



# **ELUNDINI LOCAL MUNICIPALITY**

## **CONTRACTORS DATABASE APPLICATION FORM**

# **ELUNDINI LOCAL MUNICIPALITY**

## **APPLICATION FORM FOR CONTRACTORS (CIVIL) TO BE INCLUDED ON THE ELUNDINI LOCAL MUNICIPALITY CONTRACTORS DATABASE.**

### **Please note:**

This form must be completed by all applicants wishing to register as a contractor with the Elundini Local Municipality [ELM]. Please reflect all the resources the firm has such as: Plant, Machinery, Equipment and Labour. Also reflect the expertise and experience that the company has. Other relevant additional documentation may also be attached. The Municipality will determine the suitability of firms for entry into its database, based on the information provided.

All sections of the application form must be completed in full.

The application form is to be completed by the duly authorised official of the contracting firm.

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

**Registered name of the business** \_\_\_\_\_

New Application

Updated Application

**Once the Application is completed return it to:**

The Supply Chain Management Unit  
1 Seller Street  
Maclear  
5480

or posted to:

The Supply Chain Management Unit  
P O Box 1  
Maclear  
5480

**CONTACT DETAILS**

**1.** Contact person \_\_\_\_\_

Phone No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-Mail \_\_\_\_\_

**2.** Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

**3.** Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

**4.** Eastern Cape Offices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5.** National Offices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred method for correspondence	E-MAIL	SMS
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**PARTICULARS OF FIRM**

**1.Name of Firm**\_\_\_\_\_

**2.Name of Managing Principal Member**\_\_\_\_\_

**3. Type of firm (tick relevant box)**

- Public Company Ltd
- Private Company (Pty) Ltd
- One person business/sole proprietor
- Close corporation
- Partnership
- Trust
- Co-operative
- Community Based Organization (CBO)
- Voluntary Association
- Foreign Company
- Consortium
- Other (specify)

**4.Country of registration or incorporation**\_\_\_\_\_

**5.Nature of Business :**\_\_\_\_\_

**6.Did your firm exist under a previous name (Y/N)**\_\_\_\_\_

**6.1 If yes, what was its previous name?**

**6.2 Who were the owners/partners/directors**\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. List all the partners, proprietors and shareholders by name, identity number, citizenship and shareholding:**

Name	ID number	Citizenship	Date of Ownership	% Share-Holding /Ownership

**NB: Where owners are themselves a corporate entity or partnership, please identify such.**

**8. Percentage of total shares/ownership by each of the following groups:**

<b>% Black male</b>	<b>% Coloured male</b>	<b>% Asian male</b>	<b>% White male</b>
<b>% Black female</b>	<b>% Coloured female</b>	<b>% Asian female</b>	<b>% White female</b>

**9. List the following for each partner, proprietor, shareholder, Director and senior officer of the enterprise:**

<b>Title</b>	<b>Name</b>	<b>Race</b>	<b>Gender M/F</b>	<b>Disabled Yes/ No</b>	<b>% of time devoted to enterprise</b>

**8.Management Structure (Percentage of management on executive level in each of the following groups)**

<b>% Black male</b>	<b>% Coloured male</b>	<b>% Asian male</b>	<b>% White male</b>
<b>% Black female</b>	<b>% Coloured female</b>	<b>% Asian female</b>	<b>% White female</b>

**9. B-BBEE Empowerment**

Do you have a B-BBEE certificate	YES	Please attach certificate
	NO	Please indicate any intentions

Annual turnover		Tick the relevant box
Less than <b>R5m</b>		
More than <b>R5m &amp; Less than R35m</b>		
More than <b>R35</b>		

Are you an Exempted Micro Enterprise (EME) ?	YES	Please attach proof
	NO	

Where was the B-BBEE certificate issued?		Tick the relevant box
Accounting officers as contemplated in section 60(4) of the Closed Corporations Act, Act No. 69 of 1984 (CCA)		
Verification Agencies accredited by SANAS		
Registered auditors approved by the Independent Regulatory Board of Auditors (IRBA)		

**TO BE COMPLETED BY SERVICE PROVIDERS OTHER THAN EMES**

Where was the B-BBEE certificate issued?		Tick the relevant box
Verification Agencies accredited by SANAS		
Registered auditors approved by the IRBA		

Are you a start-up enterprise? (Less than 12 months in business)	YES	
	NO	
Date of commencement of business		

Is 50% of your business owned by South African black people	YES	
Is 30% or more of your business owned by South African black women	NO	

***All information must be filled in spaces provided. If additional space is required, additional sheets may be attached. The onus is on the Service Providers to fill in all the information. Failure to do so will result in points being lost under B-BBEE status level points.***

**10. Co/CC Registration Number:** \_\_\_\_\_

**11. Vat Registration number:** \_\_\_\_\_

**12. Company income tax reference number:** \_\_\_\_\_

Note: Insert personal income tax reference number if one – man business and personal income tax reference numbers of all parties if a partnership.

