



BEAUFORT WEST MUNICIPALITY

SUPPLIERS DATABASE

REGISTRATION DOCUMENTS

Please return clearly marked: "Registration of Suppliers" to	
POSTAL ADDRESS: The Supply Chain Management Unit Private Bag 582 Beaufort West, 6970	DELIVER AT: The Supply Chain Management Unit Simpson Road Beaufort West, 6970
ENQUIRIES:	
Mrs Senèl Pothberg Tel: (023) 414 8100 Fax: (023) 414 3509 E-mail: senel@beaufortwestmun.co.za	Mr. H. Meintjies Tel: (023) 414 8186 Fax: (023) 414 3509 E-mail: scm@beaufortwestmun.co.za
Name of Supplier or Applicant:	

INDEX

1. SUPPLIER'S DATABASE APPLICATION FORM	BWM 1
2. TAX CLEARANCE REQUIREMENTS (Compulsory)	BWM 8
3. CERTIFICATE for PAYMENT of MUNICIPAL SERVICES (Compulsory)	BWM 15
4. CONFIRMATION of BANKING DETAILS	Addendum A

The Beaufort West Municipality procure goods and services subject to Council's:

1. Supply Chain Management Policy
2. Preferential Procurement Policy
3. General Conditions of Contract

These documents are available separately as per request or online on Council's website:

www.beaufortwestmun.co.za



**BEAUFORT WEST MUNICIPALITY
SUPPLIERS DATABASE
APPLICATION for REGISTRATION**

Section 1:

Name of Enterprise :

Type of Commodity or Service

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:

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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.

Company / Close Corporation Number:

* Please attach copy of CIPRO registration certificate as proof

VAT Number:

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CONSTRUCTION INDUSTRY DEVELOPMENT BOARD (CIDB) REGISTRATION:

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* Please insert CRS number or attach copy of registration certificate as proof

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:

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:

- | | |
|--|---|
| <input type="checkbox"/> a member of any municipal council | <input type="checkbox"/> 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) |
| <input type="checkbox"/> a member of any provincial legislature | <input type="checkbox"/> a member of an accounting authority of any national or provincial public entity |
| <input type="checkbox"/> a member of the National Assembly or the National Council of Province | <input type="checkbox"/> an employee of Parliament or a provincial legislature |
| <input type="checkbox"/> a member of the board of directors of any municipal entity | |
| <input type="checkbox"/> an official of any municipality or municipal entity | |

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:

- a member of any municipal council
- a member of any provincial legislature
- a member of the National Assembly or the National Council of Province
- a member of the board of directors of any municipal entity
- an official of any municipality or municipal entity
- 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)
- a member of an accounting authority of any national or provincial public entity
- an employee of Parliament or a provincial legislature

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:

- i) confirms that the 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 Quotation Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- ii) 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;
- iii) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.
- iv) understands that contracts concluded with the municipality is subject to the General Conditions of Contract and any other special conditions as per the individual contracts.

Signed

Date

Name

Position

Enterprise name



BEAUFORT WEST 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 above R30 000 may be made to a person whose tax matters have not been declared by the South African Revenue Service (SARS) to be in order.



BEAUFORT WEST MUNICIPALITY

CERTIFICATE FOR PAYMENT OF MUNICIPAL SERVICES

NAME OF THE APPLICANT _____

FURTHER DETAILS OF THE APPLICANT(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):



**BEAUFORT WEST MUNICIPALITY
SUPPLIERS DATABASE
CONFIRMATION of BANKING DETAILS**

The Beaufort West Municipality can pay suppliers or service providers via Electronic Funds Transfer (EFT's). 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.

Name of Enterprise:	
Account Holder:	
Bank:	
Branch:	
Branch Code:	
Acc. No.:	
Type of Account:	

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

SIGNED ATON.....

NAME (PRINT)

SIGNATURE

BANKER's OFFICIAL STAMP

**BEAUFORT WEST MUNICIPALITY
PREFERENCE POINTS CLAIM FORM**

It is the objective of Beaufort West Municipality to promote black economic empowerment, 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 firm

I,, the undersigned, certify that the information furnished on this declaration form is correct.

.....
Signature

.....
Date