



# GA-SEGONYNA LOCAL MUNICIPALITY

## NOTICE NO 01/2017-18



### INVITATION TO LOCAL SUBCONTRACTORS TO REGISTER ON THE MUNICIPAL SUPPLIER DATABASE FOR THE DIFFERENT INFRASTRUCTURE PROJETS/PROGRAM

- \* To be completed by all **sub-contractors** seeking registration as an approved sub-contractor;
- \* The form must be completed in **full** and be **signed**;
- for the application form - **all** fields on application form **must** be completed by the applicant;
- \* It should be noted that **Ga-Segonyana Local Municipality** reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect
- \* Sub- contractors will **not be notified** whether application was accepted or not, but will be advised of the outcome if telephonically requested
- \* Sub-contractors must comply with all the **registration-criteria** for registration to be finalised - **failure** to do so may result in the application being declined.
- \* Please ensure to attach the following amongst other documents: CK1, CoR 14.3, **Valid Tax Clearance Certificate**, Business Profile, Proof of Bank Account, Certified ID Copies of Equity Holders.

#### Sub- Contractor Details:

Trading Name															
Company / Closed Corporation Registration Number															
Income tax reference number:															
E-Mail Address:															
Telephone Number															
Cellphone Number															
Fax Number															

#### Postal Address:

#### Physical Address:

City										City									
Code										Code									

(Please ✓ the relevant box)

Tax Clearance Certificate Attached					YES		NO			
Expiry Date:	Y	Y	Y	Y		M	M		D	D
VAT Registration No:										
Regional Levies Registration No:										
Municipal Services Account (latest) Attached					YES		NO			

#### Supplier Group Detail: Type of Firm:

(Please ✓ the relevant box)

01	Public Compny (Ltd)	
02	Private Company ( Pty) Ltd	
03	Closed Corporation (CC)	
04	Joint Venture	
05	Consortium	
06	Sole Proprieter	
07	Foreign Company	
08	Partnership	
09	Trust	
10	Section 21 Company	
11	Government / Parastatals	
12	Other ( Specify)	

#### Main Contact Person in Your Company:

Name															
Company Position															
Cell Phone Number															
Fax Number															
E-mail Address															
Prefereed method Of Correspondence	TEL					E-MAIL					POST				

#### Other/ Alternative Contact Person in your Company:

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Company Position															
Cell Phone Number															
Fax Number															
E-mail Address															

List of Returnable Documents	Please ✓
Original Valid Tax Clearance Certificate	
Certified copies of the Identity Documents of Directors and/ equity holders	
B-BBEE Status Level Certificate ( <b>Original/ Certified</b> )	
Workman's Compensation Fund Certificate (Good Standing)	
NHBRC Certificate	
Company Profile	
CIDB Grading Certificate	
Vat Registration Form (where applicable)	
UIF Registration Form (where applicable)	
Company Registration (i.e. CK1, CoR 14.3)	
Central Supplier Database For Government (CSD)	
Partnership Agreement (where applicable)	
Joint Venture Agreement (where applicable)	

**CIDB GRADING STATUS**

Please use this table to determine for which programme you registering for.

Please ✓ only ONE COMMODITY

Programme	Contractor Grade (i.e. 1CE PE/ 4GB)	CRS Number	Expiry Date
Rural Roads			
Rural Water			
Rural Sanitation			

**List all members of the Entity**

Name	Position Occupied in the Enterprise	Citizenship	ID Number														

**Declaration of any Conflict of Interest (compulsory)**

I/We the undersigned acknowledge(s) that:

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Tax Clearance Certificate Attached					YES		NO			
Expiry Date:	Y	Y	Y	Y		M	M		D	D
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CIDB Grading Certificate	
Vat Registration Form (where applicable)	
UIF Registration Form (where applicable)	
Company Registration (i.e. CK1, CoR 14.3)	
Central Supplier Database For Government (CSD)	
Partnership Agreement (where applicable)	
Joint Venture Agreement (where applicable)	

**CIDB GRADING STATUS**

Please use this table to determine for which programme you registering for.