**13. CIDB Registration Number:** \_\_\_\_\_

**14. CIDB grading:** \_\_\_\_\_

**15. Banking details:**

**Current Banking Details:**

**Please attach an original cancelled cheque or an original bank verification letter.**

Bank : \_\_\_\_\_

Branch number/code: \_\_\_\_\_

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

Bank Account number: \_\_\_\_\_

Account type: \_\_\_\_\_

Date the account was opened: \_\_\_\_\_

*Signatories Name/s, Surname/s and ID number/s:*

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**REGISTRATION PREREQUISITES:**

**NOTE: CONTRACTORS WILL NOT BE REGISTERED ON THE DATABASE IF THE FOLLOWING PREREQUISITES ARE NOT MET:**

1. Certified Company registration and/other registration documents and ID copies of company members/partners/directors.
2. VAT registration (where applicable)
3. Valid Original Tax Clearance Certificate
4. Copy of COID registration certificate / proof of Registration with Commissioner for Compensation (Workman's Compensation), where applicable)
5. B-BBEE status level certificate by Accountants/Independent Auditors (Can you attach this information in the banking details section).
6. Latest municipal account /letter from ward councilor.
7. Certificate of acceptability of premises for food preparation (Caterers)
8. Original cancelled cheque or original bank verification letter
9. A concise company profile (max 2 pages)
10. Proof of Registration with the Construction Industry Development Board **(CIDB)**.
11. The form must be filled in blank ink and all parts of the form must be completed and an explanation must be provided where information is not completed
12. Submit Company composition on the provided tables

**PLEASE PROVIDE THE FIELD OF COMPETENCE (CATEGORY OF WORKS)  
YOUR FIRM WILL BE REGISTERING IN AS REFLECTED UNDER THE CIDB  
REGISTRATION. PLEASE INDICATE THE GRADING AS REFLECTED UNDER  
THE CIDB REGISTRATION**

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- BUILDING CONSTRUCTION
  - BUILDING MAINTENANCE AND REPAIRS
  - BURGLAR PROOFING / METAL / WELDING AND STEEL WORK
  - CARPENTRY
  - CARPETING / TILING
  - ELECTRICAL
  - FENCING
  - MECHANICAL
  - PAVING
  - ROAD/TAR WORKS
  - WET SERVICES (PLUMBING & GRENADE)
  - **STRUCTURAL**
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**PAST EXPERIENCE 2**

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Service Providers must furnish hereunder details of similar works/service, which they have satisfactorily completed in the past. The information shall include a description of the Works, the Contract value and name of Employer.

<b>PREVIOUS AND/OR CURRENT PROJECTS UNDERTAKEN FOR ELM</b>			
<b>PROJECT NAME</b>	<b>AWARDED AMOUNT</b>	<b>CONTRACT START DATE</b>	<b>ANTICIPATED / ACTUAL COMPLETION DATE</b>

.....  
**DATE** **SIGNATURE OF SERVICE PROVIDER**



**DECLARATION OF INTERESTS (KINSHIP, RELATIONSHIP WITH PERSONS EMPLOYED BY ELM)**

In terms of the Municipal Supply Chain Management Regulations, no person or persons employed by the State may be awarded a bid by any municipality.

Any legal person, or persons having a kinship with persons employed by the ELM including a blood relationship, may undertake business with ELM. In view of possible allegations of favouritism, should a resulting bid or part thereof be awarded to persons connected with or related to an employee of ELM, it is required that the service provider or his/her authorized representative declare his position vis-à-vis the evaluating authority and/or take an oath declaring his/her interest, where-

- the legal person on who's behalf the bid document is signed, has a relationship with persons/a person who are/is involved with the evaluation of the bid(s), or where it is known that such a relationship exists between the person or persons for or on who's behalf the declarer acts and persons who are involved with the evaluation of the bid.

In order to give effect to the above, the following questionnaire shall be completed and submitted with this application.

Do you, or any person have any relationship (family, friend, other) with a person employed with the ELM or its administration and who may be involved with the evaluation, preparation and/or adjudication of any bid?

Yes/No

If so, state particulars

.....

.....

Are you or any other person connected with this application, employed by any organ of State?

Yes/No

If so, state particulars

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**SIGNATURE OF DECLARER**

**DATE**

**POSITION OF DECLARER**

**NAME OF COMPANY OR SERVICE PROVIDER**

**DECLARATION (VALIDITY OF INFORMATION PROVIDED)**

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I.....declare that the information provided is true and correct, the signature to this application is duly authorised and documentary proof regarding any bidding issue will, when required, be submitted to the satisfaction of the Elundini Local Municipality Municipality.

.....  
**SIGNATURE OF DECLARER**

**DATE**

.....  
**POSITION OF DECLARER**

**NAME OF COMPANY OF SERVICE PROVIDER**

Should the applicant have, in the opinion of the ELM, acted fraudulently illegally, in bad faith or in any improper manner, misrepresented itself with regard to this application, then the ELM may, in its sole discretion:

- \* Ignore any bids without advising the bidder thereof
- \* Cancel any contract without prejudice to any legal rights the ELM may have

**Should the applicant disregard this or conduct affairs in a way that transgresses from good business practices, this could seriously impair future business relations between the ELM and such applicant.**

<b>FOR OFFICE USE ONLY</b>
<b>DATE OF RECEIPT:</b>
<b>SUPPLIER DATA BASE NUMBER ISSUED:</b>
<b>HAVE ALL REQUIRED DOCUMENTS BEEN PROVIDED:</b>
<b>B-BBEE STATUS LEVEL OF APPLICANT</b>





- 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);
- a member of the accounting authority of any national or provincial public entity; or
- 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



