

**APPLICATION FOR REGISTRATION  
ABAQULUSI MUNICIPALITY SUPPLIERS  
DATABASE**

**THESE FORMS MUST BE COMPLETED AND SUBMITTED TO:**

Aba Qulusi Municipality  
Corner of Mark and High Streets  
Vryheid  
3100

**OR POSTED TO:**

The Municipal Manager  
Aba Qulusi Municipality  
P.O. Box 57  
Vryheid  
3100

**ENQUIRIES:**

Telephone : 034 982 2133  
Fax : 034 982 1939  
e-mail : [mfanafuthi@abaqulusi.co.za](mailto:mfanafuthi@abaqulusi.co.za)

**FOR OFFICIAL PURPOSES ONLY**

NAME OF SUPPLIER	:	.....
REGISTRATION NUMBER	:	.....
PREFERENCE ALLOCATION	:	.....(excl. Local Content)

Date : .....



**INTRODUCTION AND GUIDELINES**

This form was specifically designed to provide for the registration of suppliers on the AbaQulusi Municipality Suppliers Database. In order to ensure that suppliers are considered legitimate tenders, it is imperative that the following guidelines are adhered to.

**Applicants must complete pages 3 to 10, where applicable. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "N/A" in the appropriate space. If the space provided is left blank, it will be regarded as information that is still outstanding and you WILL NOT be registered.**

Applicants are advised that only **ORIGINAL** AbaQulusi Municipality database registration forms or **PHOTOCOPIES** thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.

It is imperative that only documents with an **ORIGINAL** signature be submitted.

All signatures to the document must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant not qualifying for registration.

A supplier registered on the Suppliers Database, **MUST** notify the Supply Chain Office of any changes to information provided in the initial form. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Suppliers providing information incorrectly or fraudulently in their application form will be disqualified from tendering and removed from the Suppliers Database, in addition to any other action the Municipality may institute against such a supplier. Further, in the event of the Municipality being prejudiced financially, it reserves the right to take legal action against the supplier.

Any alterations made by the tenderer must be initialed. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant business.

**APPLICATION FOR REGISTRATION ON ABAQULUSI MUNICIPALITY SUPPLIERS DATABASE**

*(The following information must be filled in by the applicant. Failure to submit ALL the required information may lead to non-registration of the applicant business)*

**1. BUSINESS PARTICULARS:**

1.1 Name of Business as registered with the Registrar of Companies/Close Corporations

1.2 Name of business used for TRADING purposes (trading as name), if different from 1.1 or name of business if business is not registered with the Registrar

1.3 Registration Number as registered with the Registrar of companies/close corporations (if applicable):

1.4 Postal address

Postal Code: \_\_\_\_\_

Physical address

Postal Code: \_\_\_\_\_

Telephone no.: (\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_) \_\_\_\_\_

Cell no.: \_\_\_\_\_

E-mail address (if available): \_\_\_\_\_

Preferred method of Communication:    Email                      Fax                      Post

1.5 Contact person: \_\_\_\_\_

1.6 Physical location of Head Office (if applicable): \_\_\_\_\_

1.7 Unemployment Insurance Fund no. (if applicable): \_\_\_\_\_

1.8 Compensation Commissioner registration no. (if applicable): \_\_\_\_\_

**N.B. COPIES OF REGISTRATION CERTIFICATES FOR 1.7 AND 1.8 MUST BE SUPPLIED  
(If you cannot provide these certificates, kindly attach explanation)**

1.9 Income Tax Reference Number: \_\_\_\_\_

**Insert personal income tax no. if a one person business (Sole Proprietor) and Personal Income Tax Numbers of all partners in a partnership. If insufficient space kindly attach information with original signature.**