Please ✓ only ONE COMMODITY

Programme	Contractor Grade (i.e. 1CE PE/ 4GB)	CRS Number	Expiry Date
Rural Roads			
Rural Water			
Rural Sanitation			

**List all members of the Entity**

Name	Position Occupied in the Enterprise	Citizenship	ID Number														

**Declaration of any Conflict of Interest (compulsory)**

I/We the undersigned acknowledge(s) that:

- \* The information Furnished is true and correct.
- \* Any conflict of interest will be declared in the comment space below

\_\_\_\_\_  
SIGNATURE OF OWNER OR  
AUTHORISED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
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**Comments / Notes:**

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# GA-SEGONYNA LOCAL MUNICIPALITY

## NOTICE NO 01/2017-18



### INVITATION TO LOCAL SUBCONTRACTORS TO REGISTER ON THE MUNICIPAL SUPPLIER DATABASE FOR THE DIFFERENT INFRASTRUCTURE PROJETS/PROGRAM

- \* To be completed by all **sub-contractors** seeking registration as an approved sub-contractor;
- \* The form must be completed in **full** and be **signed**;
- for the application form - **all** fields on application form **must** be completed by the applicant;
- \* It should be noted that **Ga-Segonyana Local Municipality** reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect
- \* Sub- contractors will **not be notified** whether application was accepted or not, but will be advised of the outcome if telephonically requested
- \* Sub-contractors must comply with all the **registration-criteria** for registration to be finalised - **failure** to do so may result in the application being declined.
- \* Please ensure to attach the following amongst other documents: CK1, CoR 14.3, **Valid Tax Clearance Certificate**, Business Profile, Proof of Bank Account, Certified ID Copies of Equity Holders.

#### Sub- Contractor Details:

Trading Name															
Company / Closed Corporation Registration Number															
Income tax reference number:															
E-Mail Address:															
Telephone Number															
Cellphone Number															
Fax Number															

#### Postal Address:

#### Physical Address:

City															
Code															

(Please ✓ the relevant box)

Tax Clearance Certificate Attached					YES					NO				
Expiry Date:		Y	Y	Y	Y		M	M		D	D			
VAT Registration No:														
Regional Levies Registration No:														
Municipal Services Account (latest) Attached					YES					NO				

#### Supplier Group Detail: Type of Firm:

(Please ✓ the relevant box)

01	Public Compny (Ltd)	
02	Private Company ( Pty) Ltd	
03	Closed Corporation (CC)	
04	Joint Venture	
05	Consortium	
06	Sole Proprieter	
07	Foreign Company	
08	Partnership	
09	Trust	
10	Section 21 Company	
11	Government / Parastatals	
12	Other ( Specify)	

#### Main Contact Person in Your Company:

Name															
Company Position															
Cell Phone Number															
Fax Number															
E-mail Address															
Prefereed method Of Correspondence					TEL					E-MAIL					POST

#### Other/ Alternative Contact Person in your Company:

Name															
Company Position															
Cell Phone Number															
Fax Number															
E-mail Address															

List of Returnable Documents	Please ✓
Original Valid Tax Clearance Certificate	
Certified copies of the Identity Documents of Directors and/ equity holders	
B-BBEE Status Level Certificate ( <b>Original/ Certified</b> )	
Workman's Compensation Fund Certificate (Good Standing)	
NHBRC Certificate	
Company Profile	
CIDB Grading Certificate	
Vat Registration Form (where applicable)	
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Company Registration (i.e. CK1, CoR 14.3)	
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Please ✓ only ONE COMMODITY

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Rural Water			
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E-Mail Address:															
Telephone Number															
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Fax Number															

#### Postal Address:

#### Physical Address:

City										City									
Code										Code									

(Please ✓ the relevant box)

Tax Clearance Certificate Attached					YES					NO				
Expiry Date:		Y	Y	Y	Y		M	M			D	D		
VAT Registration No:														
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**CIDB GRADING STATUS**

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Rural Water			
Rural Sanitation			

**List all members of the Entity**

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**CIDB GRADING STATUS**

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Please ✓ only ONE COMMODITY

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Rural Roads			
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