



# **ELUNDINI LOCAL** **MUNICIPALITY**

## **PROFESSIONAL SERVICE** **PROVIDERS** **APPLICATION FORM**

# **ELUNDINI LOCAL MUNICIPALITY**

## **APPLICATION FORM FOR PROFESSIONAL SERVICE PROVIDERS TO BE INCLUDED ON THE ELUNDINI LOCAL MUNICIPALITY PROFESSIONAL SERVICE PROVIDER DATABASE.**

### **Please note:**

This form must be completed by all applicants wishing to register as a professional service provider in the Elundini Local Municipality [ELM] Database. A ***curriculum vitae*** for each project staff member/consultant should be attached to the application form and ***certified copies of qualifications and professional affiliation certificate***. Other relevant additional documentation may also be attached.

**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 professional service provider firm.

**New Application**

**Updated Application**

**Date:**

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**Registered name of the business**

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

The Supply Chain Management Unit  
1 Seller Street  
Maclear  
5840

or posted to:

The Supply Chain Management Unit  
P O Box 1  
Maclear  
5840

**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**

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

- Partnership
- One person business/sole proprietor
- Close corporation
- Company
- [Pty] Limited
- Consortium
- Other (specify)

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

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

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

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

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

**6.List all the partners, proprietors and shareholders by name, identity number, citzienship 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.**

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

% Black male	% Coloured male	% Asian male	% White male
% Black female	% Coloured female	% Asian female	% White female

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

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

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

% Black male	% Coloured male	% Asian male	% White male
% Black female	% Coloured female	% Asian female	% White female

## 10. 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.***

**11. Co/CC Registration** \_\_\_\_\_

**12. Vat Registration Number** \_\_\_\_\_

**13. 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.

**14. Membership with Professional Bodies** : \_\_\_\_\_

**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: SERVICE PROVIDERS 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. Any other registration certificate pertaining to your relevant industry SOB for security companies, ECB (Electrical Board)etc.
6. Submit proof of Professional Registration with the relevant Professional Body, e.g. The Engineering Council of South Africa
7. B-BBEE status level certificate by Accountants/Independent Auditors (Can you attach this information in the banking details section).
8. Latest municipal account /letter from ward councilor.
9. Original cancelled cheque or original bank verification letter
- 10.A concise company profile (max 2 pages)
- 11.Complete Previous/Past Experience must be completed
12. 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
- 13.Complete Company composition on the provided tables

**A SEPARATE DATABASE WILL BE SET UP FOR EACH OF THE FOLLOWING CATEGORIES: INDICATE THE FIELD OF COMPETENCE YOUR FIRM WILL BE REGISTERING IN:**

- Architectural
- Structural
- Civil Engineers
- Water/sanitation
- Environmental
- Geotechnical
- Electrical Engineers
- Mechanical Engineers
- Quantity Surveyors
- Land Surveyors
- Town Planning
- Property Valuers
- Law firms
- Financial
- Human Resource
- Training
- Project Management
- Occupational Health and Safety
- Audit
- Environmental
- Health
- ICT Firms
- Other (specify)

**More than one (1) field of competence may be selected.**





**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

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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 OF INTEREST (IN THE SERVICE OF THE STATE) (MBD 4)**

- 1. In terms of the Municipal Supply Chain Management Regulations any person employed by the state, cannot undertake business with ELM.
- 2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
  - 2.1 Are you or any person connected with this application, employed by the state?

**YES / NO**

2.1.2 If so, state particulars.

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**DECLARATION**

I, the undersigned  
(name).....

certify that the information furnished in paragraphs 2.1 to 2.1.2 above is correct. I accept that the state may act against me in terms of paragraph 23 of the general conditions of contract should this declaration prove to be false.

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**Signature** **Date**

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**Position** **Name of Service Provider**

