a world class African city

SUPPLIER REGISTRATION APPLICATION FORM

For Enquiries Contact:

SUPPLY CHAIN MANAGEMENT UNIT HELP DESK
Tel: 011 407 7324
Email Address: scmu@joburg.org.za

The forms must be submitted at:
Metropolitan Centre, 15th Floor, 158 Loveday Street
Braamfontein

INTRODUCTION

The City of Johannesburg Metropolitan Municipality hereby invites current and prospective suppliers to apply to be accredited and registered on its Supplier Database as required by the Municipal Finance Management Act of 2003 and its Regulations. Henceforth, the City will not do business with suppliers that are not accredited and registered on the database with a valid COJ Vendor number. Suppliers currently doing business with the City must reapply in terms of this new process.

Instructions to Suppliers:

1. The application forms must be completed in full.
2. All the required and supporting documentations must be submitted jointly with the Form. Company profiles and brochures are also welcome.
3. Failure to submit supporting and requested information will lead to your company not being registered.
4. The Required Information section on page 2 is an indication of what information is required for your business to be accredited and registered without delays.
5. The Checklist for COJ Officials section on page 3 is not to be completed by Suppliers.
6. Business Registration and Business Information sections on pages 4 to 7 are pre-requisites for registration and therefore must be completed in full. Failure to complete this section will lead to your business not being registered.
7. Banking Details and Authorisation for Electronic Transfer of Funds section on page 8 is critical to ensure that there are no delays for the City to effect payment to your company.
8. It is compulsory to complete Products and Services section on page 9. Please be specific in terms of products and/or services that your firm can supply to the City. Please tick in the appropriate box and provide specific information on the next page. This section will enable the City to afford your company an opportunity to submit quotations or tenders whenever the opportunities arise. The City will still invite tenders through public media.
9. It is compulsory for **all** suppliers to complete Black Economic Empowerment on pages 11 to 13 accurately and in full. Failure to complete this section may lead your company not being registered. Emphasis in this section is on accurate and complete disclosure. Whilst the City prefers to deal with businesses that embrace and comply with Broad Base Black Economic Empowerment Act, non-complying suppliers will also be registered but not accredited for BEE purposes.
10. Trade Experience section on page 13 must be completed in full to give the City an understanding of whether your firm has experience of supplying the products and services your firm is applying for. Lack of experience will not necessarily lead to your firm not being accredited or registered.
11. Financial Information Section on page 14 must be completed to give the City an understanding of your company's financial standing. Latest audited financial statements must be supplied with the application. Start up companies without financial history will also be eligible for registration.
12. Quality, Safety and Environmental section on page 14 must be completed and supporting information must be supplied. Whilst companies may still be registered without the required information on this section, the City prefers to do business with businesses complying with all the applicable legislation relevant to this section.
13. Facilities, Plant and Equipment section on page 15 must be completed in full to give the City and indication of your technical capacity.
14. Declaration of Interest section on page 16 is compulsory and must be completed in full. Failure to complete this section will lead to your company not being registered.
15. Declaration By Business Under Oath on page 17 is compulsory and must be completed in full by all suppliers. Failure to comply with this requirement will lead to you company not being registered.
16. The City reserves the right to validate all information supplied and any misrepresentation of facts may lead to disqualification and potentially being restricted to do business with other spheres of government and/or other organs of the state.
17. A duly completed Form together with supporting documentation must be submitted to the address indicated on the front page. The City will not accept electronically sent forms or faxes.
18. For assistance on how to complete the Form or any other query related to this process please contact the Supplier Accreditation & Registration Help Desk on 011407 7324
19. The City will inform suppliers of the status of their application in writing.

The City of Johannesburg Metropolitan Municipality will validate the information supplied in the registration form and supporting documentation as part of the accreditation process for suppliers.