**“LEADRESHIP AND SERVICE EXCELLENCE”**

1.10 P.A.Y.E Number (if applicable): \_\_\_\_\_

1.11 Vat Registration Number: \_\_\_\_\_

**N.B. AN ORIGINAL TAX CLEARANCE CERTIFICATE MUST BE SUPPLIED**

**2. BANKING DETAILS**

2.1 Name of banking institution: \_\_\_\_\_

2.2 Branch Name: \_\_\_\_\_

2.3 Town/City: \_\_\_\_\_

2.4 Banking account number: \_\_\_\_\_

2.5 Account Holder (Name under which account is operated):  
\_\_\_\_\_

**N. B. CANCELLED CHEQUE OR A COPY BANK STATEMENT NOT OLDER THAN 60 DAYS MUST BE SUPPLIED.**

**3. TYPE OF BUSINESS**

3.1 Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

PUBLIC COMPANY LTD		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CLOSE COMPANY CC		CERTIFIED COPY OF CK1 DOCUMENT AND CK2 IF APPLICABLE
SOLE PROPRIETOR		CERTIFIED COPY OF ID. DOCUMENT
PARTNERSHIP		CERTIFIED COPY OF PARTNERSHIP AGREEMENT
TRUST		CERTIFIED COPY OF TRUST DOCUMENT
CO-OPERATIVE		CERTIFIED COPY OF PROOF OF REGISTRATION WITH THE DIRECTORATE CO-OPERATIVES

**N.B. ID COPIES OF BUSINESS OWNERS MUST BE INSERTED.**

***“LEADRESHIP AND SERVICE EXCELLENCE”***

4. **PREVIOUS BUSINESS INFORMATION**

4.1 Did your business exist under a previous name? (Answer to be **encircled**) **Yes or No**

4.2 If “yes” what was the previous business name?

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4.3 Why was the name changed?

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4.4 Previous Suppliers Database registration number: \_\_\_\_\_

4.5 Who were the owners, partners, members, and shareholders?

<b>NAME</b>	<b>TITLE</b>

5. **CLASSIFICATION OF BUSINESS**

5.1 **CLASSIFICATION FOR A BAQULUSI SUPPLIER DATABASE (MANDATORY)**

In order to assist with the classification process, a short summary of your core business and key products and services must be provided.

Our core business is:

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Products/Services:

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5.2 **INDICATE VALUE FOR THE FOLLOWING BASED ON THE LATEST FINANCIAL STATEMENT**

- 5.2.1 Total Fixed Assets @ Book Value (e.g. land, buildings, plant, equipment, vehicles) R \_\_\_\_\_
- 5.2.2 Vehicles @ Book value R \_\_\_\_\_
- Number of vehicles \_\_\_\_\_
- 5.2.3 Average stock on hand R \_\_\_\_\_
- 5.2.4 Cost of goods produced annually R \_\_\_\_\_
- 5.2.5 Total Current assets (e.g. stock, debtors, cash) R \_\_\_\_\_
- 5.2.6 Total Current liabilities (e.g. creditors, bank overdraft) R \_\_\_\_\_

6. **BUSINESS INFORMATION**

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. SELECT THE SECTOR AND TICK THE APPROPRIATE BLOCKS IN COLUMN 2, 3 AND 4. COLUMN 1, COLUMN 2, COLUMN 3, and COLUMN 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 <b>TICK WHERE APPLICABLE</b>		Total annual turnover <b>TICK WHERE APPLICABLE</b>		Total gross asset value (fixed property excluded). <b>TICK WHERE APPLICABLE</b>	
Agriculture	MORE THAN 100		MORE THAN R 5 m		MORE THAN R 5 m	
	LESS THAN 100		LESS THAN R 5 m		LESS THAN R 5 m	
Mining and Quarrying	MORE THAN 200		MORE THAN R 39 m		MORE THAN R 23 m	
	LESS THAN 200		LESS THAN R 39 m		LESS THAN R 23 m	
Manufacturing	MORE THAN 200		MORE THAN R 51 m		MORE THAN R 19 m	
	LESS THAN 200		LESS THAN R 51 m		LESS THAN R 19 m	
Electricity, Gas and Water	MORE THAN 200		MORE THAN R 51 m		MORE THAN R 19 m	
	LESS THAN 200		LESS THAN R 51 m		LESS THAN R 19 m	
Construction	MORE THAN 200		MORE THAN R 26 m		MORE THAN R 5 m	
	LESS THAN 200		LESS THAN R 26 m		LESS THAN R 5 m	
Retail, Motor Trade and Repair Services	MORE THAN 100		MORE THAN R 39 m		MORE THAN R 6 m	
	LESS THAN 100		LESS THAN R 39 m		LESS THAN R 6 m	
Wholesale Trade, Commercial Agents & Allied Services	MORE THAN 100		MORE THAN R 64 m		MORE THAN R 10 m	
	LESS THAN 100		LESS THAN R 64 m		LESS THAN R 10 m	
Catering, accommodation & other Trade	MORE THAN 100		MORE THAN R 13 m		MORE THAN R 3 m	
	LESS THAN 100		LESS THAN R 13 m		LESS THAN R 3 m	
Transport, Storage and Communications	MORE THAN 100		MORE THAN R 26 m		MORE THAN R 6 m	
	LESS THAN 100		LESS THAN R 26 m		LESS THAN R 6 m	
Finance and Business Services	MORE THAN 100		MORE THAN R 26 m		MORE THAN R 5 m	
	LESS THAN 100		LESS THAN R 26 m		LESS THAN R 5 m	
Community, Social & Personal Services	MORE THAN 100		MORE THAN R 13 m		MORE THAN R 6 m	
	LESS THAN 100					

