applicant must be in order, or that satisfactory arrangements have been made with the Receiver of Revenue to meet his / her tax obligations.
2. The South African Revenue Services will provide the applicant with a Tax Clearance Certificate that will be valid for a period of twelve (12) months from date of issue.
3. This Tax Clearance Certificate must be submitted in the original together with the application.
4. No award may be made to a person whose tax matters have not been declared by the South African Revenue Service (SARS) to be in order.

**SIGNED ON BEHALF OF BIDDER:** .....



**LAINGSBURG MUNICIPALITY**

**CERTIFICATE FOR PAYMENT OF MUNICIPAL SERVICES**

**NAME OF THE BIDDER**

**FURTHER DETAILS OF THE BIDDER'S; Director / Shareholder / Partners, etc:**

Directors / Shareholders / partner	Physical address of the Business	Municipal Account number(s)	Physical residential address of the Director / shareholder / partner	Municipal Account number(s)

**NB: Please attach** certified copy(ies) of ID document(s)

I, ....., the undersigned,  
 (Full name in block letters)  
 certify that the information furnished on this declaration form is correct and that I / we have no undisputed commitments for municipal services towards a municipality in respect of which payment is overdue for more than 90 days.

.....  
**Signature**

**THUS DONE AND SIGNED** for on behalf of the Applicant

At ..... on the ..... day of ..... 20.....  
 (place) (date) (month) (year)

**For office use (comments):**  
 .....  
 .....  
 .....  
 .....  
 .....



**LAINGSBURG MUNICIPALITY  
SUPPLIERS DATABASE  
CONFIRMATION of BANKING DETAILS**

The Laingsburg Municipality can pay suppliers or service providers via Direct Deposits. In order to enable the municipality to execute this option, we herewith request confirmation from the supplier or service provider's Banker. Below please find said statement to be duly completed by the Banker.

<b>Name of Enterprise:</b>	
<b>Account Holder:</b>	
<b>Bank:</b>	
<b>Branch:</b>	
<b>Branch Code:</b>	
<b>Acc. No.:</b>	
<b>Type of Account:</b>	

I confirm that I am duly authorized to provide this information.

**SIGNED AT** .....  
**ON**.....

**NAME (PRINT)** .....

**SIGNATURE** .....

**BANKER's OFFICIAL STAMP**

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**LAINGSBURG MUNICIPALITY  
PREFERENCE POINTS CLAIM FORM**

It is the objective of Laingsburg Municipality to promote previously disadvantage people, taking into account good business principles and possible risks. In terms of Council's Preferential Procurement Policy preference points may be allocated to qualifying bidders to promote the following goals:

1. economic empowerment of the previously disadvantaged people (H.D.I.) as described in the regulations
2. to compensate entrepreneurs for the promotion of affirmative action
3. to compensate local suppliers and contractors
4. to compensate entrepreneurs who provide employment

**The bidder should complete the following schedule in order to claim preference points:**

- List all persons who are OWNERS (as listed above) in the enterprise and indicate their involvement in the management / operations of the enterprise.
- Proof of disability by a recognized related institution, in the case of disabled persons, must be provided.
- If there is insufficient space, kindly attach a copy / copies of this page, signed by the same persons who signs on behalf of the enterprise on the **Certificate of Correctness**.

Full name	ID number	SA Citizen Yes/No	SA Citizen before 27.4.1994 Yes / No	Capacity : Member / Partner / Director / Proprietor / Shareholder / Trustee / Beneficiary	Sex: Male/Female	Disabled Yes / No	HDI Yes / No	Race B / W / I / C	Age	% of shareholding in the firm



**LAINGSBURG MUNICIPALITY**

**DOCUMENTATION TO BE PROVIDED**

**Please attach copies of the following documents to your application (where applicable):**

- 1. Service Provider Application form.**
- 2. Company/ CC/Trust/ other registration documents.**
- 3. VAT registration certificate (where applicable).**
- 4. Tax Clearance Certificate.**
- 5. Copy of COID registration certificate (where applicable).**
- 6. Any other registration certificate pertaining to your relevant industry, eg. ECB (Electrical Contractors Board) etc.**
- 7. Original cancelled cheque or an original bank verification letter.**
- 8. Company organogram, showing holding and subsidiary company(s) as well as operating divisions.**
- 9. Corporate Profile.**