

RNM VENDOR NUMBER



PROVIDER DATABASE APPLICATION FOR REGISTRATION

Kindly forward the completed form, together with the relevant documentation clearly marked to:-

Ray Nkonyeni Municipality
Procurement Section(Database)
Lot 1000
Dan Pienaar Square
Margate
4275

Or

Ray Nkonyeni Municipality
Procurement Section(Database)
P O Box 5
Port Shepstone
4240

No faxed/e-mailed registration will be accepted.

For more information please contact the Procurement Section at:-

Tel No. 039-312-8495/97
Bongani Mfenqa
Xolani Xolo
www.rnm.gov.za

POINTS TO REMEMBER
COMPLETING THE RAY NKONYENI MUNICIPALITY SUPPLIER
DATABASE REGISTRATION FORM

Completion of questions – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.

Certified documents – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman's Compensation, Security Officers Board Certificate if applicable; the stamp of certification should be on the front of the document. No faxed documents will be considered for accreditation.

An original valid Tax Clearance Certificate is to be submitted. This is to be updated on a 12 monthly basis and submitted for inclusion in the RNM Supplier Database.

Copies of documents – Please keep copies of the Registration Form and all supporting documentation submitted for your own records and to ensure that all data is maintained and up to date on a continual basis.

Owners, shareholders – Please ensure that the percentages of ownership of the **individual shareholders** amount to 100%. That is, provide details of **all** shareholders, and ensure that all fields are completed for each. Proof of the individual shareholding is to be submitted.

Holding companies & Trusts – Please contact the RNM Supplier Database Office on Tel No. 039-312-8497 should your business be owned by a Holding company or a Trust to request additional information.

Certification of correctness – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.

Collection points – Please collect the database forms from the Supply Chain Management office in Margate, any of our municipal offices or download them from our website. Completed Registration Forms and supporting documentation can be delivered to one of the addresses on this Registration Form.

Processing of registration – Your completed registration will be processed, and once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with the Ray Nkonyeni Municipality. **Please note that this administration process of COMPLETED Registration Forms will take a minimum of 21 days.** Once your registration has been included on the RNM Supplier Database, your details will be accessible to the RNM Procurement Section.

Business opportunities – Please note that registration on the RNM Supplier Database does not guarantee business opportunities. Should you wish to receive leads on tenders, please refer to the RNM Website, or the local notice boards. Suppliers not registered on the Central Suppliers Database will not be accepted into our database.

Amendments – Please notify the RNM Supplier Database office immediately of any changes to the verified information submitted. Submit a **Certification of Correctness** with the amended data.

Queries – Should you have any queries, or if you require assistance completing the registration from, please contact Ray Nkonyeni Municipality Supplier Database Office on Tel No. 039-312-8497.

1. BUSINESS PARTICULARS

1.1 Name of business as registered with Registrar of Companies / Close Corporations

1.2 Name of business used for trading purposes, if different from 1.1 or Name of Business if not registered with the Registrar of Companies / Close Corporations

1.3 Registration Number as registered with the Registrar of Companies/Close Corporations (if applicable)

1.4 Postal Address

Postal Code

1.5 Physical Address (if different to postal address)

Postal Code

Contact Person

Identity Number

Telephone No.

Fax No.

Cell No.

E-mail Address (if applicable)

Website Address

Preferred Method of Communication

E-mail	
Fax	
Post	
SMS	

NB. If no Fax No. is submitted, request for quotation cannot be sent through.

1.6 CSD Registration Number

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

1.7 Physical Location of Head Office (if applicable)

.....
.....
.....

1.8 VAT Vendor

Yes		No	
-----	--	----	--

VAT Registration No.

--

1.9 Unemployment Insurance Fund No. (if applicable)*

--

*Please attach a certified copy of Registration Form. If you are unable to do so, kindly provide explanation.

1.10 Compensation Commissioner Registration No. (if applicable)*

--

*Please attach a certified copy of Registration Form. If you are unable to do so, kindly provide explanation.

1.11 Income Tax Reference No. (if applicable)* (for Business)

.....
.....
.....

