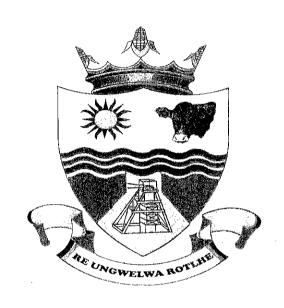
JOE MOROLONG LOCAL MUNICIPALITY



Vendor Registration Form

Joe Morolong Supplier Database Joe Morolong Local Municipality

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

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

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.

Direct enquiries to the Supply Chain Management Unit

Tel: (053) 773 9300

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

POINTS TO REMEMBER

COMPLETING JOE MOROLONG VENDOR REGISTRATION APPLICATON FORM

- 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).
- The main objective of this process is to enhance transparency and equality on the part of the Council and to facilitate effective communication with its vendors.
- Applications must be delivered by hand and must be fully completed with all the relevant documentation attached.

- Please note that inclusion of the name in a database does not in any way guarantee any persons, company, service provider vendor, etc. any business from Joe Morolong Local Municipality. All procurement will be subject to the Supply Chain Management Policy of the Joe Morolong Local Municipality.
- It's a condition of bidding that a vendor's taxes must be in order, or satisfactory arrangements must have been made with the Receiver of Revenue to meet his/her tax obligations. In bids where consortia/joint ventures/sub contractors are involved, each party must submit a separate Tax Clearance Certificate.

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED

Name of Business Registration No.

| DOCUMENTS REQUIRED | | | BUSIN | ESS TYPE | | · | VHERE TO GET DOCUMENTS |
|--|---|---|---|---|---|---|---|
| V | | Close Corpora- tions | Partnerships | Private and Public Company | Business Trust | Non Profit Organiza- tions (NPO) | |
| Company Registra-tion CERTIFIED COPIES | N/A | Certificate of incorporation CK1 / CK2 | Partnership agreement | Certificate of Incorporation CM1, CM 29 | Trust agreement | Certificate of Incorporation Section 21 | Registrar of Close Corpora-tions & Companies |
| Proof of Ownership CERTIFIED COPIES | N/A | Sharehold-ing CK1 / CK2 | Partnership agreement | Sharehold-ing CM1, CM 29 | Trustees details: Letter of Authority | Auditor's letter – no shareholding | Registrar of Close Corpora-tions & Companies |
| Regional Services Council (RSC) | Yes | Yes | Yes | Yes | Yes | Yes | Kgalagadi District Municipality / Local Authority if not based in Kgalagadi |
| Proof of Banking or confirmation letter | Cancelled Cheque / confirmation letter | Branch of bank where account is held |
| Tax Clearance Certificate | For the owner or the business | For the company/cc | For the partnership | For the company | For the trust | For the NPO | Receiver of Revenue (SARS) |

| V | Sole Proprietor | Close Corpora- tions | Partnerships | Private and Public Company | Business Trust | Non Profit Organiza- tions (NPO) | |
|----------------------|-----------------------|----------------------------|-----------------------|----------------------------------|-----------------------|---|---------------------------------|
| VAT Registra-tion | 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) |
| Security | If applicable | If applicable | If applicable | If applicable | If applicable | If applicable | Security |

| Officer's Board | - for security industry | - for security industry | - for security industry | - for security industry | - for security industry | - for security industry | Service Industry Regulatory Authority |
|------------------------|--|---------------------------------|---------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Proof of Disability | If owner is disabled | If owner is disabled | If owner is disabled | If owner is disabled | If owner is disabled | If owner is disabled | |
| Proof of Identity | 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 | |

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| 1.3 REGIONAL COUNCIL F | REGIST | R/ | ATIO | N DO | CUI | /IEN | TS * | , | .,, | | | | | | | | | | ,_,_ | |
| Regional Council Reference N | lo. | | | | | | | | | | | | | | | | | | | |
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NB: All fields marked with * are mandatory. All fields marked with # are mandatory only if applicable. 3. SALES AND ACCOUNTS DEPARTMENTS * 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 4. CORE BUSINESS OPERATION * (Mark with X in applicable fields) Prime Contractor Sub-Contractor (less than 25% generated Labour-only Contractor run over as prime contractor) Supplier Manufacturer Labour Agency Professional Services Education, Development & Training Construction (CIDB) Service Provider Other, please specify: 5. PREVIOUS BUSINESS INFORMATION 5.1 Did your business exist under a previous name? N 5.2 If yes, what name did it trade under?

