



**NOTICE NUMBER 2014/2015 - 70**

**INVITATION TO REGISTER AS A SERVICE PROVIDER ON THE MATATIELE LOCAL MUNICIPALITY SUPPLY CHAIN MANAGEMENT DATABASE FOR 2014/2015**

The Matatiele Local Municipality invites prospective suppliers to apply to be accredited and registered on its supplier database in compliance with the Preferential Procurement Policy Framework Act (Act No 5 of 2000).

The municipality will not do business with any suppliers that are not accredited and registered on the database. Suppliers currently doing business with the municipality are kindly requested to re-apply in terms of this new requirement as they will not be automatically included.

Interested professional services providers must complete the suppliers' registration form and Declaration of Interest which can be obtained from the municipal officers at:

Matatiele Local Municipality  
The Municipal Budget and Treasury Department  
Supply Chain Management Unit  
104 High Street,  
Matatiele  
4730

**OR**

On the municipal website: [www.matatiele.gov.za](http://www.matatiele.gov.za).

The database registration forms will be available from **Monday, 08 December 2014 at 08:00** and closing date for submission of database registration forms is **Friday, 09 January 2015 at 16:00**. Database registration forms received after the closing date will not be considered.

**NO FAXED OR E-MAILED APPLICATION FORMS WILL BE CONSIDERED.**

Sealed envelopes marked "**DATABASE REGISTRATION FORM - Notice No: 2014/2015-....**" must be deposited in the Database Registration Form Box located at the Municipal Budget and Treasury Department, Foyer Area, 104 High Street, Matatiele 4730, no later than 09 January 2014 at 16H00.

**The Matatiele Local Municipality reserves the right to refuse registration. The Matatiele Local Municipality's suppliers' database does not automatically qualify any supplier for any bid or contract or guarantee any award of bid or contract.**

**DR D.C.T NAKIN  
MUNICIPAL MANAGER**

# Matatiele Local

Municipality

UMasipala Wase

Munisipaliteit

Masipala Oa

✉ 35 Matatiele 4730

☎ 039-737 3165

📞 039-737 3611



## MATATIELE

LOCAL MUNICIPALITY

### SUPPLIER REGISTRATION FORM

The completed forms and supporting documentation must be returned **by hand** to the following address:

**Matatiele Local Municipality,  
Budget and Treasury Department,  
Supply Chain Management Unit,  
104 High Street,  
Matatiele, 4700.  
Enquiries: +27 39 737 9520**

#### **FOR OFFICE USE ONLY**

DATE RECEIVED	
DATABASE NUMBER	
APPLICATION STATUS	
CAPTURED BY	

The Matatiele Local Municipality reserves the right to refuse registration. The Matatiele Local Municipality's suppliers' database does not automatically qualify any supplier for any bid or contract or guarantee any award of bid or contract.

**PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED**

**NB: DOCUMENTARY PROOF MUST BE CERTIFIED AND PROVIDED WHERE APPLICABLE TO ENSURE SUCCESSFUL REGISTRATION ON THE SUPPLIER DATABASE**

<b>NO.</b>	<b>DOCUMENTS TO BE ATTACHED IN SUBMISSION</b>	<b>MARK X</b>
1.	COMPANY LETTERHEAD	
2.	COMPANY PROFILE	
3.	IDENTITY DOCUMENT/ S	
4.	COPY OF COMPANY REGISTRATION DOCUMENT	
5.	B-BBEE LEVEL CERTIFICATION (VALID CERTIFICATE) (CERTIFIED COPY)	
6.	TAX CLEARANCE CERTIFICATE <b>(ORIGINAL)</b>	
7.	INCOME TAX REGISTRATION	
8.	VAT REGISTRATION DOCUMENT	
9.	PROOF OF OWNERSHIP/ COPY OF ID DOCUMENTS OF MEMBERS/SHAREHOLDERS	
10.	MUNICIPAL ACCOUNT/ COUNCIL REGISTRATION DOCUMENTS	
11.	P.A.Y.E DOCUMENT	
12.	UNEMPLOYMENT INSURANCE FUND DOCUMENT	
13.	WORKMAN'S COMPENSATION FUND DOCUMENT	
14.	REGISTRATION TO A STATUTORY BODY REGULATING YOUR INDUSTRY	
15.	DISABILITY DOCUMENT	

