

<b>DATABASE REGISTRATION NO:</b>	
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**SERVICE PROVIDER DATABASE  
REGISTRATION FORM**

**2014/2016**

**FOR OFFICIAL USE**

<b>Date Received</b>	
<b>Date Captured</b>	

# DATABASE REGISTRATION :

## REGISTRATION OF CONTRACTORS AND SUPPLIERS

The Mvula Trust is an Implementing Agent of various provincial and national government departments. The Trust is involved in the provision of public infrastructure including water, sanitation and other related services. We are inviting competent Contractors and Suppliers with a proven work record to apply for registration on the database of Contractors and Suppliers to be considered towards the implementation of various programmes and provision of various services for a period of 24 months.

In order to comply with the procedures set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA), the organization developed a supplier database to be used by the procurement Office. The purpose of this database is to give all prospective suppliers and service providers an equal opportunity to be registered on the Mvula Trust database. It is envisaged that this database will contribute to efficient administration and compliance with the PFMA.

Application documentation may be downloaded from our website [www.mvula.org.za](http://www.mvula.org.za). The documents will be available from 14h00 on Wednesday, 16<sup>th</sup> July 2014. There shall be no briefing session. Completed Registration Documents should be submitted to the Mvula Trust-Limpopo office at 9A Landdros Mare Street, Polokwane before 12h00 on Monday, 4<sup>th</sup> August 2014; to the attention of Mr Biccard Selepe.

Blacklisted companies appearing on the National Treasury database and prohibited from conducting business with public entities, will not be considered.

Please note that this registration does not guarantee that there shall be projects to be implemented. Successful registrants will be contacted as and when work is available.

**All requests for clarification should be emailed to: [tender-01@mvulaptb.co.za](mailto:tender-01@mvulaptb.co.za). All requests for clarification shall be responded to by e-mail.**

**Our contact details are: Mvula Trust, 9A Landdros Mare Street, Polokwane, 0700. Tel: 015 291 2405; Fax : 015 291 1270. Contact Persons: Mr Biccard Selepe.**

Please note that Telegraphic, E-mailed and Faxed registration documents will not be accepted.

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### FOR OFFICIAL USE

Captured by:

\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by:

\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Approved</b>	<b>Not Approved</b>

## SUPPLIER APPLICATION FORM

### IMPORTANT NOTES Please read carefully

- To be completed by **all** vendors seeking registration as an approved supplier;
- The questionnaire must be completed in **full** and be **signed**;
- A **company profile** may accompany the registration form but will **not be accepted** as a substitute.
- For the application form – all fields on application form **MUST** be completed by applicant;
- Applicants will be contacted via fax and must therefore submit an **operating fax number**; failure to comply will result in excluding the supplier from the database;
- It should be noted that the Mvula Trust reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- The supplier must comply with all the **registration-criteria** for registration to be finalized – **failure** to do so may result in the application being declined.

#### Supplier detail:

#### Company/Supplier Name:

Company/Supplier Name:											
Company/Close Corporation Registration Number											
VAT Registration number (if applicable)											
Income tax reference number											
Web Address:											
E-mail Address:											
Telephone Number:											
Fax Number (compulsory):											
Toll Free Number:											
Number of full time employees:											

#### Postal Address: (compulsory)

#### Physical Address:

<b>Postal Code</b>		<b>Postal Code</b>

Tax Clearance Certificate Attached	
Expiry date:	

**Supplier Grouping Detail: Type of Firm: (Please X the relevant box)**

1	Public company (Ltd)	
2	Private Company (Pty) Ltd	
3	Closed Corporation (cc)	
4	Joint Venture	
5	Consortium	
6	Sole Proprietor	
7	Foreign Company	
8	Partnership	
9	Trust	
10	Cooperative	
11	NGO	
12	Section 21 Company	
13	Other	

• **Main contact person in your company:**

<b>Name</b>																			
<b>Position</b>																			
<b>Cellphone Number</b>																			
<b>Fax Number</b>																			
<b>Email Address</b>																			

• **Alternative Contact person in your company:**

<b>Name</b>																			
<b>Position</b>																			
<b>Cellphone Number</b>																			
<b>Fax Number</b>																			
<b>Email Address</b>																			

**Commodities (Principal business or services of company or suppliers)**

Please mark with an X next to the commodity of supply.