5.3 Previous business registration number?

| Partner P Woman W Member M Disabled D Proprietor R Other O SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP MUST BE SUPPLIED Multiple copies of this page may be submitted if required. 6.1 Complete the following for the shareholders who are actively involved in the management and daily business operation of the business First name Surname 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 function 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) First name Surname Identification Number Percentage Share | 6. HDI INFORMATION * Explanation of abbreviations used in the following tables: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proprietor R Other O NB: CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP MUST BE SUPPLIED Multiple copies of this page may be submitted if required. 6.1 Complete the following for the shareholders who are actively involved in the management and daily business operation of the business First name Surname Identification Number Percentage Share Capacity DPMRO Gender MF HDI Status HWD Disabled (a permanent impairment of a physical, intellectual or sensory function 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 Y provide a written breakdown e.g. company profile) First name Surname Identification Number Percentage Share | Partner | • | P | W | oman | I | | | W | , | ٥ | 250 | 5 01 | IIIa | Iu | cap | hec | ı pe | 130 | 113 | mu | 31 L | | up | Pill | ₩ | | | | |
| NB: CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP MUST BE SUPPLIED Multiple copies of this page may be submitted if required. 6.1 Complete the following for the shareholders who are actively involved in the management and dally business operation of the business First name Surname 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 function 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 y provide a written breakdown e.g. company profile) | Proprietor R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NB: CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP MUST BE SUPPLIED Multiple copies of this page may be submitted if required. 6.1 Complete the following for the shareholders who are actively involved in the management and daily business operation of the business First name Surname 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 function 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) First name Surname Identification Number Percentage Share | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLIED Multiple copies of this page may be submitted if required. 6.1 Complete the following for the shareholders who are actively involved in the management and daily business operation of the business First name Surname 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 function 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) First name Surname Identification Number Percentage Share | NB: CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP MUST BE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname 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 function 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) First name Surname Identification Number Percentage Share | SUPPLIED Multiple copies of this page may be submitted if required. 6.1 Complete the following for the shareholders who are actively involved in the management and daily business operation of the business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 function 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) First name Surname Identification Number Percentage Share | business operation of the business First name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 function 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) First name Surname Identification Number Percentage Share | First name Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity D P M R O Gender M F HDI Status Disabled (a permanent impairment of a physical, intellectual or sensory function 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) First name Surname Identification Number Percentage Share | Surname | | | | | | | | | | | | | | | <u></u> | | | | | | | | | | | | | | |
| Capacity D P M R O Gender M F HDI Status Disabled (a permanent impairment of a physical, intellectual or sensory function 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) First name Surname Identification Number Percentage Share | Identification Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disabled (a permanent impairment of a physical, intellectual or sensory function 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) First name Surname Identification Number Percentage Share | - | | *** N # | | | 1 0 | | [| h A | 2000 | ٦, | ın | | 1 - 1 | _ | Г | 11 | 1.4 | | r~] | | | | | | | | | | |
| Are you actively involved in the management and daily business operations of the business? (Please provide a written breakdown e.g. company profile) First name Surname Identification Number Percentage Share | Capacity | | - IVI | K | | G | ena | er | IVI | ļ. | | JU |) Si | tatu | S | | <u></u> | | | | | | | | | | | | | |
| First name Surname Identification Number Percentage Share | | | | | | | | | | | | | | | | | | | | | | | 1) | hagia princi la | af and high cut yas be | | The population of | Y | | |
| Surname Identification Number Percentage Share | | | | | | | | | | | aily | / b | usii | nes | sc | per | atio | ns | of th | ne l | ous | ine | ss? |) (I | Ple | ase | € | Y | | |
| Surname Identification Number Percentage Share | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification Number Percentage Share | First name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage Share | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | T | | | | | | | | | | | | | | | |
| Compair. D. D. M. D. O. Condex M. E. UDI Cietus U. W. D. | Percentage S | hare | | | | | | | | | | | | <u></u> | 1 | _l | | | | | <u> </u> | | | | | | I | <u></u> | | % |
| : : () (| | | | ΙŢŔ | 0 |] ^ | ;ond | or F | M | F | | -1 1 | NI C | toti | ıc | ١ | | [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | .; | n | | | | | | L | | | _ | |