**Registered Name of Enterprise**

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**Trading Name**

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**TYPE OF ENTERPRISE**

Partnership  Sole Proprietor  Close

Corporation  Pty Limited  Limited

Trust  Co-operative  Other

(Specify)

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**LOCATION OF AN ENTERPRISE**

a. MATATIELE AREA	
b. ALFRED NZO DISTRICT AREA	
c. EASTERN CAPE AREA	
d. OTHER	

**Enterprise Registration Number**

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**Established Date**

Y	Y	M	M	D	D

**Income Tax Number (ITN)\***

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**VAT Registration Number (If Applicable)**

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**B-BBEE Certificate or EME Certificate**

BBBEE Status	Expiry Date

**CIDB GRADING**

CRS No.	CIDB Grading

**Telephone Number**

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**Fax Number**

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**E-mail Address (If Applicable)**

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**Postal Address**


**Physical Address**


**CONTACT DETAILS**

**COMPANY CONTACT PERSON, SALES AND ACCOUNTS DEPARTMENTS**

**Contact Person Sales Department**

**Title**

--	--	--

**First Name**

--	--	--	--	--	--	--	--	--	--

**Surname**

--	--	--	--	--	--	--	--	--	--

**Cell Phone Number**

--	--	--	--	--	--	--	--	--	--

**Fax Number**

--	--	--	--	--	--	--	--	--	--

**E-mail Address**

--

**Contact Person Accounts Department**

**Title**

--	--	--

**First Name**

--	--	--	--	--	--	--	--	--	--

**Surname**

--	--	--	--	--	--	--	--	--	--

**Cell Phone Number**

--	--	--	--	--	--	--	--	--	--

**Fax Number**

--	--	--	--	--	--	--	--	--	--

**E-mail Address**

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**BANK DETAILS**

I/We, the undersigned, hereby authorize and instruct Matatiele Local Municipality to pay all amounts that may hereinafter, from time to time, become due and payable to me/us by Matatiele Local Municipality by electronically transferring the same to the bank mentioned below for the credit of my/our account detailed below.

NAME OF BANKING INSTITUTE

--	--	--	--	--	--	--	--	--	--

BRANCH NAME

--	--	--	--	--	--	--	--	--	--

BRANCH CODE

--	--	--	--	--	--	--	--	--	--

BANKING ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--

NAME UNDER WHICH ACCOUNT IS OPERATED

--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT

CURRENT ACCOUNT	TRANSMISSION ACCOUNT	SAVINGS ACCOUNT
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**PLEASE NOTE**

**BEFORE RETURNING, THIS SECTION MUST BE COMPLETED BY YOUR BANK**

I/We confirm that the above information on the client's account at this bank/building society is correct.

.....  
Signed on behalf of Bank

.....  
Name

.....  
Capacity

<b>BANK OFFICIAL STAMP</b>
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**PLEASE NOTE**

<b>NOTE: THIS INFORMATION WILL SUPERCEDE ANY PREVIOUS AUTHORIZATION AND INSTRUCTION LODGED WITH THE MATATIELE MUNICIPALITY. WHERE THE APPLICATION HAS BEEN SUBMITTED ELECTRONICALLY THE ORIGINAL COMPLETED FORM MUST BE RETURNED. PHOTOCOPIES OR FAXED COPIES WILL NOT BE ACCEPTED.</b>
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**COMPANY OWNERS /SHAREHOLDERS / PARTNERS / MEMBERS**

List all persons who are shareholders/owners/partners/members in the business

(If ownership comprises more than (4) four persons, please use additional sheet as annexure)

