

<b>HARRY GWALA DEVELOPMENT AGENCY</b>	<b>Supplier Application Form</b>		
		Page 1 of 9	

Attached is a Supplier application form to be completed, thus enabling you/company to be registered on Harry Gwala Development Agency's supplier database, in respect of business classifications alluded to in Section C of the application form.

**ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL**

Attach an original cancelled cheque or stamped letter from the bank, verifying the banking details.

Please note that any changes to bank details in future will be subject to the same requirement.

**COPIES OF THE FOLLOWING CERTIFIED DOCUMENTS MUST BE FURNISHED TOGETHER WITH YOUR APPLICATION**

- Company Registration Documents (If applicable)
- Identity documents of directors/owners/members/ shareholders
- Value Added Tax (VAT) Registration Certificate (if applicable)
- Tax Clearance Certificate
- Compensation of Occupational Injuries and Diseases (COID) Registration Certificate
- Any other relevant registration certificate pertaining to your business
- Copy of resolutions (if applicable)
- Company Profile
- CIDB Registration
- B-BBEE Certificate
- Proof of Banking Details

Completed Supplier Application Forms, CLEARLY MARKED "**APPLICATION FOR REGISTRATION ONTO THE HARRY GWALA GOODS AND/OR SERVICES DATABASE**" must be placed at the Harry Gwala Development Agency's Reception desk, at the Farmers Market.

**SECTION A: Personal Information**

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname: \_\_\_\_\_  
*(If one-man concern)*

'Trading as' name of business: \_\_\_\_\_  
*(Contracts/Orders/Cheques will be issued in this name and invoices must reflect it)*

Registered name of business: \_\_\_\_\_

Physical address of business:  
Building / complex name: \_\_\_\_\_

Street name and number: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_

Code: \_\_\_\_\_ Municipal Area: \_\_\_\_\_

Postal address of business: *(This is the address to which an Invitation to Tender / enquiry and orders / contracts must be sent to)*

Post net address: \_\_\_\_\_

P O Box / Private Bag: \_\_\_\_\_ City/Town: \_\_\_\_\_ Code: \_\_\_\_\_

Telephone numbers of business: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Alternative number of business: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Sales person fax number: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Alternative person fax number: Code: \_\_\_\_\_ Number: \_\_\_\_\_  
*(Used by Harry Gwala Development Agency for electronic faxing of Request for Quotations, Contracts and Purchase orders)*

Is this a dedicated fax number? (y/n) \_\_\_\_\_

Business e-mail: \_\_\_\_\_

Your own business contact person/sales representative name and telephone number:

\_\_\_\_\_ Tel: \_\_\_\_\_

<b>HARRY GWALA DEVELOPMENT AGENCY</b>	<b>Supplier Application Form</b>		
		Page 3 of 9	

**SECTION B: Business Details**

Business Registration number (if applicable) \_\_\_\_\_  
*(in case of one-man concern, please furnish identity number plus copy of identity documents)*

Income Tax number of business: \_\_\_\_\_

VAT Registration number: (if applicable) \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Name under which account is operated \_\_\_\_\_

Banking account number: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Before returning, this section must be completed by your bank

I/we confirm that the above information on the clients account at this bank/ building society is correct.

.....  
 Signed on behalf of the bank

.....  
 Stamp  
 Name

.....  
 Capacity

Bank stamp

Please indicate (x) in the geographical areas where your business is located:			
Gauteng		Kwa-Zulu Natal	
Western Cape		Mpumalanga	
Free State		Eastern Cape	
North West		Northern Cape	
Northern Province			
Are you locally based within the Harry Gwala District Municipality yes/no _____			

Previous name of business (if applicable)

---

---

List of directors / owners / partners /members: (Attach your own list if the space provided is inadequate)

1. Name: \_\_\_\_\_

Position: \_\_\_\_\_

% Shareholding/Members interest \_\_\_\_\_

Identity Number \_\_\_\_\_

Nationality \_\_\_\_\_

2. Name: \_\_\_\_\_

Position: \_\_\_\_\_

% Shareholding/Members Interest \_\_\_\_\_

Identity Number \_\_\_\_\_

Nationality \_\_\_\_\_

3. Name: \_\_\_\_\_

Position: \_\_\_\_\_

%Shareholding/Members Interest \_\_\_\_\_

Identity Number \_\_\_\_\_

Nationality \_\_\_\_\_

**SECTION C: Business Classification**

1) Please indicate (x) in the business classification area applicable to your business:

An agent	
Manufacturer	
Distributor	
Consultant	
Contractor	
Service provider	

Other specify	

If there are operations performed by your business, not reflected in Section C (3) below, please complete this section [i.e. C (2)].