REQUIRED DOCUMENTS

DOCUMENTS REQUIRED			BUSINES	S TYPE			INSTITUTIONS
	Sole Proprietor	**Close Corporations**	**Partnerships**	**Public/ Private Company**	**Business Trust**	**Non Profit Organisation (NPO)**	
1. Company Registration (Certified Copies)	N/A	Certificate of incorporation CK1/CK2	Duly Signed Partnership agreement	Certificate of Incorporation CM2C & Auditors Confirmation Letter	Deed of Trust Agreement	Certificate of Incorporation Section 21	**Registrar of Close Corporations & Companies**
2. Proof of Ownership	Copy of ID (Certified)	Membership / Shareholding CK1/CK2	Duly Signed Partnership agreement	Shareholding CM2C & Shareholder Agreement Auditors Confirmation Letter	Trust Deed, Power of Attorney & Beneficiaries and Trustees	Auditor's Letter	**Registrar of Close Corporations & Companies**
3. Latest Rates and Taxes Statement or lease agreement (Municipal Account)	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	Supply Latest Certified Copy	**City of Johannesburg/ Local Authority if not based in Johannesburg**
4. Proof of Banking	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories	**Branch of bank where account is held**
5. Original Tax Clearance Certificate	For the owner of the business	For the company	For the partnership	For the company	For the trust	For the NPO / Proof of Exemption	**Receiver of Revenue (SARS)**
6. Proof of P.A.Y.E. Registration	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	**Receiver of Revenue (SARS)**
7. VAT 103 Registration	If applicable-for security industry	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	**Receiver of Revenue (SARS)**
8. U.I.F. Certificate	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	**Department of Labour**
9. Workman's Compensation	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	**Department of Labour**
10. Proof of Registration to a Statutory Body Regulating your Industry	If applicable	If applicable	If applicable	If applicable	If applicable	If applicable	**Industry Regulatory Authority**
11. People with Disability (Affidavit Confirming Disability)	If owner is disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	If Owner or People are Disabled	
12. Certified Copy of ID	Clear copy of Identity Document	Clear copy of Identity Document	Clear copy of Identity Document	Clear copy of Identity Document	Clear copy of Identity Document	Clear copy of Identity Document	
13. Skills Development Levy	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	Latest Proof of Payment	
14. Audited Financial Statement	Latest Statement (If Applicable)	Latest Statement (If Applicable)	Latest Statement (If Applicable)	Latest Statement (If Applicable)	Latest Statement (If Applicable)	Latest Statement (If Applicable)	
15. Compensation for Occupational Injuries and Diseases Certificate	Certified Copy	Certified Copy	Certified Copy	Certified Copy	Certified Copy	Certified Copy	

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CHECK LIST FOR COJ OFFICIAL

FOR OFFICIAL PURPOSES ONLY:

BUSINESS NAME	
REGISTRATION NUMBER	

DOCUMENTS ATTACHED	Y	N	NA
1. Company Registration (Certified Copies)			
2. Proof of Ownership			
3. Latest Rates and Taxes Statement			
4. Proof of Banking			
5. Original Tax Clearance Certificate			
6. Proof of P.A.Y.E. Registration			
7. VAT 103 Registration			
8. U.I.F. Certificate			
9. Workman's Compensation			
10. Proof of Registration to a Professional Body Regulating your Industry			
11. Affidavit Confirming Disability (People with Disability)			
12. Certified Copy of ID			
13. Skills Development Levy			
14. Audited Financial Statement			
15. Compensation for Occupational Injuries and Diseases Certificate			

Checked By: ……. Date ……

Employee Number (SAP Number): ……

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1. COMPULSORY REQUIREMENTS

BUSINESS REGISTRATION DETAILS
NB: Documentary proof must be provided as in page 1(please mark relevant box.)

1.1. TYPE OF BUSINESS ENTITY

PUBLIC COMPANY LTD	☐	Certificate of Incorporation CM2 & Auditors Confirmation Letter
PRIVATE COMPANY (PTY) LTD	☐	Certificate of Incorporation CM2 & Auditors Confirmation Letter
CLOSE CORPORATION CC	☐	Certificate of incorporation CK1/CK2
SOLE PROPRIETOR	☐	Copy of ID (Certified)
PARTNERSHIP	☐	Duly Signed Partnership agreement
BUSINESS TRUST	☐	Deed of Trust Agreement
NON PROFIT ORGANISATION	☐	Certificate of Incorporation Section 21

1.2. BUSINESS / COMPANY REGISTRATION NUMBER

If Sole Proprietor ID Number

Have you attached proof of registration documents? **Y** **N**

1.3. PROOF OF SHAREHOLDING DOCUMENTS
Certified copies of Shareholders certificates or CK members share allocation documents must be supplied.
Not applicable to all companies, please specify if N/A

Have you attached proof of shareholders documents? **Y** **N** **NA**

1.4. VAT 103 REGISTRATION

VAT 103 Registration Number

If you qualify for VAT exemption, please attach a VAT exemption document
Not applicable to all businesses.