<b>Surname</b>								
<b>First Name</b>								
<b>ID No.</b>								
<b>Postal Address</b>								
<b>Physical Address</b>								
<b>Relationship to this business</b>								
<b>Percentage of ownership / shareholding</b>	%	%	%	%				
<b>* Race</b>	<b>Black</b>		<b>Black</b>		<b>Black</b>		<b>Black</b>	
	<b>Coloured</b>		<b>Coloured</b>		<b>Colored</b>		<b>Colored</b>	
	<b>Indian</b>		<b>Indian</b>		<b>Indian</b>		<b>Indian</b>	
	<b>White</b>		<b>White</b>		<b>White</b>		<b>White</b>	
<b>* Gender</b>	<b>Male</b>		<b>Male</b>		<b>Male</b>		<b>Male</b>	
	<b>Female</b>		<b>Female</b>		<b>Female</b>		<b>Female</b>	
<b>Handicapped</b> <i>Detail if applicable</i>								
<b>* Nationality ▶ ▼▼</b>	<b>South African</b>	<b>South African</b>	<b>South African</b>	<b>South African</b>				
<b>Or other Specify ▶▶</b>								

\* Indicate where applicable with a X in the appropriate block

## PREVIOUS EXPERIENCE

List the last (5) contracts / projects successfully completed by your business or other previous experience related to your core business. (Attach a separate sheet if necessary)

NO	COMPANY	NATURE OF WORK UNDERTAKEN	VALUE OF WORK UNDERTAKEN	DATE, MONTH & YEAR COMPLETED	CONTACT PERSON	CONTACT NO.
1.						
2						
3.						
4.						
5.						

### PLEASE NOTE

In terms of section 37(2) of the Occupational Health and Safety Act 1993 (Act 85 of 1993) as amended, the mandatory (contractor) acknowledges that he or she is an employer in his or her own right. He or she undertakes to determine all risks associated with the work he or she is required to perform and to determine and implement all cautionary measures to mitigate or remove such risk. The mandatory will take all necessary steps to ensure compliance with the Occupational Health and Safety Act, 1993.

Where the mandatory is found not to comply with the requirements of the Occupational Health and Safety Act, the CoT or its representative can stop the activities of the mandatory, without any cost to the CoT, until such time as the mandatory complies with the requirements of the Act.



**NATURE OF OPERATION (S)**

Service Providers are required to provide hereunder principal business activities. Refer to the Nature of Operations Listings for details below:

NO	CODE NUMBER	COMMODITY
1.		
2.		
3.		

**PLEASE NOTE:**

**NB: ANY SERVICE PROVIDER MAY ONLY REGISTER FOR A MAXIMUM OF THREE (3) COMMODITY GROUP FOR REQUEST FOR QUOTATIONS. IF MORE IS SELECTED MATATIELE LOCAL MUNICIPALITY WILL ONLY LOAD THE FIRST THREE (3) CATEGORIES.**

<u>CODE</u>	<u>COMMODITY LISTINGS</u>	<u>MARK X</u>
<b>100</b>	<b><u>CONSTRUCTION EQUIPMENT</u></b>	
101	AIR CONDITIONING AND TEMPERATURE CONTROL EQUIPMENT	
102	BUILDING EQUIPMENT AND ACCESSORIES (cement mixers, scaffolding, towels, levels, etc)	
103	BUILDING MATERIALS (bricks, cement, sand, painting, stone, steel, tiles, etc)	
104	CEILING BOARDS, SKIRTING, etc	
105	CONSTRUCTION MACHINERY	
106	DOORS AND WINDOWS	
107	ELECTRICAL SYSTEMS, LIGHTING, COMPONENTS ACCESSORIES AND SUPPLIES	
108	FLOORING MATERIALS (carpets, tiles, etc.)	
109	PLUMBING WARE AND MATERIALS	
110	ROOFING MATERIALS	
111	SANITATION WARE AND EQUIPMENT	
<b>200</b>	<b><u>CONSTRUCTION SERVICES</u></b>	
201	BURGLAR PROFFING AND SYSTEMS	
202	CONCRETE MANUFACTURE AND WORKS	
203	CONSTRUCTION - RELATED TRANSPORT	
204	DEMOLITION SERVICES	
205	EARTHWORKS, DRILLING AND LANDSCAPING	
206	ELECTRICAL INSTALLATION	
207	FENCING (ELECTRIC, PALISADE, CONCRETE, etc.)	
208	GENERAL BUILDING WORKS	
209	GLAZING	
210	MECHANICAL CONTRACTS	
211	METALWORK	
212	PAINTING	
213	PAVING	
214	PLUMBING	
215	PRE - CAST CONCRETE MANAUFACTURE	
216	PUMP INSTALLATION	

