

 <p><b>BUDGET &amp; TREASURY OFFICE</b></p>	<p><b><i>MOPANI DISTRICT MUNICIPALITY</i></b></p> <p><i>Private Bag X9687 Giyani 0826</i></p> <p><i>Government Building Premier's Office Tel: +27 15 811-6300 Fax: +27 15 812-4570 E-mail: <a href="mailto:Mangenas@mopani.gov.za">Mangenas@mopani.gov.za</a></i></p>
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**APPLICATION FORM FOR LISTING ON  
ACCREDITED SUPPLIER DATABASE**

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**Registration on data base in terms of:**

1. Preferential Procurement Policy Framework Act No.5 of 2000.
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 [www.mopani.gov.za](http://www.mopani.gov.za).
- All alterations must be initialled by the applicant.

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**FOR OFFICIAL USE:**

***Business Name:*** \_\_\_\_\_

***Date Received:*** \_\_\_\_\_

## **DATABASE APPLICATION FORM 2011/2012**

### **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 .....

***Local Branch Address***

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

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

***Head Office Branch Address***

4. Postal Address : .....
- : .....
- : .....
- : .....
- : .....

5. Physical Address : .....  
: .....  
: .....  
: .....

6. Name of Local Municipality : .....

7. Contact Person : .....

8. ID Number : .....

9. Contact Details:

Telephone Number				
Cellular Phone				
Fax				
E-mail				

## 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. Years in Business : .....

4. Involvement of Previously Disadvantaged Groups: 

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

Yes		No	
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*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.....

10.3 Bank Branch Code.....

10.4 Bank Account No. ....

#### 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)	

12. Declaration

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

.....  
Signature

.....  
Designation

Date: .....

**Note:**

- 1. Please include Business Profile and Valid Tax Clearance Certificate in submission of this application form.**
- 2. The Municipality reserves the right to follow the formal Supply Chain Management Procedures to award any contract.**
- 3. False declaration could lead to disqualification and blacklisting.**