Have you attached proof of your VAT 103 Registration documents? **Y** **N**

1.5. PROOF OF P.A.Y.E DOCUMENT
Not applicable to all companies. Please specify if N/A

Have you attached proof of P.A.Y.E documents? **Y** **N** **NA**

1.6. UNEMPLOYMENT INSURANCE FUND

Unemployment Insurance Fund Number

Not applicable to all companies. Please specify if N/A

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Have you attached proof of your UIF documents? **Y** **N** **NA**

1.7. WORKMAN'S COMPENSATION FUND
Workman's Compensation Fund Number

Not applicable to all companies. Please specify if N/A

Have you attached proof of recent payment of Workman's Compensation? **Y** **N** **NA**

1.8. PROOF OF REGISTRATION TO A STATUTORY BODY REGULATING YOUR INDUSTRY
Registration Number

Not applicable to all companies. Please specify if N/A

Have you attached proof of your registration documents? **Y** **N** **NA**

1.9. AFFIDAVIT CONFIRMING DISABILITY DOCUMENTS
Not applicable to all companies. Please specify if N/A

Have you attached Affidavit Confirming Disability? **Y** **N**

1.10. INCOME TAX REGISTRATION
Income Tax Registration Number

If you qualify for Income Tax exemption, please attach an Income Tax exemption approval letter
Not applicable to all companies. Please specify if N/A

Have you attached proof of your Income Tax documents? **Y** **N** **NA**

1.11. TAX CLEARANCE CERTIFICATE
Original of a valid Tax Clearance Certificate must be supplied (Less than 6 months)

1.12. MUNICIPAL RATES AND TAXES ACCOUNT
Municipal Account Number

Attach latest statement

Have you attached latest Municipal statement? **Y** **N**

Note: Failure to fill in the above requested information may disqualify you from being registered on the Supplier Database.

2. BUSINESS INFORMATION

2.1. Registered Business Name

2.2. Trading Name

2.3. Registered Business Address

City

Province

Country

Code

2.4. Physical Address (If different from 2.3.)

City

Province

Country

Code

2.5. Postal Address

City

Province

The City of Johannesburg Metropolitan Municipality will validate the information supplied in the registration form and supporting documentation as part of the accreditation process for suppliers.

Country

Code

2.6. Details of Contact Person

Title

Name

Surname

Telephone Number

Mobile Number

Fax Number

E-mail Address

2.7. Business Web-page Address

2.8. List the firms or personnel providing the following services:

Service	Business Name	E-mail Address	Contact Person	Telephone
Legal				
Auditing				
Banking				
Insurance				
Sales				
Accounting				

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3. BANKING DETAILS

Bank Name

Branch

Branch Code

Town/City

Bank Account Number

Account Holder's Name

Account Type | **Cheque** | **Savings** | **Transmission** | Please √ relevant box!

NB: Documentary proof of banking institution and details must be supplied (Cancelled cheque / Bank Statement)

Authorisation for electronic transfer of funds (EFT) to supplier's bank account

I, the undersigned hereby authorise the City of Johannesburg Metropolitan Council to credit my/the company account via Electronic Funds Transfer as afore mentioned with the amount payable/due to specified beneficiary for goods and services rendered.

Please note: If a cancelled cheque is not attached, an official stamp should be obtained from the bank to confirm the information given above.

_____ _____

Full Name Capacity

_____ _____

Date Signature

FOR USE OF BANK (In case where a cancelled cheque is not attached)

Above Information checked and confirmed:

Signature _____ Bank Stamp

_____ _____

Full Name **Capacity**

FOR OFFICE USE ONLY – CITY OF JOHANNESBURG METROPOLITAN COUNCIL

Information confirmed and submitted to computer on: ____day of _____year_____

_____ _____

Full Name **Capacity**

_____ _____

Date **Signature**

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4. PRODUCTS AND SERVICES

4.1. Core Business

Please indicate by ticking √ appropriate box below, in which sector of the economy your business is predominantly carried out. If other, please specify

Agriculture/Farming		Manufacturer	
Mining and Quarrying		Construction	
Electricity, Gas and Water		Catering, Accommodation and other trade	
Retail and Motor Trade and Repair Services		Transport, Storage and Communications	
Agent		Wholesale Trade and Allied Services	
Finance and Business Services		Specialised Services	
Distributor		Service Provider	
Consulting		Other	

