

# JOE MOROLONG

## LOCAL MUNICIPALITY



# Vendor Registration Form

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## **Joe Morolong Supplier Database Joe Morolong Local Municipality**

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Joe Morolong Local Municipality is developing a vendor database which will assist with requests for quotations (RFQ's).

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**These forms must be completed and returned to the following address:**

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Supply Chain Management Unit  
D320 Cardington Road  
Churchill  
8474

Contacts: 053-7739300

**Please complete the form fully – use a black pen.  
Please print so that all information is legible.  
Forms that are not readable or incomplete, will be  
rejected.**

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**Direct enquiries to the Supply Chain Management Unit**

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Tel: (053) 773 9300

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**PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL  
DOCUMENTATION SUBMITTED FOR YOUR OWN RECORDS AS NO COPIES  
WILL BE MADE BY THE COUNCIL**

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## POINTS TO REMEMBER

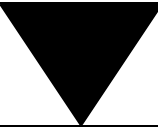
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### COMPLETING JOE MOROLONG VENDOR REGISTRATION APPLICATION FORM

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- **Mandatory fields** – Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as “Mandatory Field”, have been completed, and if a field is not applicable to your business type clearly mark it as N/A.
- **Required documentation** – Please refer to the attached table (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached.
- **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any Mandatory fields blank.
- **Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Proof of Shareholding Certificates. The stamp of certification should be on the front of the document.
- **Copies of Documents** – Please keep copies of the registration form and all supporting documentation submitted, for your own records and to ensure that all data is maintained and up to date on a continual basis.
- **Owners, Shareholders and Partners** – Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.
- **Certification of Correctness** – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.
- **Collection points** – Completed registration forms and supporting documentation can be delivered to the address on the registration form.
- **Processing of registration** – Your completed registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with all of the above role players. This letter of verification will be dispatched to the correspondence details supplied on the third page. Please note that this administration process will take a minimum of 5 days. Once your registration has been included on the Joe Morolong Supplier Database your details will be accessible to the Supply Chain Management Unit of the Municipality.
- **Business Opportunities** – Please note that registration on the Joe Morolong Supplier Database does not guarantee business opportunities.
- **Amendments** – Please notify Joe Morolong Local Municipality immediately of any changes to the verified information submitted.
- **Queries** – Should you have any queries or if you require assistance completing the registration form, please contact Joe Morolong Supply Chain Management Unit on (T) 053 – 7739300.
- If a company has more than one office, each office must fill in a separate form, unless the point of transaction is centralised in the company’s head office.
- Please note that the key facilities in the database are classified as commodities and each potential vendor must indicate the commodity/commodities in which it would like to register for RFQ’s. (see list p5).



	<b>Sole Proprietor</b>	<b>Close Corporations</b>	<b>Partnerships</b>	<b>Private and Public Company</b>	<b>Business Trust</b>	<b>Non Profit Organizations (NPO)</b>	
<b>VAT Registration</b>	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	If registered for VAT	Receive of Revenue (SARS)
<b>Security Officer's Board</b>	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	If applicable - for security industry	Security Service Industry Regulatory Authority
<b>Proof of Disability</b>	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	
<b>Proof of Identity</b>	Clear Copy of Owner's 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	

NB: All fields marked with \* are mandatory. All fields marked with # are mandatory only if applicable

Documents attached	Please tick box		
	Y	N	NA
Regional Council / District Registration (Certified)			
VAT 103 (Certified)			
Company Registration Document (Certified)			
Proof of Ownership / Shareholder certificate (certified)			
Tax Clearance Certificate (Original)			
Proof of Banking Document			
Disability Documents (Certified)			
Security Officer's Board Registration (Certified)			
Municipal Account			

## 1. COMPANY REGISTRATION DOCUMENTS

NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable).

