

**APPLICATION FOR REGISTRATION ON THE
ETHEKWINI MUNICIPALITY PROCUREMENT DIRECTORY
(SUPPLIER / CONTRACTOR / SERVICE PROVIDER)**

Name of Enterprise:

Trading name:

a) Postal Address :
.....
.....Postal Code :

b) Physical Address :
.....
.....Postal Code :

c) Telephone no.: Area code (.....)

d) Fax. : Area code (.....)(Purchase Orders) (.....).....(Remittance advice)

e) Cell Phone No.:

f) E-mail Address :

g) Website Address :

h) Contact Person :

i) Enterprise registration number :#

j) Enterprise income tax reference number : *

k) VAT registration number :

l) Unemployment Insurance Fund no. :

m) Workmen Compensation registration no. :

n) Discount and Payment Terms : % 30 / 60 days from statement / invoice / other
(Tick applicable box)

If other, state :

NB: A COPY OF THE COMPANY LETTERHEAD AND VAT REGISTRATION CERTIFICATE IS TO BE ATTACHED.

* If a one man business insert personal income tax number and if a partnership insert personal income tax numbers of all partners.
Insert CC number, business licence no, companies act number etc.

1. Type of Enterprise (tick appropriate box)

- " Partnership
- " One person business/sole trader
- " Close Corporation
- " Company
- " Pty Limited
- " Trust
- " Other

2. Principal business activities (Briefly describe)

.....

.....

.....

3. Location of Enterprise (tick appropriate box)

- 1. eThekweni Municipality area "
- 2. KwaZulu Natal "
- 3. South Africa "
- 4. Other "

4. Street address of all facilities used by the enterprise

Address

Facility

Head Office

4.1

.....

Branches

4.2

.....

4.3

.....

(continue on separate page if required)

5. Do you share facilities? " Yes " No (tick one box)

If yes; which facilities are shared?

With whom do you share facilities (name of firm/individuals)?

.....

.....

What are the other firm's principal business activities ?

.....

6. List all partners, proprietors and shareholders.

NAME	IDENTITY NUMBER	HDI STATUS YES/NO	DISABLED YES/NO (IF YES, STATE DISABILITY)	CITIZENSHIP	DATE OF OWNERSHIP	PROFESSIONAL REGISTRATION NUMBER <small>(where applicable)</small>	OWNED %	VOTING %	HOME ADDRESS
Total to equal to 100%							100	100	

NOTE: - where owners are themselves a company or partnership, identify the ownership of the holding firm.

- if the sum of the percentage of HDI ownership is $\geq 26\%$, Part B must be completed.

7. Is the enterprise registered or does it have a business license(s) ? (tick one box)

" Yes " No

If yes, detail and quote relevant reference numbers and dates.

.....

8. Detail all trade associations/professional bodies in which you have membership :

.....

9. Did the enterprise exist under a previous name ? (tick one box)

" Yes " No

If yes:

- what was it's previous name ?

- why did it change name ?

List the previous owners/partners/directors

.....

10. How many full time (FT) and part time (PT) **staff members** are employed by the enterprise :

	Historically Disadvantaged Individuals				OTHER	
	PRIORITY		NON PRIORITY		FT	PT
	FT	PT	FT	PT		
Male						
Female						

11. How many full time (FT) and part time (PT) **Disabled members** are employed by the enterprise :

	Historically Disadvantaged Individuals				OTHER	
	PRIORITY		NON PRIORITY		FT	PT
	FT	PT	FT	PT		
Male						
Female						

12. How many staff members have joined the enterprise in the last 6 months :

Full time :

Part time :

13. Banking Details

I/We, the undersigned, hereby authorise and instruct eThekwini Municipality to pay all amounts that may hereinafter, from time to time, become due and payable to me/us by eThekwini Municipality by electronically transferring the same to the bank mentioned below for the credit of my/our account detailed below.

I/We, the undersigned, understand and agree that :

S Any such transfer shall constitute a full and final discharge of eThekwini Municipality's obligations to make such payments to me/us. eThekwini Municipality shall not be liable to make good any loss which I/We may suffer consequent upon such transfers pursuant to this authority and instruction.

S This payment authorisation and instruction will be applied to both goods purchased and services rendered.

S This authority and instruction will remain valid unless cancelled by either party upon thirty (30) days written notice. The said notice will only be effective in writing, delivered to the other party at the addresses stated herein and bearing an acknowledgement of receipt by the other party.

S Should any transfer attempted in respect of this authorisation be unsuccessful due to incorrect information supplied by me/us, I/We agree to pay all bank charges for this transfer attempt.

In the event that the details set out herein change. I/We agree to notify eThekwini Municipality forthwith.

13.1 Name of Banking Institute:

13.2 Branch:

Code:

13.3 Town /City:

13.4 Banking Account Number:

13.5 Name under which account is operated:

IMPORTANT : Please attach an original cancelled cheque or bank statement.

13.6 **BEFORE RETURNING, THIS SECTION MUST BE COMPLETED BY YOUR BANK**

I/We confirm that the above information on the client's account at this bank/building society is correct.

.....
Signed on behalf of Bank

Bank Stamp :-

.....
Name

.....
Capacity

NOTE: This information will supercede any previous authorisation and instruction lodged with the eThekwini Municipality. Where the application has been submitted electronically the original completed form must be returned. Photocopies or faxed copies will not be accepted.

CERTIFICATION OF CORRECTNESS OF INFORMATION AS PROVIDED

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE ENTERPRISE COMPLIES WITH ALL STATUTORY AND MUNICIPAL REQUIREMENTS AND THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

- 4. If the information supplied is found to be incorrect then the eThekweni Municipality in addition to any remedies, it may have; may
 - i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and/or
 - ii Cancel the contract and claim any damages which the Municipality may suffer by having to make favourable arrangements after such cancellations, and/or
 - iii Impose a penalty on the Enterprise as provided in the Tender Documents, and/or
 - iv Take any other action as may be deemed necessary.

Signature

Name

I.D Number

Duly Authorised to sign on behalf of :

Address

.....

.....

Telephone

Signed and sworn to before me at

on this theday ofby the Deponent, who has acknowledged that he/she knows and understands the contents of this document, 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: All pages of this Affidavit must be initialed by both the Deponent and the Commissioner of Oaths.