217	ROAD WORKS	
218	SEWERAGE SYSTEMS AND CONSTRUCTION	
219	WATER WORKS AND PIPELINES	
<b>300</b>	<b><u>ELECTRICAL AND MECHANICAL EQUIPMENT, SERVICES AND SUPPLIES</u></b>	
301	BEARING SUPPLIES	
302	BOLTS, NUTS AND FASTENERS	
303	ELECTRICAL CABLES	
304	ELECTRICAL COMPONENT SUPPLIES	
305	ELECTRICAL EQUIPMENT REPAIR	
306	HARDWARE SUPPLIES	
307	LIFTING EQUIPMENT	
308	MECHANICAL SEATS AND PACKING	
309	PIPE AND IRRIGATION SUPPLIES	
310	POWER GENERATION AND DISTRIBUTION MACHINERY AND ACCESSORIES	
311	PUMPS SPARS	
312	SMALL TOOLS	
313	TRANSFORMER SERVICES	
314	VALVES, COUPLING	
315	WATER METERE, PIPES, FITTINGS, GALVANIZED PVC, POLYETHYLENE, etc	
316	PREVENTATIVE MAINTENANCE	
<b>400</b>	<b><u>PROFESSIONAL SERVICES</u></b>	
401	ACCOUNTING, AUDITING AND MANAGEMENT SERVICES	
402	ARCHITECTURAL SERVICES	
403	CONSULTING ENGINEERING - ELECTRICAL	
404	CONSULTING ENGINEERING - ENVIRONMENTAL	
405	CONSULTING ENGINEERING - OTHER	
406	CONSULTING ENGINEERING - PROJECT MANAGEMENT	
407	CONSULTING ENGINEERING - ROADS & STORM WATER	
408	CONSULTING ENGINEERING - SEWERAGE SYSTEM	
409	CONSULTING ENGINEERING - STRUCTURES, BUILDING, BRIDGED, etc.	
410	CONSULTING ENGINEERING - WATER SYSTEMS	
411	CONSULTING ENGINEERING - GEO-TECHNICAL	
412	CONSULTING ENGINEERING - SOLID WASTE	
413	ENGINEERING SERVICES	
414	FINANCIAL SERVICES	
415	LAND SURVEYING	
416	LEGAL SERVICES - CONTRACTS	
417	LEGAL SERVICES - CONVEYANCE	
418	LEGAL SERVICES - LITIGATION	
419	LEGAL SERVICES - OTHER	
420	CONSULTING ENGINEERING - MECHANICAL	
421	QUANTITY SURVEYING	
422	TOWN AND REGIONAL PLANNING	
423	PROPERTY VALUATOR	
424	EMPLOYEE ASSISTANCE PROGRAM	
425	ENVIRONMENTAL SPECIALIST	
426	EDUCATION AND TRAINING	

