Emthanjeni Municipality: Supplier Database

- POINTS TO REMEMBER -

COMPLETING THE EMTHANJENI MUNICIPALITY SUPPLIER DATABASE REGISTRATION FORM

- Mandatory fields Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as "Mandatory Field", have been completed, and if a field is not applicable to your business type clearly mark it as N/A.
- Required documentation Please refer to the *attached table* (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached.
- Completion of Questions Clearly state Yes, No or N/A to questions asked. Do not leave any Mandatory fields blank.
- Certified Documents Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Proof of Shareholding Certificates and Tax Clearance Certificate. The stamp of certification should be on the front of the document if it is faxed to Emthanjeni Municipality
- 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, Partners & Top Management Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.
- Holding Companies & Trusts Please contact the Emthanjeni Municipality Supply Chain Unit on Tel 053 632 9100 should your business be owned by a holding company or a trust.
- 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 Completed registration forms and supporting documentation can either be delivered or emailed to one of the addresses on the registration form or faxed to the numbers provided on the first page of the registration form. Please contact the Supply Chain Unit for additional collection points in outlying areas.
- **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 all of the above role players. This letter of verification will be dispatched to the correspondence details supplied on the third page.
- Business Opportunities Please note that registration on the Emthanjeni Municipality Supplier Database does not guarantee business opportunities.
- Amendments Please notify the Emthanjeni Municipality Supply Chain Unit immediately of any changes to the verified information submitted.
- Queries Should you have any queries or if you require assistance completing the registration form, please contact Emthanjeni Municipality Supply Chain Unit on (T) 053 – 632 9100.

					BUSINESS TYP	E			
DOCUMENTS REQUIRED	Sole Proprietor	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organizations (NPO)	Where to get documents	Address	Telephone
Company Registration CERTIFIED COPIES	N/A	Certificate of incorporation CK1 / CK2	Partnership agreement	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies	Zanza Building, 116 Proes Street, Pretoria	012-310 8789
Proof of Ownership CERTIFIED COPIES	N/A	Shareholding CK1 / CK2	Partnership agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of Close Corporations & Companies	Zanza Building, 116 Proes Street, Pretoria	012-310 8789
Proof of Banking	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Branch of bank where account is held		
Income Tax	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)	SARS Office Kimberley	0860 12 12 18
Tax Clearance Certificate	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)	SARS Office Kimberley	0860 12 12 18
P.A.Y.E	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Receiver of Revenue (SARS)	SARS Office Kimberley	0860 1212 18
VAT Registration	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receiver of Revenue (SARS)	SARS Office	0860 1 2 12 18
U.I.F Certificate	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour	Dept of Labour De Aar	053-631 0952
Workman's Compensation	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	If staff are employed	Department of Labour	Dept of Labour De Aar	053- 6310952
Security Officer's Board	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry			
Proof of Disability	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled			

		Business owned by	Holding Company	у	
EG: Shareholding at ABC Company (Pty) Ltd					
Type of Shareholding	Direct owner	Holding company	Shareholder of Holding Company	Shareholder of Holding Company	Shareholder of Holding Company
Involvement in ABC Company	Actively involved in daily management and operations of ABC Company	Holding company	Actively involved in daily management and operations of ABC Company	Not actively involved in daily management and operations of ABC Company	Actively involved in daily management and operations of ABC Company
Proof of Shareholding Required	Shareholding certificate required	Shareholding certificate required	Shareholding certificate required IF he/she is actively involved in daily management of ABC Company	NO shareholding certificate required IF he/she is not actively involved in daily management of ABC Company	Shareholding certificate required IF he/she is actively involved in daily management of ABC Company

Emthanjeni Municipality Supplier Database

These forms must be completed and submitted to the following address:

Emthanjeni Municipality, 45 Voortrekker Street, P.O. Box 42, De Aar, 7000

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED

Por Official Purposes Only Name of Business Trading Name Registration No.