4.2. List of Products and Services

List all products and/or services your business can supply to City of Johannesburg. (Please tick appropriate box).
**** PLEASE SPECIFY**

Tick	Product/Service Name	Tick	Product/Service Name
	ABRASIVES		CONCRETE PRODUCTS
	ACTUATORS		CONDENSERS
	ADHESIVES		CONSTRUCTION, ROAD MAKING & EARTHMOVING EQUIPMENT
	AGRICULTURAL MACHINERY & IRRIGATION EQUI		CONSULTANTS **
	AIR CONDITIONING & VENTILATION & FANS		CONTAINERS & PACKAGING
	ALARMS		CONTRACTORS & GENERAL SERVICES **
	ANIMAL FEED		COOLERS & COOLING EQUIPMENT
	APPLIANCES DOMESTIC & INDUSTRIAL		CORD
	ARMOURY		CRANES,HOISTS,WINCHES & ATTACHMENTS
	AUDIO & AUDIO VISUAL EQUIPMENT		DETERGENTS,DISINFECTANTS,& DEODORANTS
	BELTING & REQUISITES		DRILLING EQUIPMENT
	BLAST CLEANING EQUIPMENT & MATERIALS		DUST COLLECTORS & FUME EXTRACTION
	BRAKES,COMPONENTS,LININGS & CLUTCHES		EDUCATIONAL EQUIPMENT & AIDS
	BROKERS **		ELECTRICAL EQUIPMENT AND MATERIAL
	BUILDING CONTRACTORS		ELECTRONICS
	BUILDING MATERIALS & SUPPLIES		EMPLOYMENT (RECRUITMENT) AGENCIES
	BURNERS,IGNITORS,& INCINERATORS		ENGINEERS & ENGINEERING SERVICES
	CABLES,CONDUCTORS,WIRES & EARTHING MATERIAL & ACCESSORIES		EVENT MANAGEMENT
	CANTEEN & COOKING EQUIPMENT		FACILITY MAINTENANCE
	CARPETS,CURTAINING,& SOFT FURNISHINGS & BLINDS		FASTENERS
	CASH COLLECTION AGENTS		FILTERS,FILTER BAGS,UNITS & PRODUCTS
	CATERING SERVICES		FIREFIGHTING EQUIPMENT
	CHAIN ACCESSORIES		FOODSTUFFS & BEVERAGES
	CHEMICALS		FREIGHT TRANSPORT AND STORAGE
	CLEANING SERVICES		FUELS & LUBRICANTS & LUBRICATING EQUIPMENT
	CLOCKS/WATCHES/TIME RECORDERS		FURNITURE
	CLOTH,CANVAS,FABRIC		
	COMMUNICATION EQUIPMENT		
	COMPRESSORS		
	COMPUTERS,HARDWARE,SOFTWARE & SYSTEMS		

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	GARDEN SERVICES, EQUIPMENT & SUPPLIES		RADIO COMM & EQUIPMENT
			RESEARCH & DEVELOPMENT **
	GAS & EQUIPMENT		RUBBER GOODS INDUSTRIAL
	HAND TOOLS, SCREWING & CUTTING TOOLS		SAFETY & FIRE FIGHTING
	HEALTHCARE SERVICES & EQUIPMENT		SCARFOLDING SERVICES
	HIRE & LEASING SERVICES		SCRAP METAL MERCHANTS
	HORTICULTURAL EQUIPMENT & PRODUCTS		SCRAPERS & LOADERS
	HOSE & HOSE FITTINGS		SCREENS & WIRE SCREENING
	INSECTICIDES		SECURITY SERVICES & EQUIPMENT
	INSULATION MATERIAL		SIGNS,NAMEPLATES,& NUMBER PLATES
	INSURANCE SERVICES		SIRENS,HOOTERS & WHISTLES
	LABORATORY SERVICES, EQUIPMENT & SUPPLIES		SOAPS,POLISHES,CLEANERS & CLEANING MATERIAL
	LAMPS,LIGHT FITTINGS,LIGHTING POLES & MATERIALS		SPECIAL SPRINGS
	LOCKS,LATCHES,HINGES		SPORTS EQUIPMENT
	MACHINE TOOLS & ACCESSORIES		STATIONERY
	MATERIALS HANDLING EQUIPMENT		STORAGE SERVICES & FACILITIES
	MEDICAL SUPPLIES		TANKS & TANK VENTING EQUIPMENT
	NAILS,SCREWS,PINS & CLIPS		TAPES ALL
	OFFICE MACHINES & INSTRUMENTS & INSTRUMENTS		TELEPHONE & TELECOMMUNICATION EQUIPMENT
	PACKINGS,JOINTINGS,SEALS & GASKETS		TIMBER & TIMBER PRODUCTS
	PAINTS & ACCESSORIES		TOILETRIES
	PAPER & PAPER PRODUCTS		TRAINING SERVICES **
	PHOTOGRAPHIC EQUIPMENT & SERVICES		TRANSPORT SERVICES
	PIPE & TUBE FITTINGS		TRAVEL AGENTS
	PLANT HIRE		TURBINES & TURBO SETS
	PLASTIC MATERIALS AND PRODUCTS		TYRES & TUBES
	POSTAL & COURIER SERVICES		VALVES & COCKS
	POWER GENERATION & ASSOCIATED EQUIPMENT		VETERINARY SERVICES
	PRINTING & ACCESSORIES		VETERINARY SUPPLIES
	PROCESS PLANTS		WATER & SEWERAGE SERVICES
	PROJECT MANAGEMENT SERVICES		WEIGHING MACHINES
	PROPERTY LEASING & SERVICES		
	PROTECTIVE CLOTHING & EQUIPMENT		
	PROTECTIVE COATINGS		
	PULLEYS TRANSMISSION & AUTOMOTIVE SPARES		
	PUMPS		