(Failure to complete this section will result in the application being declined)

<b>CODE</b>	<b>SERVICES OFFERED</b>	
<b>0100</b>	<b>CONSTRUCTION SERVICES</b>	
0101	Building Contractors	
0102	Plumbing Contractors	
0103	Borehole Drilling And Equipping Contractors	
0104	Mechanical Contractors	
0105	Electrical Contractors	
0106	Fencing and Security Systems Contractors	
<b>0200</b>	<b>SUPPLIERS</b>	
0201	Pre-Cast Construction Materials	
0202	Building Materials & Hardware Supplies	
0203	Catering Equipment & Equipment Hire	
0204	Furniture	
0205	Training Materials & Software	
0206	Sanitation Technologies	

N.B. Limited to a maximum of 3 commodities per service provider.

**SMME status of your enterprise:**

- Please use this table to determine the SMME Status of your enterprise
  - PLEASE MARK X THE RELEVANT BOX IN EACH COLUMN

**SMME status of your enterprise: (Please X the relevant box)**

(According to SMME table) (Compulsory)

Micro	
Very Small	
Small	
Medium	

**List all partners, proprietors and shareholders (compulsory)**

NAME	Position occupied in the enterprise	Citizenship	ID Number

**NB: Where owners are themselves a company or partnership, owners of the holding firm must be identified.**

**HDI Ownership Status:** Please read notes below very carefully

**Instructions and Definitions:**

**(Please read carefully before completing HDI Ownership Status)**

**Legislation:**

- Procedures are set out in the **Accounting Officers Procurement Procedures (AOPP)**, as referred to in the **Public Finance Management Act, 1999 (Act 1 of 1999)(PFMA)**, to give all prospective suppliers an equal opportunity to submit quotations to the organization.

**Terminology:**

- **Commodities:** The commodities the company wishes to be registered for as a supplier to the Organization.
- **Trade Names:** The trade names that the company own or distribute, which you wish to be registered for as a supplier to the Organization.
- **Owned:** Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Previously Disadvantaged Individuals (HDI):** For the purpose of registering as a supplier for the Organization, the refutable presumption shall be made that SA citizens who fall into

population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Previously Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.

- **Women:** A female person who is a SA citizen.
- **Establishment of HDI/Women Equity Ownership in an enterprise:** Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.

**Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.**

**HDI Ownership Status**

**(Failure to complete this section will result in the application being declined)**

<b>Historical Disadvantaged Individuals (HDI)</b>	<b>%</b>
<b>Women Equity (WE)</b>	<b>%</b>
<b>Disabled Individuals (DI) (proof)</b>	<b>%</b>

**I/We the undersigned acknowledge(s) that:**

- **The information furnished is true and correct**
- **The Equity Ownership claimed is in accordance with the General Conditions**
- **Any conflict of interest will be declared in the comment space below**

.....  
**SIGNATURE OF OWNER OR  
 AUTHORISED REPRESENTATIVE**

.....  
**DATE**

.....  
**SIGNATURE OF OWNER OR  
 AUTHORISED REPRESENTATIVE**

.....  
**DATE**

**Comments / Notes:**

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## NOTES

**The form must be completed, signed and delivered. No editing or scratching is allowed on the forms**

**The following must be attached:**

1. Original valid Tax Clearance Certificate
2. Certified Copy of IDs
3. Proof of Banking Details (cancelled cheque / Letter from the Bank / Bank Statement)
4. Company Registration Documents
5. Shareholding Agreements
6. BBBEE certificate (**where available**)
7. VAT Registration Documents
8. CIDB Grading Certificate
9. Company Profile
10. Patent certificate (**if applicable**)

**To: The Regional Director:  
The Mvula Trust-Limpopo Region  
9A Landdros Mare Street, Polokwane, 0700**

I/We hereby request and authorize you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/we understand that not additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that The Mvula Trust will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account. This authority may be cancelled by me/us in writing.