UIF Certificate
Workman's Compensation Certificate
Security Officer's Board Registration
Vat Registration Number
P.A.Y.E.
Company Registration Document (Certified)
Proof of Ownership / Shareholder certificate (Certified)
Tax Clearance Certificate (Certified)
Proof of Banking Document
Disability Documents
Income Tax Registration number

Please tick in box									
Υ	N	NA							

Please Note: Proof of documents for all of the above are required to ensure successful registration on the Supplier Database. In the event of a document not being required please tick the N/A box.

1.	COMPANY REGISTRATION DOCUMINB. DOCUMENTARY PROOF MUST		DED WHERE APPLICAB	LE (Ple	ease n	mark N	/A if n	ot appli	cable	.)				
1.1 CC	OMPANY TYPE (NB Documentary Pro	of of regis	stration must be provide	d) (M /	AND	АТО	RY	DOC	JME	NTS	* *			
PUB	LIC COMPANY LTD		CERTIFIED COPY OF C	CERTIF	ICAT	E OF II	NCOR	RPORA	TION	(CM 3)				
PRIV	ATE COMPANY (PTY) LTD		CERTIFIED COPY OF C	CERTIF	ICAT	E OF	INCO	RPORA	OITA	N (CM 3	3)			
CLO	SE CORPORATION CC		CERTIFIED COPY OF C	CK 1 D	OCUM	MENT (OR CK	(2 IF A	PPLI	CABLE				
SOLE	PROPRIETOR		COPY OF REGISTRAT	ION DO	OCUM	MENT								
PAR	INERSHIP		COPY OF REGIONAL C AGREEMENT	COUNC	IL RE	GISTR	RATIO	N DOC	UME	NT and	PAR	TNE	RSH	IIP
BUSI	NESS TRUST		COPY OF REGIONAL C COPY OF REGISTRATI				RATIO	ON DO	CUM	ENT an	d CE	RTIF	IED	
ОТНІ	ER		COPY OF REGIONAL C COPY OF REGISTRATI				RATIO	OO NC	CUMI	ENT an	d CE	RTIF	IED	
Com	oany, CK or Regional Council Number													
	pplicable to all companies, please specify you attached your Company Registration		nt?									Y	N	NA
1.2	PROOF OF SHAREHOLDING DOCUM	MENTS (MANDATORY DO	СИМ	ENT	「S)**							ı	
CERT	TIFIED COPIES of Shareholders certifica							plied						
Not a	pplicable to all companies, please specif	y if N/A										Υ	N	NA
Have	you attached proof of shareholders docu	iments?												
1.3	PROOF OF BANKING DOCUMENTS	(MAN	DATORY DOCUMI	ENTS	S)**							1		
	nt bank statement or copy of cancelled c you attached proof of banking document	•										Υ	N	NA
1.4	VAT REGISTRATION NO (MANDA	TORY, II	F APPLICABLE)**							1				
VAT	Registration No.													
If you	qualify for VAT exemption, please attach	n a VAT ex	emption document											
	pplicable to all companies, please specif											Υ	N	NA
	you attached proof of your VAT registrati													
1.5	P.A.Y.E DOCUMENT (MANDATOR	RY, IF AI	PPLICABLE)**			<u> </u>	1							
P.A.Y	.E. Document											V		N. A
	pplicable to all companies, please specif you attached proof of your P.A.Y.E docu	*										Y	N	NA
1.6	UNEMPLOYMENT INSURANCE FUN	D DOCUM	IENTS (MANDATOR)	Y, IF /	APPL	ICAB	LE)*	*		I I			ı	
Unen	ployment Insurance fund No.													
	pplicable to all companies, please specif you attached your UIF document?	y if N/A										Υ	N	NA
1.7	WORKMAN'S COMPENSATION FUN	D DOCUM	MENTS (MANDATORY	, IF A	PPL	ICAB	LE)*	*						
Work	man's Compensation fund No.													
	pplicable to all companies, please specify you attached your Workman's Compens	•	ument?									Y	N	NA
1.8	SECURITY OFFICERS BOARD REGI	STRATION	NNO (MANDATORY,	IF AF	PLIC	CABL	E)**							
Secu	rity officers board registration No.													
	pplicable to all companies, please specif	•			•		•					Υ	N	NA
	you attached your Security Officers Boar	_												
1.9	DISABILITY DOCUMENTS (MANDA		IF APPLICABLE)""									Υ	N	NA
Have	pplicable to all companies, please specify you attached your proof of disability documents.	ument?										•		NA
1.10	INCOME TAX REGISTRATION (MA	NDATO	DRY DOCUMENTS	5)**								V	N	N A
	you attached your proof of income tax re	-										Υ	N	NA
1.11	TAX CLEARANCE CERTIFICATE (M			S)**								Υ	N	N A
CERT	TIFIED copy of a valid Tax Clearance C	ertificate	must be supplied									ſ	14	NA

