



MOPANI DISTRICT MUNICIPALITY

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E-mail: mangenas@mopani.gov.za

APPLICATION FORM FOR LISTING ON ACCREDITED SUPPLIER DATABASE 2013-2014

Registration on data base in terms of:

- 1. Preferential Procurement Policy Framework Act No.5 of 2011.
- 2. Preferential Procurement Regulations (No. R725 of 10 August 2001)
- 3. Local Government Municipal Finance Management Act No.56 of 2003.

This form must be duly completed with a black pen, signed as requested and placed together with supporting documentation.

PLEASE NOTE:

- Mopani District Municipality is not obliged to award tenders or business opportunities on condition of this registration.
- All Supplier information will be treated strictly confidential.
- Please keep copies of the application form and all documentation submitted for your own records as no copies will be made by the Municipality.
- This form is also available on the Municipality's website at <u>www.mopani.gov.za</u>.
- All alterations must be initialled by the applicant.

FOR OFFICIAL USE:
Business Name:
Date Received:

DATABASE APPLICATION FORM 2013/2014

SECTION A: GENERAL INFORMATION

All parts of each section of this form are to be completed in full and additional information should be provided on request. Please note that incomplete or missing information will delay the processing of this application.

Please print in block letters. Where necessary use additional sheets to furnish all details requested.

Give both physical and postal addresses of the company.

1.	Detail	s of the Business:		
	a.	Business Name		
	b.	Trading Name if any	y	
	c.	Registration Numbe	r (CK)	
	d.	Date of Registration		
	e.	Nature of Business		
	f.	Field of Specialization	on	
Loc	cal Bra	nch Address		
2.	Postal	Address	:	
			:	
			• • • • • • •	
			• • • • • • • • • • • • • • • • • • • •	
3. Physical Address		cal Address	:	
			:	
	00	ce Branch Address		
4.	Postal	ostal Address		
			:	
			• • • • • • •	

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5.	Physical Address	: : :		
6. Name of Local Municipality		:		
7.	Contact Person :			
8.	ID Number	:		
9.	Contact Details:	Contact Details:		
	Telephone Number			
	Cellular Phone			
	Fax			
	E-mail			
		INFORMATION ABOUT YOU mark the relevant blocks in the table below		
SOLE PROPRIETOR				
PARTNERSHIP				
	CLOSE CORPORATION			
	(Pty) Limited			
2. Number of Employees :				
	2.1. Permanent :			
2.2. Part Time :				

3. Years in Business :

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4. Involvement of Previously Disadvant	aged Groups:	Yes	No	
5. Does the Company trade under other names :		Yes	No	
If yes, provide the names	:			
6. Tax Reference No	:			
7. VAT Registration Number	:			
8. PAYE Number	:			
9. Tax Clearance Certificate No	:			
10. Banking Details				
10.1 Bank Group Name				
10.2 Bank Branch Name				

11. Company Structure

Description	Number
Directors/Members	
Non-PDI total of Directors/Members	
PDI total of Directors/Members	
Women (that form part of Directors/Members)	
Disabled (that form part of Directors/Members)	
Youth (that form part of Directors/Members)	
B-BBEE Level	

10.3 Bank Branch Code.....

10.4 Bank Account No.

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12. Declaration	
I	the undersigned
	do hereby
Signature	Designation
Date:	

Note:

- 1. Please attach the following documents upon submission of the form:-
 - Business Profile.
 - Valid Tax Clearance Certificate.
 - Company registration documents or CK.
 - B-BBEE certificate.
- 2. The Municipality reserves the right to follow formal Supply Chain Management Processes to award any contract.
- 3. False declaration could lead to disqualification and blacklisting.
- 4. Companies that are blacklisted on the National Treasury Database will not be listed on the Mopani District Municipality database.