



METSIMAHOLO LOCAL MUNICIPALITY

SERVICE/VENDORS DATABASE APPLICATION FORM

Supply Chain Management
Civic Centre, 1st Floor, Room 101
Metsimaholo Local Municipality
Sasolburg
1947



Metsimaholo Local Municipality

Application Form for Service Providers to be included on the Metsimaholo Local Municipality Database.

Applicants wishing to register as service provider in the Metsimaholo Local Municipality (MLM) database must complete this form. In the case of professional service providers a *curriculum vitae* for each project staff member/consultant should be attached to the application form. Other relevant additional documentation may also be attached. The Municipality will determine the suitability of candidates for entry onto the database, based on the information provided.

All sections of the application form must be completed in full.

The application form is to be completed by the duly authorized official of the firm.

<hr/> Full Names (Print) <hr/>	<hr/> Designation <hr/>
<hr/> Signature <hr/>	<hr/> Date <hr/>

Registration Prerequisites:

Note: Professional service providers will not be registered on the Roster System if the following prerequisites are not met.

1. Please note if you are one of the shareholders in the company is in the service of the state (employee of the state), then the company cannot register in our database because it will be a conflict of interest
2. Proof of company registration and/or any other form of legal standing must be submitted
3. A current original Certificate of Good Standing in respect of RSC levies, obtainable from MLM Finance Department or relevant department of the municipality where your firm is registered, must be attached to the application
4. An original **Tax Clearance Certificate** from South African Receiver of Revenue Services (SARS) certifying that the taxes of the renderer are in order or that suitable arrangements have been made with SARS to bring them in order. The Tax Certificate will be reworded at the allocated space for the VAT number with the words "compulsory if turnover is more than R300 000.00". Where the person is not required to be registered for VAT, the Receiver of Revenue will write "not required to register" next to the allocated space for the VAT registration number
5. Building Contractors are required to register with the Construction Industrial Development Board (CIDB)
6. The **Declaration of Interest** form must be completed. (refer Annexure F)
7. The Application form must be completed in all respects in black ink
8. Submit proof of Professional Registration with the relevant Professional Body, e.g. The Engineering Council of South Africa
9. Submit Professional indemnity and type of cover
10. Submit Company composition on the form attached as Annexure "H"
11. Complete Annexure "C1, C2, D, K and F"
12. **Black Economic Empowerment (BEE)** Strategy/Transformation Strategies to empower the Disabled/Physically challenged
13. Certificate of Good Standing from the compensation commissioner not older than six months.

Particulars of Firm

1. Name of Firm _____

2. Name of Managing Principal _____

3. Type of Firm (tick relevant box)

<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Close Corporation
<input type="checkbox"/>	Private Company
<input type="checkbox"/>	Consortium
<input type="checkbox"/>	Other Specify _____

4. Co./ CC Registration No: _____

5. VAT Registration No: _____

6. RSC Levy Ref. No: _____

7. COID Registration No: _____

8. Company Income Tax Ref. No: _____

Note: Insert Income Tax reference number if one-man business and Personal Income Tax reference numbers of all parties if in a partnership.

9. Membership with professional bodies: _____
Include membership number _____

10. Complete the following table and provide supporting documents to confirm information.

Information Required	%
HDI Ownership	
HDI's in management position	
HDI's employed	
HDI's receiving bursaries	
HDI's in mentorship programs	
Total permanent staff complement (% not applicable)	
Female Ownership	
Disability Ownership	

Contact Details

1. Contact Person: _____

Phone No.: _____

Cell No.: _____

Fax No.: _____

E-mail: _____

2. Physical Address: _____

Code: _____

3. Postal Address: _____

Code: _____

4. National Office: _____

Please indicate by (X) the field of competence your firm will be registering in:

Professional Service Provider		General Service Providers	
	Social Facilitation		Office Supplier
	Legal		Safety and Security
	Financial And Audit		Catering
	Human Resource		Tourism and Leisure
	Training		Repairs and Maintenance
	Project management		Cleaning Suppliers and Services
	Occupational Health and Safety		Marketing and Publications
	Environmental		Information Technology
	Health		Transport
			Event Management
			Advertising
	Other (Specify)		Other (Specify)