Have you attached your tax clearance document?

2. BUSII 2.1 Name		sine	SS																						
2.1.1	Busin	ess T	radi	ng N	lame	(M	AND	ATO	RY	FIEL	D) * [;]	k						1				1			
	Head (Office	e (M.	AND	ATO	RY I	FIEL	D) *	*	1			l	1		l		1			I	1	1	I	l
Postal add	iress																								
		City	/																	Co	de				
		Pro	vinc	е																					
2.1.3	Head (Office	e (M.	AND	ATO	RY I	FIEL	D) * *	ŧ	1			l	l .		l					l			l	l
Physical																									
address																									
		City	,																	Cc	ode				
			, vinc																						
2.1.4	Head (ono	No.	MAR	NDV.	TOP	V FII	ום ו	* *													
2.1.4	leau		<i>-</i> 16	epii	OHE	140.	INIT	IDA			LD)														
2.1.5	Head (Office	Fa	y No	(M.	ממע	ΔΤΩ	RY F	IFI	D IF	ΔΡΡΙ	ICΔ	RI F	:) * *											
	licua		J I U	. 110	. (1417	1110	7.0			<u> </u>															
2.1.6	E-mail	bbΔ	ress	(M.	ΔΝΠ	ΔΤΩ	RY F	I FIFI I	D IF	ΔΡΡ	ΙICΔ	RI F	-) * *												
	a			(1417	1110				<u> </u>				<u>, </u>												
2.1.7	Conta	ct Pe	rsor	for	corr	espo	onde	nce	as r	er 2	11 (MAN	DAT	ORY	FIE	LD)	* *							l	
Title				l	st Na	-			,	<u> </u>						,									
Surname																									
	Call N																								
		o (M	ΔΝΓ	ΔΤΟ	RY	FIFI	D IF	ΔΡΡ	I IC	ΔRI	=) * *					I		ı							
	Cell 14	o. (M	AND	ATC	RY	FIEL	D IF	APP	LIC	ABL	Ξ) * *														
													as a	Blac	k Ec	ono	mic	Emp	owe	rmer	nt (B	EE)	com	pany	/?
	ls the												as a	Blac	k Ec	ono	mic	Emp	owe	rmer	nt (B	EE)	com	pany Y	/? N
													as a	Blac	k Ec	onoi	mic	Emp	owe	rmer	nt (B	EE)	com	_	
2.1.9 Yes / No		com _l	oany	cur	rentl	y cla	assif	ied b	oy aı	ny de	finiti	ion a			k Ec	onoi	mic	Emp	owe	rmer	nt (B	EE)	com	_	
2.1.9 Yes / No	s the Who h	comp as p	oany rovid	cur	rentl	y cla	assif	ied b	oy aı	ny de	finiti	ion a			k Ec	onoi	mic	Emp	owe	rmer	nt (B	EE)	com	_	
2.1.9 Yes / No	Who h	as preference	rovionstit	cur	rentl	y cla	assif	ied b	oy aı	ny de	finiti	ion a			k Ec	onoi	mic	Emp	owe	rmer	nt (B	EE)	com	_	
2.1.9 Yes / No	Who h	as programmers as tata	rovionstit	ded t	rentl	y cla	assif	ied b	oy aı	ny de	finiti	ion a			k Ec	onoi	mic	Emp	owe	rmer	nt (B	EE)	com	_	
2.1.9 Yes / No	Who h	as programmers as tata	rovionstit	ded t	rentl	y cla	clas	ied b	oy aı	ny de	finiti	ion a			k Ec	onoi	mic	Emp	owe	rmer	nt (B	EE)	com	_	
2.1.9 Yes / No 2.1.10	Who h	as programmers as tata	rovionstit ent ent enpa	ded tution	rentl	y cla	clas	ied b	atio	ny de	finiti	ion a			k Ec	onoi	mic	Emp	owe	rmer	nt (B	EE)	com	_	
2.1.9 Yes / No 2.1.10	Who h Gov Para Liste Othe	as pi	rovidenstitent alsompa	ded to	chis I	y cla	clas	ied b	atio	ny de	finiti	com	pan	y? ence										Υ	N
2.1.9 Yes / No 2.1.10	Who h	as programment of the company of the	rovidustit ent als mpa	ded tution	chis I	y cla	clas	ied b	atio	ny de	finiti	com	pan	y? ence										Υ	N
2.1.9 Yes / No 2.1.10	Who has a constant of the cons	as programment of the company of the	rovidustit ent als mpa	ded to	chis I	BEE	clas	ied b	atio	ny de	finiti	com	pan	y? ence										Υ	N
2.1.9 Yes / No 2.1.10	Who has been good and the second good good good good good good good g	as programment of the company of the	rovidustit ent als mpa	ded tution	chis I	BEE MAN of collation	clas	ied b	atio	ny de	finiti	com	pan	y? ence										Υ	N
2.1.9 Yes / No 2.1.10	Who has a constant of the cons	as pi lineernm astatated Co er nder r prei anati	rovidustit ent als mpa	ded tution	chis I	y cla BEE MAN of clatic	clas	ied b	atio	ny de	finiti	com	pan	y? ence										Υ	N
2.1.9 Yes / No 2.1.10	Who has been good and the second good good good good good good good g	as pi lineernm astatated Co er nder r prei anati	rovidustit ent als mpa	ded tution	chis I	BEE MAN of collation	clas	ied b	atio	ny de	finiti	com	pan	y? ence										Υ	N