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that The Mvula Trust will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

<b>Company /Personal Details</b>	
Registered Name	
Trading Name	
Tax Number	
VAT Number	
Title:	
Initials:	
First Name:	
Surname:	

<b>ADDRESS DETAILS</b>	
<b>Address detail</b>	
Payment Address	
( Compulsory if Supplier)	
Postal Code	
( Compulsory if Supplier)	

<b>New Details</b>			
New Supplier Information		Update Supplier Information	
<b>Supplier Type</b>			
Individual		NGO	
Company		Joint Venture	
Close corporation		Trust	
		Other	
		Partnership	

<b>Supplier Account Details</b>											
(Please note that this account MUST be in the name of the supplier. No3rd party payments allowed).											
<b>ACCOUNT NAME</b>											
<b>ACCOUNT NUMBER</b>											
<b>BRANCH NAME</b>											
<b>BRANCH NUMBER</b>											
<b>ACCOUNT TYPE</b>	<table border="1"> <tr> <td>Cheque Account</td> <td></td> </tr> <tr> <td>Savings Account</td> <td></td> </tr> <tr> <td>Transmission account</td> <td></td> </tr> <tr> <td>Bond Account</td> <td></td> </tr> <tr> <td>Other (Please Specify)</td> <td></td> </tr> </table>	Cheque Account		Savings Account		Transmission account		Bond Account		Other (Please Specify)	
Cheque Account											
Savings Account											
Transmission account											
Bond Account											
Other (Please Specify)											





**SBD4: DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favoritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorized representative declare his/her position in relation to the evaluating/adjudicating authority where-

- The bidder is employed by the state: and/ore
- The legal person on whose behalf the bidding document is signed, has a relationship with persons/ a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

**2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Full Name of bidder or his or her representative:.....

Identity Number:.....

Position occupied in the Company (director, trustee , shareholder<sup>2</sup>):.....

Company Registration Number: .....

Tax Reference Number:.....

VAT Registration Number:.....

The names of all directors / trustees/ shareholders/ members, their individual identity numbers, tax reference numbers and , if applicable, employee/ persal numbers must be indicated in

Paragraph 3 below;;

<sup>1</sup>“state means-

(a) any national or provincial department , national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999): 13

(b) any municipality or municipal entity;

(c) provincial legislature;

(d) National Assembly or the national Council of provinces or

(e) Parliament.

<sup>2</sup> “shareholder” means a person who owns shared in the company and is actively involved in the Management of the enterprise or business and exercises control over the enterprise.

Are you or any person connected with the bidder **YES / NO** presently employed by the Trust?

If so, furnish the following particulars:

Name of person/ director/ trustee/ shareholder/ member: .....

Region at which you or the person.....

Connected to the bidder is employed: .....

Position occupied in the Trust: .....

Any other particulars:

.....  
.....  
.....  
.....

If you are presently employed by the Trust, did you obtain **YES / NO** the appropriate authority to undertake remunerative work outside employment in any sector?

2.7.2.1. If yes, did you attach proof of such authority to the **YES/NO** bid document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the application).

2.7.2.2. If no, furnish for non-submission of such proof:

.....  
.....  
.....  
.....

Did you or your spouse, or any of the company's directors/ **YES/ NO** trustees/ shareholders/ members or their spouses conduct business with the Trust in the previous twelve months?

2.8.1. If so, furnish particulars:

.....  
.....

.....  
 .....  
 Do you, or any person connected with the bidder, have **YES/NO** any relationship (family , friend , other) with a person employed by the Trust and who may be involved with the evaluation and or adjudication of this Application?

2.9.1 If so furnish particulars.

.....  
 .....  
 .....

Are you, or any person connected with the bidder, aware **YES/NO** any relationship (family , friend , other) with a person employed by the Trust and who may be involved with the evaluation and or adjudication of this Application?

Do you or any directors/ trustees/ shareholders/ members **YES/NO** of the company have interest in any other related companies Whether or not they are bidding for this contract?

2.11.1. If so, furnish particulars:

.....  
 .....  
 .....

**3. Full Details of Directors/ Trustees/ Members/ Shareholders.**

No.	Full Name	ID Number	Personal Tax Reference Number	State Employee Number/ Persal Number
1				
2				
3				
4				
5				
6				
7				

**3. DECLARATION**

I, THE UNDERSIGNED (NAME) .....  
CENTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 AND 3 ABOVE IS CORRECT.  
I ACCEPT THAT THE TRUST MAY REJECT THIS APPLICATION OR ACT AGAINST ME IN TERMS OF  
PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION  
PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Name of bidder

Date

.....  
Position