*Insert personal Tax No. if one person Business (sole proprietor) or personal Income Tax No. of all partners in partnership.

1.12 P.A.Y.E. No. (if applicable)

--

1.13 BBBEE Level*

--

*Please attach a certified copy.

2. CERTIFIED BANKING DETAILS FORM

This form needs to be completed, and certified by the appropriate Banking Institution

Name of Account Holder (Name under which Account is operated)

Account Type (Cheque/Savings, etc.)

Name of Banking Institution

Branch Name

Branch Code (6 Digits)

Banking Account Number

Please place Bank stamp here

Received and stamped by (Name in Block Letters)

Signature of Bank Official

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date

3. TYPE OF BUSINESS

Please tick the appropriate box

Public Company	
Private Company (Pty)	
Close Corporation CC	
Sole Proprietor	
Partnership	
Trust Co-op	
Voluntary Associations	

*Please ensure to attach a certified copy of the appropriate document dependent on type e.g. Public Co. to attach certified copy of Certificate of Incorporation.

4. PREVIOUS BUSINESS INFORMATION

4.1 Did your business exist under a previous name? Yes No

4.2 If "Yes", what was the previous business name?

4.3 Reasons for name change

.....

.....

.....

5. CLASSIFICATION OF BUSINESS (Please see Annexure 1)*

5.1 Classification for Ray Nkonyeni Municipality Supplier Database **(Mandatory)**

Core Business Area	Sub-Sector

*Please refer to ANNEXURE 1 FOR A COMPREHENSIVE LIST OF Core Areas and their corresponding Sub-Sectors.

RAY NKONYENI MUNICIPALITY

SUPPLY CHAIN MANAGEMENT DATA CATEGORY LIST

(PLEASE SELECT ONLY ONE MAIN AND ONE ALTERNATIVE FROM ONE CATEGORY BELOW)