2.1.9 Yes / No 2.1.10	Who has been seed you not be s	as pi liternmm astata acd Coer nder r prer anati	rovidenstit ententententententententententententente	ded tution	renti	BEE MAN of coiation	clas FIDAT Orres ons u	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth			elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Corplease selections 2.1.12 He Correspond	Who h Gov Para Liste Othe rrespo ect you Expl Post Fax E-m	as pi liternmm astata acd Coer nder r prer anati	rovidenstit ententententententententententententente	ded tution	renti	BEE MAN of coiation	clas FIDAT Orres ons u	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth			elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Cor Please selection	Who h Gov Para Liste Othe rrespo ect you Expl Post Fax E-m	as pi liternmm astata acd Coer nder r prer anati	rovidenstit ententententententententententententente	ded tution	renti	BEE MAN of coiation	clas FIDAT Orres ons u	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth			elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Corplease selections 2.1.12 He Correspond	Who h Gov Para Liste Othe rrespo ect you Expl Post Fax E-m	as properties of the second of	rovidustit ent als mpa ferre on c Capa	ded tution	renti	BEE MAN of coiation	clas FIDAT Orres ons u	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth	od y		elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Corplease selections 2.1.12 He Correspond	Who h Gov Para Liste Othe rrespo ect you Expl Post Fax E-m	as pile remmestata de Coer nder r pree anatii uld y	pany rovid nstit ent als mpa nce I ferre on c Capa	v curred ded to the total ded total ded to the total ded total ded to the total ded total ded total ded total ded to the total ded total ded total ded total de	renti	BEE MAN of coiation	clas FIDAT Orres ons u	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth			elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Corplease selections 2.1.12 He Correspond	Who h Gov Para Liste Othe rrespo ect you Expl Post Fax E-m	as pile remmestata de Coer nder r pree anatii uld y	rovidustit ent als mpa ferre on c Capa	v curred ded to the total ded total ded to the total ded total ded to the total ded total ded total ded total ded to the total ded total ded total ded total de	renti	BEE MAN of coiation	clas FIDAT Orres ons u	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth	od y		elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Cor Please selection Correspond Address	Who h Gov Para Liste Othe rrespo ect you Expl Posi Fax E-m	as properties of the second of	pany rovid nstit ent als mpa nce I ferre on c Capa	v curred ded to the total ded total ded to the total ded total ded to the total ded total ded total ded total ded to the total ded total ded total ded total de	renti	BEE MAN of coiation	clas FIDAT	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth	od y		elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Corplease selections 2.1.12 He Correspond	Who h Gov Para Liste Othe rrespo ect you Expl Posi Fax E-m	as properties of the second of	pany rovid nstit ent als mpa nce I ferre on c Capa	v curred ded to the total ded total ded to the total ded total ded to the total ded total ded total ded total ded to the total ded total ded total ded total de	renti	BEE MAN of coiation	clas FIDAT	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth	od y		elect	Y	W.
2.1.9 Yes / No 2.1.10 2.1.11 Cor Please selection Correspond Address	Who has been seed you have been seed as Number 1997.	as pi Ir ernm estata ed Coer nder r prer anati City Pro	rovidenstit entals empa nce I ferre on c Capa	v curred ded to the total ded total ded to the total ded total ded to the total ded total ded total ded total ded to the total ded total ded total ded total de	renti	BEE MAN of coiation	clas FIDAT	ied b	e sp	ny de n for n for eecify ELD)	finiti	com	pan oond	ence	will l	be se	ent u	sing	the r	meth	od y		elect	Y	W.

