



MARULENG MUNICIPALITY

P.O. BOX 627
HOEDSPRUIT
1380

Place of the Marula

TEL: 015 793 2409
TEL: 015 793 2237
FAX: 015 793 2341
ENQ: KELVIN PHIRI

MOPANI DISTRICT

BUDGET & TREASURY DEPARTMENT

DATABASE REGISTRATION

Maruleng Municipality is inviting suitable suppliers/vendors for provision of goods and services to the municipality according to the following categories.

▪ Advertising	▪ Stage
▪ Security	▪ Auto Spares
▪ IT Services	▪ Civil, Electrical Engineering
▪ Printing & Stationery	▪ Light & Heavy Vehicle Mechanical
▪ Transport	▪ Electrical Installation & Maintenance
▪ Catering & Décor	▪ Mobile Toilets
▪ Tents & Chairs	▪ Water & Sewer equipments
▪ Office furniture	▪ Training & Development
▪ Insurance services	▪ Survey, Town planning
▪ Music	▪ Drilling & Testing of Borehole
▪ Legal services	▪ Building Construction
▪ Building materials	▪ Tax & Auditing
▪ Other	▪

To be registered in the database, service providers are requested to submit the following:

- Valid Tax Clearance Certificate
- Company profile
- Company/Close Corporation Registration Certificate

Database registration forms are obtainable from Maruleng Municipality offices situated at **64 Springbok Street Hoedspruit** or at **Thusong Service Centre**

To be registered on Maruleng Municipality database as a service provider the following registration fees are applicable:

Advertising, Printing and Stationery and IT Services	R300
Catering, Décor and Entertainment	R100
Security, Insurance Services, Tax and Auditing and Legal Services, Training	R300
Construction, Drilling and Testing Boreholes, Sanitary Services, Water and Sewer Equipments	R300
Transport	R250
Chairs, Tents, Mobile Toilets	R250
Auto Spares, Light and Heavy Vehicles and ,Mechanical	R250

NB: THE REGISTRATION INTO OUR DATABASE DOESN'T GUARANTEE ANY JOB TO ANY PERSON AND THE AMOUNT PAID IS NOT REFUNDABLE

Enquiries should be directed to Mr. K Phiri @ (015) 793 2409 during office hours.

1. PARTICULARS OF THE BUSINESS

Full registered Name of the Business _____

Trading Name/ If any _____

Business Registration Number _____

Municipality where business is located _____

Name of District Municipality _____

Water Account number /If any _____

Business Stand/ side number _____

Principal Business Activities _____

Postal Address _____

Residential Address _____

Business Telephone Number _____

Fax Number _____

Contact Person _____ ID No _____

Cell Number _____

Alternative Contact _____

E-mail Address _____

Date Established _____

Total number of years in the business has been operating _____

Tax Clearance Certificate number (must be attached) _____

Vat registration Number _____

Bank Name _____

Branch Name _____

Branch Code _____

Bank Account Number _____

2. TYPE OF BUSINESS/ COMPANY

Please tick applicable box

Partnership	
Sole trader / One Person business	
Close Corporation	
Company	
Other (please specify)	

3. COMPANY CLASSIFICATION

Please tick appropriate box

Manufacturer	
Supplier	
Professional Service Provider	
Service and Maintenance	
Other (please specify)	

4. SERVICES/PRODUCTS THAT YOUR BUSINESS OFFERS/SUPPLY

1. DECLARATION

I/ We, the undersigned on behalf of the business declare 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 penalty should the business be found to have misrepresented some vital information. I/ We declare that the banking details provided are correct and fully acquainted with the conditions of purchase and delivery, payment, definitions, vendor requirements and general definitions as stipulated on 10 to 13

Name and Surname: _____

Signature: _____ **Date:** _____

WITNESS

1. Surname And Initial: _____

2. Surname And Initial: _____

6. FOR OFFICIAL USE ONLY

Are The Following Documents Attached?		
	Yes	No
Company Profile		
Valid Tax Clearance Certificate		
Company Registration Certificate		

CREDITORS NUMBER

I have checked all the details provided by this business and to be in order and that all the necessary documentary proof has been provided to my satisfaction and therefore accept the registration of this business in the Municipal Service Provider database.

Database Administrator

Date