Please be more specific in terms of what you can supply, e.g. Consultants: Architectural, IT, or Attorneys

1	8
2	9
3	10
4	11
5	12
6	13
7	14

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5. BLACK ECONOMIC EMPOWERMENT (BEE) COMPLIANCE

1. Direct Empowerment

1.1. Direct Ownership

Enter the total number of Blacks and their percentage shareholding who are in Ownership, per category.

Category	Number	% Shareholding
Black Youth		
Black Women		
Black Workers		
Black people with Disabilities		
Black People living in rural areas		
Black males		

List all the persons who are directly empowered by your business (Attach a separate sheet if space provided is insufficient).

Name	ID	Race	Citizenship	Gender	%Shareholding	Effective date of Shareholding

NB: Attach separate sheet if space provided is insufficient.

1.2. Management

List all Board of Directors, Partners, Members, Executive committee or Shareholders who are black in management positions.

Name	ID	Citizenship	Gender	Capacity

NB: Attach separate sheet if space provided is insufficient.

Total number of people in management positions _____ and black people in management _____

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1.3. Financial Decisions

	Name	Race	Length of Service(Years)	Capacity
Cheque signing				
Signing & co-signing for loans				
Sureties				
Major Acquisitions/Purchases				
Contracts Signing				

2. Human Resource Development

2.1. Employment Equity

List the total number of people employed by your business. If other, please specify.

Level	Black	White	Women	Disabled
Senior Management				
Middle Management				
Supervisor Level				
Other				
Total				
Percentage				

2.2. Skills Training and Development

List all the core skills required by the business. If other, please specify.

Level	Human Resource	Finance	Sales and Accounts	Engineering	Operations
Senior Management					
Middle Management					
Supervisor Level					
Other					

NB: A separate sheet can be attached if space provided is insufficient.

2.3. Composition of Staff Development

List all persons that are trained to take up management positions in the near future.

Level	Black	White	Women	Disabled
Senior Management				
Middle Management				
Supervisor Level				
Other				
Total				

3. Indirect Empowerment

3.1. Affirmative Procurement

Total annual amount spent on goods and services excluding electricity, rates, and water R

Total amount spent with Black Suppliers R

Total percentage spend with Black Suppliers %

3.2. Total amount spent on Community Development Initiatives R

3.3. Training / Leaner ships

Total amount spent on Leaner ships R

3.4. Enterprise Development

Total money spent on developing Black Suppliers R

Note: Please provide proof for the above.

6. TRADE EXPERIENCE

Do you have any previous contract work or tendering experience? **Y** **N**

If yes, please complete the fields below. List the last contracts awarded to you (the tendering business) or previous experience with other business related to this type of work or supply.

A. COMMERCIAL

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone numbers.

