



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.

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

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 <u>64 Springbok</u> <u>Street Hoedspruit</u> or at <u>Thusong Service Centre</u>

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	R300
Sewer Equipments	
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. <u>PARTICULARS OF THE BUSINESS</u>

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. <u>TYPE OF BUSINESS/ COMPANY</u>

### Please tick applicable box

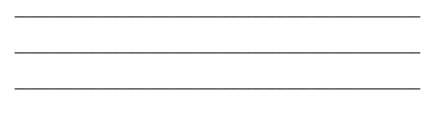
Partnership	
Sole trader / One Person business	
Close Corporation	
Company	
Other (please specify)	

# 3. <u>COMPANY CLASSIFICATION</u>

### Please tick appropriate box

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

### 4. <u>SERVICES/PRODUCTS THAT YOUR BUSINESS OFFERS/SUPPLY</u>



#### 1. <u>DECLARATION</u>

*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:	
<u>WITNESS</u>		
1. Surname And Initial:		
2. Surname And Initial:		

### 6. <u>FOR OFFICIAL USE ONLY</u>

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