<b>500</b>	<b>GENERAL SERVICES</b>	
501	ACCOMODATION AND LODGING	
502	ADVERTISING, COMMUNICATION, DESIGN, EDITORIAL, PUBLICATION AND MARKETING SERVICES	
503	AUCTIONEERING SERVICES	
504	BOOKKEEPING AND ACCOUNTING SERVICES	
505	CATERING AND REFRESHMENTS ( <b>Health Certificate for food to be attached</b> )	
506	CLEANING SERVICES	
507	CONFERENCING FACILITIES AND FACILITATION	
508	CONTRACT ADMINISTRATION	
509	COURIER SERVICES	
510	EDUCATION AND TRAINING	
511	ENVIRONMENTAL IMPACT STUDIES	
512	FREIGHT FORWARDING AND CLEARING SERVICES	
513	GENERAL MAINTENANCE SERVICES	
514	HEALTH CARE	
515	HORTICULTURE (FERTILISER, PESTICIDES, HERBICIDES, ETC)	
516	INFRASTRUCTURAL MAINTENANCE	
517	INSPECTION SERVICES	
518	INSURANCE	
519	IT, BROADCASTING AND TELECOMMUNICATION SERVICES	
520	INTERIOR DECORATING, REFURBISHMENT AND UPHOLSTERY	
521	ICT CONSULTING, PRODUCTS AND SERVICES	
522	LAND VALUATION SERVICES	
523	LAUNDRY AND DRY CLEANING SERVICES	
524	LOCKSMITH SERVICES	
525	MANAGEMENT SERVICES	
526	MISCELLANEOUS EQUIPMENT AND GOODS HIRING	
527	PERSONNEL SERVICES	
528	PEST CONTROL AND REMOVAL SERVICES	
529	PHOTOGRAPHIC AND GRAPHIC DESIGN SERVICES	
530	PICTURE FRAMING	
531	PRINTING AND EMBROIDERY	
532	PROCUREMENT SERVICES	
533	REAL ESTATES SERVICES	
534	RESEARCH SERVICES	
535	SECURITY AND SAFETY SERVICES	
536	SITE CLEANING	
537	SOCIAL FACILITATION	
538	STORAGE	
539	TRANSLATION AND INTERPRETING SERVICES	
540	TRANSPORT SERVICES	
541	TRAVEL SERVICES	
542	VEHICLE HIRE	
543	VENDING SERVICES	
<b>600</b>	<b>OFFICE AND FACILITIES EQUIPMENT AND SUPPLIES</b>	
601	COMPUTER EQUIPMENT , NETWORKS AND SOFTWARE	

602	CONSUMABLES	
603	CORPORATE GIFTS	
604	DOMESTIC, INDUSTRIAL AND CLEANING EQUIPMENT AND SUPPLIES	
605	ELECTRONIC EQUIPMENT, INCLUDING AUDIO - VISUAL EQUIPMENT	
606	FLOWERS AND PLANTS	
607	FOOD AND REFRESHMENT	
608	HOUSE FURNITURE, APPLIANCES AND GOODS	
609	OFFICE FURNITURE AND EQUIPMENT	
610	OFFICE SUPPLIES AND STATIONERY	
611	PRINTING, COPYING AND PHOTOGRAPHIC EQUIPMENT	
<b>700</b>	<b>MISCELLANEOUS GOODS AND SUPPLIES</b>	
701	ENVIRONMENTAL CLEANSING EQUIPMENT, GOODS AND SUPPLIES	
702	FIRE PROTECTION EQUIPMENT, GOODS AND SUPPLIES	
703	GARDEN SERVICES AND TOOLS (IRRIGATION SYSTEMS, INSTANT LAWN)	
704	MATERIAL AND WAREHOUSE MACHINERY, EQUIPMENT AND GOODS	
705	MEASURING, TESTING AND OBSERVATION EQUIPMENT	
706	PROTECTIVE CLOTHING AND UNIFORMS	
707	SECURITY EQUIPMENT, GOODS AND SERVICES	
708	SECURITY ALARMS AND TWO WAY RADIOS	
709	SPORT AND RECREATIONAL EQUIPMENT AND GOODS	
710	SOUND SYSTEM AND THEATRE EQUIPMENT	
711	MEDICAL SUPPLIES	
712	SWIMMING POOL CHEMICALS	
<b>800</b>	<b>VEHICLE SUPPLY AND TRANSPORTATION SERVICES</b>	
801	ALARM AND TRACKING SYSTEMS	
802	BATTERIES	
803	ENGINE OVERHAULS	
804	FUEL, OILS AND LUBRICATIONS	
805	HYDRAULICS	
806	PANEL BEATING	
807	RADIATOR REPAIRS	
808	SPARES AND PARTS	
809	TOWING SERVICES	
810	TRANSMISSION	
811	TYRES AND TUBES	
812	UPHOLSTERY	
813	VEHICLE FLEET MANAGEMENT	
814	VEHICLE SUPPLY	
815	WINDSCREEN	
816	GEARBOX SPECIALIST	
817	AUTO ELECTRONICS	
818	CLUTCH AND BRAKES SPECIALIST	

