



AGANANG LOCAL MUNICIPALITY

SERVICE PROVIDER REGISTRATION FORM

All questions to be answered in detail (please print)

SECTION A: PARTICULARS OF SUPPLIER

(Please note that all information will be treated confidentially)

Supplier name:

Date submitted:

Supplier category:

Supplier registration no.:

No. of years the supplier has been operating:

Street Address/place:

Postal Address

| |
|-------|
| |
| |
| |
| |
| |
| Code: |

| | |
|-----------------|----------------|
| Tel. no. | Cell no |
|-----------------|----------------|

| | |
|----------------|---------------|
| Fax no. | E-mail |
|----------------|---------------|

Contact person:

| |
|--|
| |
|--|

Bank name: -----Active: -----Inactive-----

Branch name: -----Bank account no: -----

Vat no. -----Tax Clearance Certificate: -----

Billing municipality name:

| |
|--|
| |
|--|

| Name of partners | Gender | Disabled(y/n) | % stake |
|------------------|--------|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DECLARATION OF INTEREST

Are you presently in the service of the state? YES/ NO
 If yes, furnish particulars

| |
|--|
| |
| |
| |

Have you been in the service of state for the past 12 months? YES/ NO
 If yes, furnish particulars

| |
|--|
| |
| |
| |

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 bid?
 YES/ NO
 If yes, furnish particulars

| |
|--|
| |
| |
| |

The Registration form should be accompanied by the following documents:

- **Copy of the Organization's Registration Certificate(s)**
- **Original Valid Tax Clearance Certificate**
- **Copy of Vat Registration Certificate or proof thereof (if applicable)**
- **Copy of the Professional Registration Certificate if the service offered requires registration and regulation by a particular institution (if applicable)**
- **Copies of Registration for UIF and Compensation for Injury at Work (if applicable)**
- **Company Profile with Proof of Work Experience as well as referees with contact numbers**

SECTION B: EVALUATION SECTION

Indicate jurisdiction (area) of interest:

| Code | Area | ✓ |
|------|---|---|
| ALM | Aganang Local Municipal Area | |
| LM | Outside Aganang Municipal Area but in Limpopo Province | |
| OLP | Outside Limpopo Province | |
| WCDM | Outside Aganang Municipal Area but within Capricorn District Municipality | |

Capital arm and Capacity :(Estimated Capital Value of the Organization)

| Turn over | ✓ |
|--------------------------|---|
| < R50 000 | |
| > R100 000 | |
| > R500 000 | |
| < R1 000 000 | |
| R1 000 000 – R 5 000 000 | |

Provide details of current staff in the organisation in a form of percentage:

| Grade | % of Female | % of people with disability |
|----------------------------|-------------|-----------------------------|
| Directors partners members | | |
| Associates | | |
| Professionals | | |
| Technicians | | |
| Admin staff | | |
| Other | | |

DECLARATION:

I/We, the undersigned on behalf of the Business declares that the information furnished is true and correct and that I/We, have attached all the required documentary proof to substantiate the validity of the credentials of the business and give the Municipality the authority to reject or impose any penalties should the Supplier be found to have misrepresented some vital information.

Signature of the Applicant **Date**

Witnesses
1. -----
2. -----

FOR OFFICE USE

| NO. | DOCUMENTATION REQUIRED | YES | NO |
|------------|--|------------|-----------|
| (a) | Certified Copies of Identification Documents for Shareholders of the company | | |
| (b) | Proof of Company registration (CK) | | |
| (c) | Original Tax Clearance Certificate | | |
| (d) | Proof of Work Experience (CV) Company Profile | | |

I have checked all the details provided by this business and found that to be in order and that all necessary documentation proof has been provided to my satisfaction and therefore accepts the registration of this business in the municipality service provider database.

Procurement Officer **Date**

Senior Procurement Officer **Date**

Chief Financial Officer **Date**