### 1.1 COMPANY TYPE (NB Documentary Proof of registration must be provided) \*

<b>PUBLIC COMPANY LTD</b>	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (cm3) and REGIONAL COUNCIL REGISTRATION NUMBER
<b>PRIVATE COMPANY (PTY) LTD</b>	<input type="checkbox"/>	CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM3) and REGIONAL COUNCIL REGISTRATION NUMBER
<b>CLOSE CORPORATION CC</b>	<input type="checkbox"/>	CERTIFIED COPY OF CK1 DOCUMENT OR CK 2 IF APPLICABLE and REGIONAL COUNCIL REGISTRATION NUMBER
<b>SOLE PROPRIETOR</b>	<input type="checkbox"/>	COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT
<b>PARTNERSHIP</b>	<input type="checkbox"/>	COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT and PARTNERSHIP AGREEMENT
<b>BUSINESS TRUST</b>	<input type="checkbox"/>	COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT and CERTIFIED COPY OR REGISTRATION DOCUMENT
<b>OTHER (IF JOINT VENTURE)</b>	<input type="checkbox"/>	COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT and CERTIFIED COPY OF REGISTRATION DOCUMENT

Company, CK Number

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If not applicable to all companies, please specify if N/A  
Have you attached your Company Registration document?

Y	N	NA
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**1.2 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
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**1.3 REGIONAL COUNCIL REGISTRATION DOCUMENTS \***

Regional Council Reference No.

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Have you attached your Regional Council Registration document?

Y	N	NA
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**NB: All fields marked with \* are mandatory. All fields marked with # are mandatory only if applicable.**

**1.4 PROOF OF BANKING DOCUMENTS \***

Copy of cancelled cheque or confirmation letter from the bank

Have you attached proof of banking document?

Y	N	NA
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**1.5 VAT REGISTRATION NO #**

VAT Registration No.

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If you qualify for VAT exemption, please attach a VAT exemption document  
Not applicable to all companies, please specify if N/A

Have you attached proof of your VAT registration (VAT 103)?

Y	N	NA
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**1.6 SECURITY OFFICERS BOARD REGISTRATION NO #**

Security officers board registration No.

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**NB: All fields marked with \* are mandatory. All fields marked with # are mandatory only if applicable.**

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**3. SALES AND ACCOUNTS DEPARTMENTS \***

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**3.1 Sales Department \***

Contact name																														
Cell No																														
E-mail Address																														
Telephone											Fax																			

**3.2 Accounts Department \***

Contact name																														
Cell No																														
E-mail Address																														
Telephone											Fax																			

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**4. CORE BUSINESS OPERATION \***

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(Mark with X in applicable fields)

<input type="checkbox"/> Prime Contractor	<input type="checkbox"/> Sub-Contractor (less than 25% generated run over as prime contractor)	<input type="checkbox"/> Labour-only Contractor
<input type="checkbox"/> Supplier	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Labour Agency
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Education, Development & Training Service Provider	<input type="checkbox"/> Construction (CIDB)

Other, please specify: \_\_\_\_\_  
 \_\_\_\_\_

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**5. PREVIOUS BUSINESS INFORMATION**

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Identification Number																				
Percentage Share																				%
Capacity	D	P	M	R	O	Gender	M	F	HDI Status	H	W	D								

Disabled (a permanent impairment of a physical, intellectual or sensory functions resulting in restricted or lack of ability to perform in a manner considered normal for a human being)

Are you actively involved in the management and daily business operations of the business?  
(Please provide a written breakdown e.g. company profile)

### 7. PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience?

Y	N
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If yes, please complete the table below. List the last 2 contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.

Employer / Department																				
Contact Person																				
Contact Number																				
Estimated Contract value in Rands R																				
Year awarded					progress	Year completed / Still in														
Proof of documents attached?	Y	N																		

Employer / Department																				
Contact Person																				
Contact Number																				
Estimated Contract value in Rands R																				
Year awarded					Year completed / Still in progress															
Proof of documents attached?	Y	N																		

In terms of section 37(2) of the Occupational Health and Safety Act 1993 (Act 85 of 1993) as amended the mandatory (contractor) hereby acknowledges that he is an employer in his own right. He undertakes to determine all risks associated with the work he is required to perform and to determine and implement all



**JOE MOROLONG LOCAL MUNICIPALITY**

PRIVATE BAG X117  
MOTHIBISTAD  
8474

**9. Authorisation for electronic transfer of funds (EFT) to vendor's bank account**

**PLEASE COMPLETE IN BLOCK LETTERS**

Surname / Company name

First Names / Company Account Holder

Contact name

Telephone  Fax

E-mail Address

Bank

Branch

Bank Account

Branch Number

Type of account  Cheque  Savings  Transmission

I, the undersigned hereby authorise Joe Morolong Local Municipality to credit my account via EFT as afore mentioned with the amount payable/due to specified beneficiary for goods and services rendered

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY – JOE MOROLONG LOCAL MUNICIPALITY**

Information confirmed and submitted to computer on ..... (Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date