Roster Professional Service Providers		Construction Service Providers	
	Architectural		Building Contractors
	Structural		Sewerage System
	Roadwork and Civil		Plumbing
	Water and Sanitation		Electricity
	Electrical		Carpentry
	Mechanical		Road Construction
	Quantity Surveyors		
	Land Surveyors		
	Town planning		
	Other (Specify)		Other (Specify)

Contractors must indicate what category or size of work they are able to undertake	
	Micro Projects: R 0.00 – R 300 000.00
	Small Size Projects: R 300 001.00 – R 500 000.00
	Medium Size Projects: R 500 001.00 – R 1.5 million
	Large Size Projects: Over R 1.5 million

NB: Not more than one field of competency may be selected, except in the case of Professional Services Providers and Roster Professional Service Providers

ANNEXURE C.1

Past Experience (Other Institutions excluding MLM)

Professional Services Providers and Construction Service Providers must furnish hereunder details of similar works/services, which they have satisfactorily completed in the past. The information shall include a description of the Works, the Contract Value and Name of Employer.

Employer	Nature of Work	Value of Work	Duration and Completion Date	Employer Contact No.

ANNEXURE C.2

Past experience (MLM only)

Professional Services Providers and Construction Service Providers must furnish hereunder details of similar works/services, which they have satisfactorily completed in the past for Metsimaholo Local Municipality. The information shall include a description of the Works, the Contract Value and Name of Employer.

Previous and/or current projects undertaken for administration			
Project Name	Value of Work	Contract Start Date	Anticipated/Actual Completion Date

ANNEXURE D

Company Details

The following company details schedule must be completed in full. Attach a copy of Founding Statement/Business Registration.

Registered Company Name: _____

Company Registration Number: _____

VAT Number; _____

Banking Details:

Bank Name: _____

Branch Name: _____

Account Number: _____

Professional Registration Details: _____

Professional Indemnity Details: _____

NB: Please attach cancelled cheque or letter of confirmation from the bank.

ANNEXURE H

Company Composition

General:

All information must be filled in space provided. If additional space is required, additional sheets may be attached. The onus is on the Service Providers to fill in all information, failure to do so will result in points being lost in under equity. The full company composition is required including HDI and non-HDI status. The ownership must accumulate to 100%.

Name	ID Number	Citizenship	HDI Status (Y/N)	Disability (Y/N)	Female (Y/N)	Date of Ownership	Owned %	Voting %

ANNEXURE K

Social Responsibilities

Social Responsibility			
Bursaries and Mentorship Programmes Provided by Company			
Name of Incumbent	Tertiary Institution Where Studies are being Conducted	Amount Allocated for Studies	Mentorship Programme that Incumbent has been placed on.

ANNEXURE F

Declaration of Interests

Any legal person, including persons employed by the MLM, or persons who act on behalf of the MLM or person having a kinship with persons employed by the MLM including a blood relationship, may make an application in terms of the system. In view of possible allegation of favouritism, should the resulting application or part thereof, be awarded to persons employed by the MLM, or to the persons who act on behalf of the MLM, or persons connected with or related to them, it is required that the applicant or his/her authorized representative shall declare his/her position vis-à-vis the evaluating authority and/or take an oath declaring his/her interest, where –

- the applicant is employed by the MLM or acts on behalf of the MLM; and/or
- the legal person on who's behalf the application is signed, has a relationship with persons/ a person who are/is involved with the evaluation of the submissions, or where it is known that such a relationship exists between the person or persons for or on who's behalf the declarer acts and persons who are involved with the evaluation of the submissions
- where the person is employed by any organ or State.

In order to give effect to the above, the following questionnaire shall be completed and submitted with the applicant.

Are you or any person connected with the applicant, employed by the Metsimaholo Local Municipality? Yes/No

If so, state particulars;

Do you, or any person connected with the applicant, have any relationship (family, friend, other) with the person employed with the MLM or its Administration and who may be involved with the evaluation, preparation and/or adjudication of these submissions? Yes/No

If so, state particulars;

Are you or any other person connected with the applications, employed by any organ of State?

Yes/No

If so, state particulars;

Signature of Declarer

Date

Position of Declarer

Name of Company