BRANCHES, SALES AND ACCOUNTS DEPARTMENTS (MANDATORY FIELDS) ** 3. Sales Department (MANDATORY FIELD) * * 3.1 **Contact Name** Cell No **Email Address** Telephone Fax Accounts Department (MANDATORY FIELD) * * 3.2 Cell No **Email Address** Telephone Fax 3.3 **Branches** Do you have any other branches in this region? If yes, kindly complete 3.3 below Multiple copies of this page may be submitted if required. Name / Area Physical Address City Code Province Fax Telephone Name / Area Physical Address City Code Province Fax Telephone Name / Area Physical

Fax

Code

Address

Telephone

City

Province

4.1 CORE BUSINESS (Mark with X in applica			ON	(M	ANI) A T	OR	YF	IEI	_ D)	* *											
Prime Contractor	010 110	143)						than		% ge	nera	ited			Labo	our-o	nlv (Contr	acto	r		
							e co	ntrac	tor)				-		Lube	, u. o	, -	, O	u010.			
Supplier					actur		ماممه	mant	0 т	roin	na (- Comi										
Professional Services				ovide		Deve	eiopi	ment	άI	raini	ing s	servi	се									
Other, please specify																						
4.2 ANNUAL AVERAG	E TU	RNO	VER	(M	ΑN	DΑ	то	RY	FII	ELI) * *											
Indicate annual average t	urnove	er ex	cludi	ng V	/alue	Add	ed T	ax dı	uring	the	past	three	e yea	ırs:								
В																						
R																						
5. FINANCIAL DETA	II 6 /B	ANIL	(INIC		RA A	N D	A T () D V	, 61		D \ *	*										
Banking institution name	-	AINT	IIIG) (IVIA	ND		J K 1	_ F I		, 											
Branch	•																					
Town / City																						
Banking account numbe	r																					<u> </u>
Account Type	•																					
Account holders name																						
NB. DOCUMENTARY P	ROOF	OF	BAN	KIN	G IN	STIT	UTIC	ON M	UST	BE	SUP	PLIE	D ((Canc	elled	l Che	eaue	/ Ba	nk S	State	men	t)
6.1 Did your business e			-		us na	me?							I							<u> </u>		
6.2 If yes, what name d	id it tra	ade ι	unde	r?																		
6.3 Previous business r	egistra	ation	num	nber	?																	
6.4 Who were the owne	rs, par	rtner	s and	d dire	ector	s?																
First Name																						
Surname																						
Identification Number																						
First Name														1	1	1		1				
First Name Surname																						
Identification Number																						
identification Number																						
First Name																						
Surname																						
Identification Number																						
F: 4.N																						
First Name		<u> </u>																		<u> </u>		-
Surname		<u> </u>																		<u> </u>		