2) Nature of Operations:

---



---



---



---



---



---



---



---



---



---



---



---

**3) Please indicate (x) nature of operation(s) applicable to your business**

Vehicles		Construction		Services	
W1	Spares & parts	C1	Concrete works	S1	Advertising/communication services
W2	Auto Electrical	C2	Demolition	S2	Bookkeepers
W3	Brakes and Clutch	C3	Electrical contracts	S3	Carpet cleaning
W4	Transmissions	C4	Evacuation systems	S4	Catering/vending
W5	Panel beaters	C5	Fencing	S5	Cleaning services
W6	Tyres	C6	General building work	S6	Computer supplies/servicing
W7	Batteries	C7	Glazing	S7	Motor services/corporate
W8	Oil & Lubricants	C8	Transport	S8	Educational services
W9	Windscreens	C9	Landscaping/Earthworks	S9	Horticultural services
W10	Communicative	C10	Mechanical contracts	S10	Insurance services
W11	Engine overalls	C11	Metalwork & burglar guards	S11	Interior decorating
W12	Hydraulics	C12	Painting	S12	Laundry services
W13	Tuning Services	C13	Painting	S13	Locksmith services
W14	Upnoistery	C14	Plumbing	S14	Courier services
W15	Radiator repairs	C15	Pre-cast concrete manufacture	S15	Health care services
W16	Adhoc motor services	C16	Pumping installation	S16	Municipal services
		C17	Road works	S17	Personnel services
		C18	Special contracts	S18	Pest removal services
<b>Workshop Electrical</b>				S19	Printing/photography/graphic design
		<b>Wholesalers/Distribution</b>		S20	Real estate
W15	Electrical component supplies			S21	Site cleaning
W16	Electrical motor repairs	D1	Building materials	S22	Travel agencies
W17	Transformer services	D2	Cleaning supplies	S23	Security & access control
		D3	Clothing/Printing	S24	Air conditioning systems
		D4	Computers equipment & software	S25	Telemetry
		D5	Office furniture		
<b>Mechanical</b>		D6	Office supplies & stationery		
		D7	Fire protection equipment	<b>Professional services</b>	
W20	Pump spares	D8	Industrial Equipment	P1	Financial services
W21	Bolts & nuts	D9	Vehicles	P2	Architects
W22	Mechanical seals & packing's	D10	Workshop equipment	P3	Legal services
W23	Hardware supplies	D11	Consumables	P4	Corporate catering/refreshments
W24	Pipe & irrigation supplies	D12	Food supplies	P5	Land surveyors
W25	Lifting equipment	D13	Fuel supplies	P6	Medical practitioners
W26	Bearing supplies	D14	Plumbing material	P7	Project managers
		D15	Purifications	P8	Quantity surveyors
				P9	Town planners
				P10	Engineers
				P11	Consulting Engineers (Civil/Structural)
				P12	Consulting Engineers (Electrical)
				P13	Consulting Engineers (Mechanical)
				P14	Consulting Engineers (Multidisciplinary)
				P15	Consulting Engineers (Geotechnical)
				P16	Corporate Gifts

<b>HARRY GWALA DEVELOPMENT AGENCY</b>	<b>Supplier Application Form</b>		
		Page 7 of 9	

**SECTION D: SUPPLIER PROFILE**

In order for Harry Gwala Development Agency to establish a profile of its suppliers, please complete the following:

**Commercial:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Environmental:**

1. Do you have an Environmental Policy in place? (y/n) \_\_\_\_\_

2. Does your facility routinely work with any hazardous substances? (y/n) \_\_\_\_\_

\_\_\_\_\_

**Facilities, plant & equipment:**

1. Please give a summary of your plant and facilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please give a summary of your equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HARRY GWALA  
DEVELOPMENT  
AGENCY**

**Supplier Application Form**




<b>HARRY GWALA DEVELOPMENT AGENCY</b>	<b>Supplier Application Form</b>		
	Page 9 of 9		

**SECTION E: DECLARATION**

**DECLARATION AFFIDAVIT FOR TARGETED ENTERPRISE STATUS**

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

1. The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and
2. The contents of this Affidavit are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
3. The enterprise will be required to furnish documentary proof if requested to do so.
4. If the information supplied is found to be incorrect then the Harry Gwala Development Agency in addition to any
  - i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of any business, and/or
  - ii Take any other action as may be deemed necessary.

Signature .....

Name.....

I.D Number .....

Duly authorised to sign on behalf of: .....

Address .....

Telephone .....

**SECTION F: SWORN AFFIDAVIT**

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 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: Both the Deponent and the Commissioner of Oaths must initial all pages of this Application form.**

MBD 4

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state<sup>1</sup>.
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.
3. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

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

3.2 Identity Number: .....

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

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 identity numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state? YES / NO

3.8.1 If yes, furnish particulars. ....

.....

<sup>1</sup>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 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.

<sup>2</sup> 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.

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

3.9.1 If yes, furnish particulars.....

.....

3.10 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? ..... YES / NO

3.10.1 If yes, furnish particulars.

.....  
.....

3.11 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? YES / NO

3.11.1 If yes, furnish particulars

.....  
.....

3.12 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? YES / NO

3.12.1 If yes, furnish particulars.

.....  
.....

3.13 Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders in service of the state? YES / NO

3.13.1 If yes, furnish particulars.

.....  
.....

3.14 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. YES / NO

3.14.1 If yes, furnish particulars:

.....  
.....

4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

.....  
Signature

.....  
Date

.....  
Capacity

.....  
Name of Bidder