| Disabled (a permanent in in restricted or lack of ab | npai ility t | rme to pe | nt oi erfor | a p m ir | hys a n | içal, nanı | inte ner d | llec cons | tuai side | l or erea | sen no | sor rma | y fu ii fo | ınctı r a l | ions nun | re nan | sult be | ing ing) | | | | | | | |
|--|-----------------|-----------------------|----------------|--------------|--------------------|---------------|----------------|--------------|--------------|--------------|-----------|--------------|---------------|----------------|-------------|-----------|------------|-------------|-----|----------|-----|----|-----|-----|--------------------------------|
| Are you actively involved (Please provide a written | in th | ne n a <i>kd</i> e | nana own | ger e.g. | nent <i>cor</i> | and npa | d dai | ly b | usii 'e) | nes | s op | pera | atio | ns c | f th | e b | usii | nes | s? | | | | | | Fjej _{pra} → Marej ja |
| | | | | | | | | | _ | | | | | | | | | | | | | | | | |
| 7. PREVIOU | JS (| CO | NTI | RA | СТ | OF | TE | ENI | DE | RI | NG | E | ΧP | ER | IE | NC | Έ | (M | arl | (W | ith | X |) | | |
| Do you have any previou | s co | ntra | ct w | ork | or te | ende | ering | ex | peri | enc | e? | | | | | | | | | | | | | Y | N |
| If yes, please complete experience with other b | the usir | tab ies: | le be ses i | elov rela | v. Li ted | st tl to t | ne la his t | ast : | 2 co | onti | act rk | ts a or s | wa sup | rde: ply. | d to | yo | u (| the | ten | de | er) | or | pre | vio | us |
| Employer / Department | | | | | | | | | | | | | <u> </u> | | | | | | | | | | | | |
| Contact Person | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Number | | | | | İ | | | | | | | | | | | | <u> </u> | | | | | | | | |
| Estimated Contract value R | in F | Rand | ds | l. | | | | l | L | | | | | | | | | | | | | | | | |
| Year awarded | | | | | prog | res | S | | | | | Υ | 'ea | r co | mpl | ete | d / | Still | in | | | | | | |
| Proof of documents attac | hed' | ? | Υ | | N | , | | | | | | | | | | | | | | | | | | | |
| Employer / Department | | | | | | | | | | | | | | · | | | | | | | | | | | |
| Contact Person | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Number | | | | | Ī | | | | | | | | | | | | | | | <u> </u> | | | | | |
| Estimated Contract value R | in F | Rand | ds | | | | | | | | | | | | | | | | | | | | | | |
| Year awarded | | | | | | | | | | | • | Yea | ır ço | omp | lete | ed / | Stil | ll in | pro | gre | ss | | | | |
| Proof of documents attac | hed' | 7 | Υ | | 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 cautionary measures to mitigate or remove such risk. The mandatory will take all necessary steps to ensure compliance with the Occupational Health and Safety Act 1993.

Where the mandatory is found not to comply with the requirements of the Occupational Health and Safety Act the Joe Morolong Local Municipality or its representative will be able to stop the activities of the mandatory, without any cost to the Joe Morolong Local Municipality, until such time as the mandatory complies with the requirements of the Act.

8. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT *

I/We the undersigned is/are duly auhorised to do so on behalf of the firm certify that:

- 1. The information supplied is correct.
- 2. All copies of relevant information are attached.
- 3. The HDI points claimed are correct and based on owners/shareholders who are actively involved in the day to day management of the enterprises.
- 4. I take note that payment will be effected 30 days after delivery was effected if delivered with an original invoice.

| Signature of authorised p | erso | n | | | | | | | | Da | te | | | | • | | | | | | | | | | |
|---|------|-------------|-------|----------|----|--------|----------|----------|----|--------|-----|-----|------|-------|----|-----|-----|----------|-----|-----|------|------|------|-----------|--|
| Personal information in Name | bloc | ck le | tters | , | | | | | | Ţ | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | <u> </u> | | l | | | | | |
| Telephone No | | | | | | | | | | | | | | | | | | == | | | | | | | |
| Capacity | | | | | | | | | | | | | | | | | | | | | | | | | |
| ON BEHALF OF THE (SU | PPL | IER | 'S N | AME | Ξ) | | | | | | | | | | | | | | | | | | | | |
| Signed and sworn to | | fore the | | | | | | | | | | | | | | | | | | | | | | lay ds | |
| contents of this Affidavit, objection to taking the pre | tha | t it i | s tru | ıe a | nd | cor | rec | t to | th | e b | est | of | his/ | her' | kn | owl | edg | ję a | ınd | tha | at h | e/sł | ne l | | |
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| | | JOE | : M | OR | OL | 01 | NG | L | OC | Αl | _ M | U | VIC | ΊP | AL | ΙΤΊ | Y | | | | | | | | |

