

 <b>Finance Department</b>	<h2 style="text-align: center;"><i><b>MOPANI DISTRICT MUNICIPALITY</b></i></h2> <p><i>Private Bag X9687 Giyani 0826</i></p> <p style="text-align: right;"><i>Government Building Premier's Office Tel: +27 15 811-6300 Fax: +27 15 812-4570 E-mail: <a href="mailto:thirvhi@mopani.gov.za">thirvhi@mopani.gov.za</a></i></p>
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## **DATABASE APPLICATION FORM 2008/09**

### **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. Details of the Business:

- a. Business Name .....
- b. Trading Name if any .....
- c. Registration Number (CK) .....
- d. Date of Registration .....
- e. Nature of Business .....
- f. Field of Specialization .....

2. Postal Address : .....  
: .....  
: .....  
: .....  
: .....

3. Physical Address : .....  
: .....

: .....  
: .....

4. Name of Municipality : .....

5. Principal Place of Business : .....  
: .....  
: .....  
: .....

6. Contact Person : .....

7. ID Number : .....

8. Contact Details:

Telephone Number				
Cellular Phone				
Fax				
E-mail				

## 9. PAYMENTS

a. Amount Paid on Registration: .....

b. Receipt Number : .....

## SECTION B : FURTHER INFORMATION ABOUT YOUR COMPANY

1. Type of Company (Please mark the relevant blocks in the table below with an X)

SOLE PROPRIETOR	
PARTNERSHIP	
CLOSE CORPORATION	
(Pty) Limited	

2. Number of Employees : .....

2.1. Permanent : .....

2.2. Part Time : .....

3. Involvement of Previously Disadvantaged Groups:

Yes		No	
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4. Does the Company trade under other names :

Yes		No	
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5. Tax Reference No : .....

6. VAT Registration Number : .....

7. PAYE Number : .....

8. Banking Details

8.1 Bank Group Name.....

8.2 Bank Branch Name.....

8.3 Bank Branch Code.....

8.4 Bank Account No. ....

9. Additional information (*attach*)

9.1 Business Profile

9.2 Proof of qualifications

9.3 Proof of Registration with relevant bodies

10. 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)	

I ..... the undersigned,  
in my capacity as ..... do hereby  
warrant that all information written in this application is true and correct.

.....  
Signature

.....  
Designation

Date: .....

**Notes:**

- 1. Please include Business Profile in submission of this application form.**
- 2. Mopani District Municipality is not bound to award tenders on condition of this registration.**
- 3. The Municipality reserves the right to follow the formal Supply Chain Management Procedures to award any contract.**
- 4. False declaration could lead to disqualification and blacklisting.**