Business Name	Contact Number	Contact Person	Number of years	E-mail Address	Value of Business (Rands)

3. Total number of years the firm has been in business?

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7. FINANCIAL INFORMATION

1. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? **YES** **NO**. If yes, please elaborate:

2. Indicate annual average turnover excluding Value Added Tax during the past three (3) years:

Annual Turnover R _____ Year _____

Annual Turnover R _____ Year _____

Annual Turnover R _____ Year _____

NB: Attach latest audited copies of Financial Statements.

8. QUALITY, SAFETY AND ENVIRONMENT

A. TECHNICAL

1. Is your business a permit holder under the SABS marks scheme or ISO? **YES** **NO**

If yes, indicate products for which permits are held, including permit numbers.

1.1. Product Name _____

Permit number _____

1.2. Product Name _____

Permit number _____

1.3. Product Name _____

Permit number _____

1.4. Product Name _____

Permit number _____

B. QUALITY

1. Does your business operate a Quality Management System? **YES** **NO**

NB: Attach your policy manual

C. SAFETY

1. Does your business have an Occupational Health and Safety Policy complying to the Occupational Health and Safety Act (OHASA)? **YES** **NO**

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2. Are you registered with Compensation for Occupational Injuries and Diseases Act (COID)? **YES** **NO** COID registration number

D. ENVIRONMENTAL

1. Do you have an Environmental Policy in place? **YES** **NO** **N/A**
2. Does your facility routinely work with any hazardous substances? **YES** **NO**

E. FACILITIES, PLANTS, AND EQUIPMENT

1. Please give a summary of your plant and/or facilities:

2. Describe all property agreements relating to facilities used by the firm and the nature of the agreements indicating whether facilities are owned or leased by the firm:

Facility	Owned/ Rented	Rental Amount/Month	Owner	Agreement Type

3. Number of Employees

Full Time	
Part Time	

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DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state..
2. Any person. having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring hislher interest.

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

3.1 Full Name: .....

3.2 Identity Number: ……..

3.3 Company Registration Number: ……

3.4 Tax Reference Number: .....

3.5 VAT Registration Number: .....

3.6 Are you presently in the service of the state. YES/NO

3.6.1 If so, furnish particulars.

.....

……

3. 7 Have you been in the service of the state for the past twelve months? YES/NO

3.7.1 If so, furnish particulars. YES *I* NO

.....

……

3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid?

3.8.1 If so, furnish particulars.

..... YES *I* NO

.....

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid?

3.9.1 If so, furnish particulars

· MSCM Regulations: "in the service of the state" means to be
(a) a member of
(i) any municipal council;
(ii) any provincial legislature; or
(iii) the national Assembly or the national Cound of provinces;

(b) a member of the board of directors of any municipal entity;
(c) an official of any municipality or municipal entity;
(d) an employee of 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);

…… YES *I* NO

……

(e) a member of the accounting authority of any national or provincial public entity; or (Q an employee of Parliament or a provincial legislature.

3.10 Are any of the company's directors, managers, principle shareholders or stakeholders in service of the state?

3.10.1 If so, furnish particulars.

..... YES *I* NO

.....

3.11 Are any spouse, child or parent of the company's directors, managers, principle shareholders or stakeholders in service of the state?

3.11.1 If so, furnish particulars.

..... YES *I* NO

.....

CERTIFICATION

I, THE UNDERSIGNED (NAME) ..... CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT. I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FAULSE.

.....
Signature Date

.....
Position Name of Bidder

10. DECLARATION BY BUSINESS UNDER OATH

I/We ……declare that the above particulars and information furnished to the City of Johannesburg for the purposes of registering our organization on the supplier database are true in substance and in fact and that I/We fully understand the meaning thereof.

Name: ……. Signature: …… Date:

…… Designation: ……. Name:

……. Signature: …… Date:

…… Designation: ……. Signed and sworn to before me at

…… on this the ……day of …….
by the Deponent, who has acknowledged that he/she knows and understands the contents of this affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

……

COMMISSIONER OF OATHS

NOTE: SUPPLIERS PROVIDING FALSE OR FRAUDULANT INFORMATION OR DOCUMENTATION SHALL SUBJECT THEMSELVES TO IMMEDIATE DISQUALIFICATION.

NOTE: INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. THIS INCLUDES THE SUPPORTING DOCUMENTATION AS STIPULATED ON THE ABOVE PAGES.

The City of Johannesburg Metropolitan Municipality will validate the information supplied in the registration form and supporting documentation as part of the accreditation process for suppliers.