**PLEASE NOTE**

**FOR ALL THE CATERING REQUIREMENT THE SERVICE PROVIDER TO COMPLY WITH THE ATTACHED REGULATIONS GOVERNING GENERAL HYGIENE REQUIREMENTS FOR FOOD PREMISES AND THE TRANSPORT OF FOOD**





# Matatiele Local

Municipality  
UMasipala Wase  
Munisipaliteit  
Masipala Oa

✉ 35 Matatiele 4730  
☎ 039-737 3135  
📞 039-737 3611  
✉ cfo@matatiele.gov.za

## DECLARATION OF INTERESTS

Are any of the enterprise's directors, managers, principle shareholders or stakeholders currently in the service of the state or have been in the service of the state in the past twelve (12) months				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
NAME OF ENTERPRISE	POSITION IN ENTERPRISE	NAME OF RELATIVE	ORGANISATION OF RELATIVE	NATURE OF RELATIONSHIP			
Is any spouse, child or parent of the enterprise's directors, managers, principle shareholders or stakeholders currently in the service of the state or have been in the service of the state in the past twelve (12) months? If so, furnish particulars.				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
NAME OF ENTERPRISE	POSITION IN ENTERPRISE	NAME OF RELATIVE	ORGANISATION OF RELATIVE	NATURE OF RELATIONSHIP			
Do you have any relationship (family, friend, other) with persons in the service of the state and/or who may be involved with the evaluation and/or adjudication of contracts? If so, furnish particulars.				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
NAME OF ENTERPRISE	POSITION IN ENTERPRISE	NAME OF RELATIVE	ORGANISATION OF RELATIVE	NATURE OF RELATIONSHIP			
Are you aware of any relationship (family, friend, other) between the enterprise and any persons in the service of the state who may be involved with the evaluation and/or adjudication of contracts? If so, furnish particulars.				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
NAME OF ENTERPRISE	POSITION IN ENTERPRISE	NAME OF RELATIVE	ORGANISATION OF RELATIVE	NATURE OF RELATIONSHIP			

**Note: Anyone in the service of the State is prohibited from registering on this database.**

Municipal Supply Chain Management Regulations: "in the service of the state" means to be –

- 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 municipal entity;
- c) an official of any municipality or municipal entity;
- d) an 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 an employee of Parliament or a provincial legislature.
- f) An employee of Parliament or a provincial legislature

**DECLARATION  
IN RESPECT OF THE REGISTRATION  
ON THE MUNICIPAL DATA BASE**

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<b>Name of company / organization</b> ▶▶▶▶	
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I, the undersigned, being the authorized signatory of the afore named company / organization, do hereby solemnly declare that all of the information provided on the forms, as annexed hereto, is true and correct.

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Capacity</b>		<b>Place</b>			
	In which position I hold the delegation of authority which empowers me to act for and behalf of the company / organization				
<b>Physical Address</b>					
<b>Postal Address</b>					
<b>E-Mail Address</b> (Where applicable)					
<b>Telephone No.</b>					
<b>Cellular No.</b>					
<b>Fax No.</b>					

**COMMISSIONER OF OATHS**

The foregoing declaration has been signed and sworn before at ▶▶▶					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Designation</b>					
<b>COMMISSIONER OFFICIAL STAMP</b>					