CONSTRUCTION			
Air Conditioning System	Electrical Contracts	Plumbing	
Alarm / Security System / Access Control	Evacuation System	Pre-cast Concrete Manufacture	
Autoclaves	Fencing	Plumbing Installations	
Automatic Hanger Doors	General Building Work	Road Marking & Signage	
Automatic Sliding Doors	Glazing	Roadworks & Cleaning	
Automatic Sprinkle Fire Protection System	Hauling / Heavy Equipment / Transport	Roofing & Waterproofing	
Brickwork / Masonry	Hot Water Installations	Sewerage Installations / Reticulations	
Cabinet / Furniture Making	Incinerators	Steam Installations & Ancillary Equipment	
Carpeting / Tiling / Floor Covering	Landscaping / Earthworks	Steel Fabrication & Erection	
Ceilings, Partitioning & Shopfitting	Lift & Escalator	Stormwater Draining	
Cladding Contracts	Mechanical Contracts	Water Installations / Reticulations	
Cooking & Related Systems	Metalwork & Burglar Bars	Other (Specify)	
Compressed Air Installations	Painting		
Concrete Works	Paving		
Demolition	Plastering		
SERVICES			
Accommodation	Food & Beverage	Personnel Services	
Advertising / Public Relations	Funeral Services	Pest Removal Services	
Auto Repairs & Services	Florist	Performance Management	
Auto Electrical & Hydraulic Repairs	Garden Services	Printing / Photography / Graphic Design	
Bookkeepers	Handyman	Promotional Materials	
Carpet Cleaning	Horticultural Services	Publishing	
Catering / Vending / Food Supply	HV Fault Finding Jointing & Terminations	Real Estate	
Cleaning Services	Insurance / Employee Benefits	Radio Publicity / TV Publicity	
Computer Supplies / Services	Interior / Industrial Design	Road Maintenance	
Corporate Gifts / Corporate Clothing	IT Maintenance	Recruitment Agencies	
Copywriting	IT Management	Safety & Security Services	
Courier Services	IT Networking	Security & Access Control	
Cleaning Equipment / Materials	IT Programming	Service HV & LV Switchgear / Transformers	
Diesel & Petrol Engines	Laundry Services / Dry Cleaning	Site Cleaning	
Debt Collection	Locksmith Services	Solid Waste Disposal	
Distribution	Media Liaison	Telecommunications	
Digging of Graves	Mailing / Courier Services	Travel Agencies	
Educational Services	Medical / Ambulance / Health Care	Timber Contractor	
Entertainment	Municipal Services	Telephone & Data Line Maintenance	
Fire Extinguisher & Refills	Medical Equipment / Instruments	Training & Development	
Fire Hydrants	Office Maintenance	Wind Socks for the Aerodrome	
		Other (Specify)	
PROFESSIONAL SERVICES			
Accountants / Financial Advisor Services	EDMS Consultants	Pre-Employment Assessment Consultants	
Architects	EAP Consultants	Project Managers	
Attorneys / Legal Services	Economists	Quantity Surveyors	
Archival Services Consultants	Industrial Relations Consultants	Statisticians	
Business Information Management	Job Description Consultants	Teachers	
Consulting Engineers (Geotechnical)	Land Surveyors	Town Planners	
Consulting Engineers (Civil/ Structure)	Legal Compliance Consultants	Training Providers	
Consulting Engineers (Electrical)	Medical Practitioners	Translation Services	
Consulting Engineers (Mechanical)	OHS Consultants	Other (Specify)	
Consulting Engineers (Multidisciplinary)	Organisations Development Consultants		
Contractors	Pharmacists		
WHOLESALE / TRADERS			
Automotive Parts	Fuel Supplies	Recreational Supplies	
Air Pollution Measuring Equipment	Furniture	Refrigeration & Air Conditioning	
Books	Fencing	Refuse Bulk Containers	
Building Materials / Hardware	Fire Fighting Equipment & Consumables	Protective Clothing / Uniforms	
Batteries	Food for Game Animals	Radio / Radio Equipment	
Cleaning Supplies / Chemicals / Pesticides	Generating Sets	Supply Plants, Flowers & Seeds	
Clothing	Health Safety & Environmental Supplies	Toilet Paper Wrapped / Unwrapped	
Computer Equipment / Software	IT Hardware & Software	Traffic Signs / Materials	
Curtains	Industrial Catering Equipment	Vehicles	
Consumables	Laundry Equipment	Workshop Equipment	
Domestic Appliances	Linen, Pillows & Blankets	Vehicles, Equipment, Trailers & Tractors	
Groceries	Medical Supplies & Equipment	Other (Specify)	
Electrical Supplies & Equipment	Medicines		
Fire Extinguishing	NGO's / NBO's		
Fire Protection & Detection	Office Consumables		
Floor Coverings	Office Equipment		
Food Supplies	Paint Supplies		
Fertilisers	Paper & Stationery		

6. BUSINESS INFORMATION

Please indicate your appropriate Sector

Agriculture	
Mining and Quarrying	
Manufacturing	
Electricity, Gas and Water	
Construction	
Retail, Motor Trade and Repair	
Wholesale Trade, Commercial	
Catering, Accommodation, Other	
Transport and Storage	
Finance and Business Services	
Community, Social and Personal	

7. PROPRIETORS/SHAREHOLDERS/PARTNERS/SOLE PROPRIETORS/TRUSTEES/ OWNER

Please list all owners (as listed above). If insufficient space, kindly attach a copy of this page signed by the person who signs on behalf of the business.

Name	ID No.	Shareholding %	Gender

8. PREVIOUS EXPERIENCE (If applicable)

Please list the municipal contracts awarded to you over the last 5 years or other previous experience related to your core business

Employer/ Department	Contact Person and Telephone No.	Contract Value in Rands	Completed Successfully (Yes/No)	Year

9. PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS

Name of Owner	Name and Address of Other Business	Position Held	Business Type	% of Ownership

10. VERIFICATION OF INFORMATION SUPPLIED RELATING TO REFERENCES THAT THE APPLICANT/BUSINESS MAY APPLY FOR

I/We, the undersigned, who warrant/s that I/We are duly authorized to do so on behalf of the supplier, certify/ies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledge/s that:

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.