Identification Number																						<u> </u>
First Name																						
Surname																						
Identification Number																						

7. BUSINESS INFORMATION (MANDATORY FIELD)* *

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE	Total annual turnover TICK WHERE APPLICABLE	Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE
Agricultura	MORE THAN 100	MORE THAN R 4.00m	MORE THAN R 4.00m
Agriculture	LESS THAN 100	LESS THAN R 4.00m	LESS THAN R 4.00m
Mining and Quarring	MORE THAN 200	MORE THAN R 30.00m	MORE THAN R 18.00m
Mining and Quarrying	LESS THAN 200	LESS THAN R 30.00m	LESS THAN R 18.00m
Manufacturing	MORE THAN 200	MORE THAN R 40.00m	MORE THAN R 15.00m
Manufacturing	LESS THAN 200	LESS THAN R 40.00m	LESS THAN R 15.00m
Electricity, Gas and Water	MORE THAN 200	MORE THAN R 40.00m	MORE THAN R 15.00m
Electricity, Gas and Water	LESS THAN 200	LESS THAN R 40.00m	LESS THAN R 15.00m
Construction	MORE THAN 200	MORE THAN R 20.00m	MORE THAN R 4.00m
Construction	LESS THAN 200	LESS THAN R 20.00m	LESS THAN R 4.00M
Detail Meter Trade and Denair Convince	MORE THAN 100	MORE THAN R 30.00m	MORE THAN R 5.00m
Retail, Motor Trade and Repair Services	LESS THAN 100	LESS THAN R 30.00m	LESS THAN R 5.00m
Wholesale Trade, Commercial Agents &	MORE THAN 100	MORE THAN R 50.00m	MORE THAN R 8.00m
Allied Services	LESS THAN 100	LESS THAN R 50.00m	LESS THAN R 8.00m
Catarina accommodation 9 other Trade	MORE THAN 100	MORE THAN R 10.00m	MORE THAN R 2.00m
Catering, accommodation & other Trade	LESS THAN 100	LESS THAN R 10.00m	LESS THAN R 2.00m
Transport Storage and Communications	MORE THAN 100	MORE THAN R 20.00m	MORE THAN R 5.00M
Transport, Storage and Communications	LESS THAN 100	LESS THAN R 20.00m	LESS THAN R 5.00m
Finance and Duninger Convince	MORE THAN 100	MORE THAN R 20.00m	MORE THAN R 4.00m
Finance and Business Services	LESS THAN 100	LESS THAN R 20.00m	LESS THAN R 4.00m
Community Conin 9 Demond Coming	MORE THAN 100	MORE THAN R 10.00m	MORE THAN R 5.00m
Community, Social & Personal Services	LESS THAN 100	LESS THAN R 10.00m	LESS THAN R 5.00m

8. OWNERS, SHAREHOLDERS, PARTNERS AND TOP MANAGEMENT

Capacity	
Director	D
Partner	Р
Member	M
Proprietor	R
Other	0

Race Group	
Black	В
White	W
Coloured	С
Indian	I
Other	0

Explanation of abbreviations used in the following tables:

8.1 List all persons who are shareholders/owners as well as top management in the business (MANDATORY FIELD) **

Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied.