7. **PROPRIETORS / SHAREHOLDERS/ PARTNERS/ SOLE PROPRIETORS/ TRUSTEES/ BENEFICIARIES (OWNER)**

7.1 List all persons who are OWNERS (as listed above), in the business/trust, and indicate their involvement in the management/operations of the business/trust.

7.2 PROOF OF DISABILITY PROVIDED BY A RECOGNISED RELATED INSTITUTION, IN THE CASE OF HANDICAPPED PERSONS, MUST BE SUPPLIED.

FULL NAME	ID NUMBER	SA CITIZEN YES/ NO	SA CITIZEN BEFORE 27 APRIL 1994 YES/ NO	CAPACITY: MEMBER/ PARTNER/ PROPRIETOR/ SHAREHOLDER/ TRUSTEE/ BENEFICIARY	% OWNERSHIP/ PARTNERSHIP/ TRUST/ INTEREST	MALE/ FEMALE	HANDI- CAPPED YES/ NO	HDI YES/ NO	Race W/ B/ I/ C/ OTHER	% OF TIME DEVOTED TO THE FIRM

***“LEADRESHIP AND SERVICE EXCELLENCE”***



8. **PREVIOUS EXPERIENCE (IF APPLICABLE)**

List the last 4 contracts awarded to you (the supplier) or other experience to your core business

EMPLOYER/ DEPARTMENT				
	CONTACT PERSON and TELEPHONE NO.	CONTRACT VALUE IN RAND	COMPLETED SUCCESSFULLY YES/ NO	YEAR

9. **PLEASE INDICATE ANY OWNER WHO HAS A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS**

NAME OF OWNER	NAME AND ADDRESS OF OTHER BUSINESS	POSITION HELD	% OF OWNERSHIP	TYPE OF BUSINESS

10. **IDENTIFY BY NAME, HDI STATUS AND LENGTH OF SERVICES, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON OWNERS) RESPONSIBLE FOR DAY TO DAY MANAGEMENT AND BUSINESS DECISIONS.**

	NAME	HDI STATUS (YES/ NO)	LENGTH OF SERVICE (YEARS)		
CHEQUE SIGNING					
SIGNING AND CO-SIGNING FOR LOANS					
BUSINESS FINANCING (overdraft, lease agreements)					
SURETIES					
APPROVAL MAJOR PURCHASES OR ACQUISITIONS					
SIGNING CONTRACTS					

11. **VERIFICATION OF INFORMATION SUPPLIED RELATING TO PREFERENCES THAT THE APPLICANT (BUSINESS) MAY APPLY FOR**

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT INCLUDING THE ANNEXURE/S WITH ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
2. If the information supplied is found to be incorrect then the AbaQulusi Municipality may, in addition to any remedies it may have:
  - i. Disqualify the supplier/contractor for a particular tender/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
  - ii. Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the AbaQulusi Municipality as a result of breach of the contract;
  - iii. Cancel the contract and claim any damages which the AbaQulusi Municipality may suffer by having to make less favourable arrangements after such cancellation: and/or;
  - iv. De-register the supplier registered on the Supplier Database

SIGNED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_ AT \_\_\_\_\_

BEFORE THE COMMISSIONER OF OATHS

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
NAME IN BLOCK LETTERS

SUPPLIER'S NAME: \_\_\_\_\_

<p>Signed and affirmed to, before me at, _____ on this _____ day of _____ year _____, by the deponent who has acknowledged that he/she knows and understands, the contents of this document, and he/she has acknowledged that he/she has no objection to affirming, that he/she regards the affirmation to be binding on his/her conscience.</p> <p>_____ COMMISSIONER OF OATHS</p> <p>FULL NAME: _____</p> <p>BUSINESS ADDRESS: _____</p> <p>CAPACITY: _____</p> <p>AREA: _____</p>
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