PRIVATE BAG X117 MOTHIBISTAD 8474

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

| PLEASE COMPL | ETE | IN B | LOC | ΚĻ | ETT | ERS | 3 | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|-----------------|----------------|---------------|----------------|---------------|-------------|---------------|--------------|---|-------------|-------------|---------------|--------------|-------------|----------|--------------|---------------|------------|------------|-------------|--------------|------|-----|------|-------------|-----|
| Surname / Compa | ıny n | ıame | | | | | | | | | | | | | | | | | | | | | | | | |
| First Names / Con | npan | ту Асс | coun | t Ho | older | | | <u> </u> | | | | I | | | | | <u> </u> | | l | | | | | | | |
| Contact name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | $\overline{}$ | | | | | | | - | F | ax | | | | | | | | | | |
| E-mail Address | | | | | | _ | | | | | | | | | - | | | | | | | | | | | |
| Bank | | | Ì | | | | Ť | | | | | | | | | | | | | | | | | | | |
| Branch | | | | Ī | | | | 1 | | | | | | | | | | | | | | | | | | |
| Bank Account | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of account | Ch | eque | | | | Sav | ings | | | | Tra | nsn | niss | ion | | | | l. | | | | | | | | |
| I, the undersigned mentioned with the | d he e am | reby ount | auth paya | noris able. | se Jo /due | oe N tos | Moro speci | long fied | j Lo ben | cal efic | Μυ ciary | ınic / foi | ipal r go | lity ods | to ar | cred nd s | dit i ervi | my ices | acc rer | our idei | nt vi red | ia E | ΞFT | . as | af | ore |
| Please Note: That confirm the inform | t if a atior | canc n give | elied n ab | i ch | eque | e is r | not a | ttacl | hed, | an | ı offi | cial | sta | amp | sh | ould | d be | e ob | tair | ed | fron | n th | e b | ank | i to | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | | - | | | | | | | | | | | | |
| Date | | | | ••• | | | | | | | | | | Sigi | nat | ure | | | | | | | | | | |
| FOR OFFICE USE | E ON | ILY – | - JOE | E MC | orc | LOI | NG L | -OC | AL I | ۷U | NIC | IPA | Li | ΓY | | | | | | ••• | | | | | | |
| Information confirr | ned | and s | subm | itted | d to d | com | pute | r on | • | | * , | | | | | ••••• | ., | ([| Date | ∍) | | | | | | |
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| Signature | | | | | | | | | | | | Da | ate | | | | | | | | | | | | | |

MBD 4

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.

In order to give effect to the above, the following questionnaire must be completed and

| 3.1 | Full Name of bidder or his or her representative: | |
|-----|---|---------|
| 3.2 | Identity Number: | |
| 3.3 | Position occupied in the Company (director, trustee, hareholder²): | |
| 3.4 | Company Registration Number: | |
| 3.5 | Tax Reference Number: | |
| 3.6 | VAT Registration Number: | |
| 3.7 | The names of all directors / trustees / shareholders members, their individual ide numbers and state employee numbers must be indicated in paragraph 4 below. | entity |
| 3.8 | Are you presently in the service of the state? | ES / NO |
| | 3.8.1 If yes, furnish particulars. | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |

- ¹MSCM Regulations: "in the service of the state" means to be
 - (a) a member of -

3

(i) any municipal council;

submitted with the hid

- (ii) any provincial legislature; or
- (iii) the national Assembly or the national Council 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);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.
- ² Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

| Have you been in the service of the state for the past twelve months? | YES / NO |
|--|--|
| 3.9.1 If yes, furnish particulars | |
| 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? 3.10.1 If yes, furnish particulars. | YES / NO |
| Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? 3.11.1 If yes, furnish particulars | YES / NO |
| principle shareholders or stakeholders in service of the state? | YES / NO |
| | YES / NO |
| Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract. 3.14.1 If yes, furnish particulars: | YES / NO |
| | in the service of the state and who may be involved with the evaluation and or adjudication of this bid? 3.10.1 If yes, furnish particulars. Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? 3.11.1 If yes, furnish particulars Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? 3.12.1 If yes, furnish particulars. Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders or stakeholders in service of the state? 3.13.1 If yes, furnish particulars. Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract. 3.14.1 If yes, furnish particulars: |