NB If a trust / holding company has ownership in the business,

NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED Multiple copies of this page may be submitted if required.

manapro coprece or and	Paga		,			•	9	-														
First Name																						
Surname																						
Identification Number																						
Percentage Share														U								%
																		D	Р	M	R	0
Capacity																						<u> </u>
Candar																					M	F
Gender																		В	w	С	-	0
Race Group																			**	•	•	
. шоо олоар																					Υ	N
Disabled (a permanent im											func	tion i	esul	ting i	n res	stricte	ed o	r lack	of			
ability to perform in a mar	iner c	consi	dere	d no	rmal	tor a	hun	nan t	peing	J)											Υ	N
Were you a South African	citiz	en oi	n or l	befoi	e the	e 26 th	of A	April	1994	?											•	
, ,								ŗ													Υ	N
Are you actively involved	in the	e mar	nage	men	t and	l dail	y bu	sines	s op	erati	ons	of the	e bus	ines	s?							
				1						1	1											
First Name																						
Surname																						
Identification Number																						
Percentage Share																						%
																		D	Р	M	R	0
Capacity																						_
Gender																					М	F
Gender																		В	w	С	1	0
Race Group																					-	
•																					Υ	N
Disabled (a permanent im											func	tion i	esul	ting i	n res	stricte	ed o	r lack	of			i
ability to perform in a mar	iner d	consi	aere	a no	rmaı	tor a	nun	nan t	peing	3)											Υ	N
Were you a South African	citiz	en or	n or l	befor	e the	e 26 th	of A	April	1994	?											-	
,								•													Υ	N
Are you actively involved	in the	e mar	nage	men	t and	dail	y bu	sines	ss op	erati	ions	of the	e bus	ines	s?							

8.2 PARTICULARS OF EMPLOYEES (MANDATORY FIELD)* *

State the total number of per<u>manent and temporary staff</u> employed.

BLACK COLOURED INDIAN WHITE OTHER DISABLED

MA	LE
Permanent	Temporary

FEMALE									
Permanent	Temporary								

9.	BEE INITIATIVES	(Mark	with	<i>X</i>) (MA	N D	ΑT	OR	Y F	IEL	DS)* *											
9.1	Does the company Yes / No?	/ have	an e	emplo	oyme	ent e	quity	pro	gram	me?												Υ	N
9.2 How many permanent employees are at management level or can be classified as professional?																							
9.3 How many of the permanent staff that are management or are professional are previously disadvantaged?																							
9.4 How many people of the board and senior management are previously disadvantaged?																							
9.5 Have you formed alliances with BEE entities through partnering, joint ventures or other similar initiatives? Yes / No											Υ	N											
Liste	the above alliances	Pri	ivate	Com								tions] P	artn	ersh	ips			Indiv	idual	s	
10.	PREVIOUS CONT	RACI	OR	TEN	DER	RING	EXP	PERI	ENC	E (N	lark ı	vith X)									Υ	N
_	ou have any previou						_	-															
	s, please complete r businesses relate									acts	awa	rded	toy	ou (t	he t	ende	erer)	or pi	revio	us e	xper	ience) with
Emp	loyer/Department																						
Cont	act Person																						
Cont	act Number																						
Estin	nated Contract Value	e in R	ands	3									R										
Year	Awarded											Yea	ır Co	mple	ted	/ Stil	l in F	rogr	ess				
											Υ	N											
Emp	loyer/Department																						
Cont	act Person																						
Cont	act Number																						
Estin	nated Contract Value	e in R	ands	3	l		l						R										
Year	Awarded											Yea	ır Co	mple	ted	/ Stil	l in F	rogr	ess				
Proo	f documents attache	ed?				1															ı	Υ	N
11. 11.1	PROCUREMENT (Does your compa			-	aalie	od n	roci	ırom	ont	nalia	w to	cupr	ort	DEE	/BI	ack I	Econ	omi	c En	2004	ıorm	ont\	9
	Does your compa	ily ila	ive a	1011	iiaiis	eu p	1000	11 611	ient	pone	y to	Supp	JOIL	DLL	יום)	ack i	_001	101111	C LII	ipov	VEIIII	Y	N
Yes	/ No?																						
11.2	How much was sp	pent d	on pu	urcha	ases	for	oper	atio	nal p	urpo	oses	in th	e p	ast 1	2 m	onth	s?						
Estin	nated value in Rand	s											R										
11.3	How much was sp	nent 1	nn ca	anita	l ovr	nend	ituro	in t	he n	aet 1	2 m	onth	- ?										
	nated value in Rand		J11 C	apita	. .	Jenu	itul 6	(ue h	uot I	- III	Jiiui:	R										
14.4	How much was as	nort.	a, ith	DEF	/DIA	ok F	005	one!	. E	new	~ u	on#\ -	ا	nani		, 4h	nec	. 40	ma-	tha	,		
I 1.4 Estir	How much was sp nated value in Rand		νιτη	BEE	(BIA	ICK E	con	omic	∶⊨m	pow	erm	ent) (com R	panie	es ir	ı tne	pas	12	mor	เกรา	r 		