2. If the information supplied is found to be incorrect, then Ray Nkonyeni Municipality may, in addition to any remedies it may have:
 - (i) Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
 - (ii) Recover from the supplier/contractor for all costs, losses or damages incurred or sustained by Ray Nkonyeni Municipality as a result of breach of contract;
 - (iii) Cancel the contract and claim any damages which Ray Nkonyeni Municipality may suffer by favourable arrangements after such cancellation; and
 - (iv) De-register the supplier registered on the Supplier Database.

Signed on this _____ day of _____ 20____ at _____
before the Commissioner of Oaths

Signature of Authorised Representative

Name in Block Letters

Supplier's Name

Signed and affirmed to before me at _____ on this _____
day of _____ 20____ by the deponent who has acknowledged that he/she
knows and understands the contents of this document, and he/she has acknowledged that he/she has
no objections to affirming that he/she regards the affirmation to be binding on his/her conscience.

Commissioner of Oaths

Full Name

Capacity

Business Address

Area

DECLARATION OF INTEREST

1. No tender/quotation will be accepted from persons in the service of the state.*
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of an invitation to tender or quotation. In view of possible allegations of favouritism, should the resulting tender, or part thereof, be awarded to persons connected with or related to persons in service of the state, **it is required that the Vendor or their authorized representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.**
3. In order to give effect to the above, the following questionnaire must be completed **and submitted with this Application:**

3.1 Full Name (Vendor or Authorised Representative **as mentioned above**)

.....

3.2 Identity Number :

3.3 Company Registration Number :

3.4 Tax Reference Number :

3.5 VAT Registration Number :

3.6 Are you presently in the service of the state?*Yes No

3.6.1 If so, furnish particulars:

.....
.....

3.7 Have you been in the service of the state for the past twelve months? Yes No

3.7.1 If so, furnish particulars:

.....
.....

3.8 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and/or adjudication of this tender? Yes No

3.8.1 If so, furnish particulars:

.....
.....

3.9 Are you aware of any relationship (family, friend, other) between a tenderer and any persons in the service of the state who may be involved with the evaluation and/or adjudication of this tender? Yes No

3.9.1 If so, furnish particulars:

.....
.....

3.10 Are any of the company's directors, managers, principle shareholders or stakeholders in service of the state? Yes No

3.10.1 If so, furnish particulars:

.....
.....

3.11 Are any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders in service of the state? Yes No

3.11.1 If so, furnish particulars:

.....
.....

**MSCM 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.

CERTIFICATION

I, the undersigned (name)

certify that the information furnished on this declaration form is true and correct.

I accept that the state may act against me should this declaration prove to be false.

.....
SIGNATURE

.....
DATE

.....
POSITION

.....
NAME OF TENDERER

REQUIRED DOCUMENTATION CHECKLIST

Please ensure that all documents listed below are attached (where applicable) to the Registration Form.

ALL documentation is to be provided in its original format or certified copies except Tax Clearance Certificate.

ATTACHED**(Please tick appropriate box)**

Document Name	Yes	No
Printed Tax Clearance Certificate (Please provide Tax Compliance Status PIN for validation)	<input type="checkbox"/>	<input type="checkbox"/>
Company Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Company Resolution of Signatories	<input type="checkbox"/>	<input type="checkbox"/>
Original or Certified Copy "Letter of Good Standing" from Workmen's Compensation Commissioner or its Agent	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Banking	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Certified copies of ID documents of Directors/Owners/Shareholders	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation Certificates: Registration to professional bodies, e.g. RMI, SETA, PSIRA, IOPSA, NHBRC, CIDB, copy of Certificate of Acceptability for Food Premises	<input type="checkbox"/>	<input type="checkbox"/>
BBBEE Certificate from the registered Auditors IRBA/Accounting Officer (as contemplated in Section 60 of the Close Corporation Act, Act No. 69 of 1984) or a Sanas accredited verification agency	<input type="checkbox"/>	<input type="checkbox"/>
Proof of registration on the Central Suppliers Database (CSD Registration Summary Report)	<input type="checkbox"/>	<input type="checkbox"/>