| 4 | PT 11 1 4 71 | | | | |
|----|----------------|----------------|-------------------|---------|-----------------|
| 4. | - Full details | of directors / | trustees <i>i</i> | members | / shareholders. |

| Full Name | ldentity Number | State Employee Number |
|-----------|-----------------|--------------------------|
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| | | |
| | | |
| | | |
| Signature | | Date |

| Signature | Date | | |
|-----------|----------------|--|--|
| | | | |
| Capacity | Name of Bidder | | |

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Bidding Document must form part of all bids invited.
- It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- The bid of any bidder may be rejected if that bidder, or any of its directors have:
 - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
 - b. been convicted for fraud or corruption during the past five years;
 - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
- In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

| 1 tem 4.1 | Question Is the bidder or any of its directors listed on the National Treasury's database as a company or person prohibited from doing business with the public sector? (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the audi alteram partem rule was applied). | Yes Yes | No No |
|------------------|--|-------------|----------|
| 4.1.1 | If so, furnish particulars: | | <u> </u> |
| 4.2 | Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? (To access this Register enter the National Treasury's website, www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445). | Yes | No 🗀 |
| 4.2.1 | If so, furnish particulars: | | |
| 4.3 | Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years? | Yes | No |
| 4.3.1 | If so, furnish particulars: | | |

| Item | Question | | Yes | No |
|---------------------|--|--------------------------------|-------|--------|
| 4.4 | Does the bidder or any of its directors owe any municipal rates and municipal charges to the municipality / municipal entity, or to any / municipal entity, that is in arrears for more than three months? | taxes or other municipality | Yes | No |
| 4.4.1 | If so, furnish particulars: | | | L., |
| 4.5 | Was any contract between the bidder and the municipality / municipality other organ of state terminated during the past five years on account perform on or comply with the contract? | al entity or any of failure to | Yes | No |
| 4.7.1 | If so, furnish particulars: | | | |
| CER DEC I ACT | CERTIFICATION HE UNDERSIGNED (FULL NAME) | N THIS TION OF A CO |)NTRA | ACT, |
| | ature Dat | e | ••••• | |
| Posit | | ne of Bidder | | s367bW |

CERTIFICATE OF INDEPENDENT BID DETERMINATION

- This Municipal Bidding Document (MBD) must form part of all bids¹ invited.
- Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).² Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- Municipal Supply Regulation 38 (1) prescribes that a supply chain management policy must provide measures for the combating of abuse of the supply chain management system, and must enable the accounting officer, among others, to:
 - a. take all reasonable steps to prevent such abuse;
 - b. reject the bid of any bidder if that bidder or any of its directors has abused the supply chain management system of the municipality or municipal entity or has committed any improper conduct in relation to such system; and
 - c. cancel a contract awarded to a person if the person committed any corrupt or fraudulent act during the bidding process or the execution of the contract.
 - This MBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
 - In order to give effect to the above, the attached Certificate of Bid Determination (MBD 9) must be completed and submitted with the bid:

¹ Includes price quotations, advertised competitive bids, limited bids and proposals.

² Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

CERTIFICATE OF INDEPENDENT BID DETERMINATION

| I, the undersigned, in submitting the accompanying bid: | |
|--|-------------------------------------|
| (Bid Number and Descript | ion) |
| in response to the invitation for the bid made by: | |
| (Name of Municipality / Municip | al Entity) |
| do hereby make the following statements that I certify to be | true and complete in every respect: |
| I certify, on behalf of: | that: |
| (Name of Bidder) | |

- 1. I have read and I understand the contents of this Certificate;
- 2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
- 3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
- 4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign, the bid, on behalf of the bidder;
- 5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - (a) has been requested to submit a bid in response to this bid invitation;
 - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder

- 6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
- 7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - (a) prices;
 - (b) geographical area where product or service will be rendered (market allocation)
 - (c) methods, factors or formulas used to calculate prices;
 - (d) the intention or decision to submit or not to submit, a bid;
 - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - (f) bidding with the intention not to win the bid.
- 8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

³ Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract,

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No. 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No. 12 of 2004 or any other applicable legislation.

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| Signature | Date |
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| | *************************************** |
| Position | Name of Bidder |