12.	RDP, Social Responsibility and Social Upliftment									
12.1	2.1 Does your company have a formal RDP, Social Responsibility or Social Upliftment policy or programme?									
		Υ	N							
Yes	/ No?									
12.2	Do you contribute financially to charities, non-profit organizations and causes in support of disadvan privileged communities?	taged	or under-							
	(N. 0	Υ	N							
Yes	/ No?									
13.	DEVELOPMENT									
13.1	Does your company have formalized development, training, skills transfer and Upliftment policies or pr	actice	s in place?							
		Υ	N							
Yes	/ No?									
13.2 (Mar	What type of policies or practices do you have in place? rk with X)	_								
	malised development policies and procedures									
	malised training									
	malised skills transfer policies and procedures									
Upli	ftment policies									
13.3	Does your company support any external education, development and accelerated learning programs?									
Yes	/ No?	Υ	N							
	What type of support do you provide?									
	rk with X)	ſ								
	ernal education for previously disadvantaged individuals									
	relopment programs for previously disadvantaged individuals	•								
	elerated learning programs for previously disadvantaged individuals									
External education for previously disadvantaged communities										
Development programs for previously disadvantaged communities										
Acc	elerated learning programs for previously disadvantaged communities	Į								
14.	OTHER INITIATIVES									
14.1	Does your company have any other internal or external initiatives that qualify as social investment of initiatives?	r phi	lanthropic							
Yes	/ No?	Υ	N							
14.2	Are these initiatives related to: -									
	rk with X)	г								
	ironmental issues									
Hea	lth									
Crin	ne prevention									
Othe	er									

If other, please specify:

- 15. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT (MANDATORY)**
 - I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACKNOWLEDGES THAT: -
 - 1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
 - 2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have:
 - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
 - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or
 - iii. Impose a penalty on the contractor as provided for in the relevant organisation's regulations.

SIGNED ON THIS	DAY OF	200	_AT
(SIGNATURE)			IN HIS /HER CAPACITY AS
ON BEHALE OF THE (SUE	DDI IED'S NAME\		

16.	CLASSIFICATION FOR EMTHANJENI MUNICIPALITY SUPPLIER DATABASE	(MANDATORY)**
-----	--	---------------

IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

To assist us in the classification process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specialisations.

COMPANY:		
REGISTRAT	ION NO:se only)	
TEL NO:		
FAX NO:		
Our core bus	siness is	
Key words:		
Specialisatio	ons:	