

THEEWATERSKLOOF MUNICIPALITY
DIRECTORATE: FINANCIAL SERVICES
SUPPLY CHAIN MANAGEMENT



APPLICATION FORM FOR LISTING ON
ACCREDITED SUPPLIER DATABASE

This form must be duly completed, preferably with a black pen, signed as requested and placed together with supporting documentation, in an envelope clearly marked “ **DATABASE OF PROPESTIVE SUPPLIERS**” on the outside and forwarded to the Supply Chain Manager, Po Box 24, Caledon 7230.

PLEASE NOTE

- Registration on the Theewaterskloof Municipality supplier database does not guarantee business opportunities with the municipality.
- All supplier information will be treated strictly confidential.
- Please keep copies of the application form and all documentation submitted for your own record keeping purposes as no copies will be provided by the municipality.
- Documentation provided to the municipality will not be returned should an application be unsuccessful.
- This form is also available on the municipality’s website at www.twk.org.za.

FOR OFFICIAL USE ONLY

DATE RECEIVED	
ACCEPTED	
DATE CAPTURED	
DATABASE REGISTRATION NUMBER	
CHECKED BY	
DATE CHECKED	

*Please complete the following particulars.

NAME OF BUSINESS:

POSTAL ADDRESS:

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.....

.....

TELEPHONE NO:

E-MAIL ADDRESS:

CONTACT PERSON:

CELL NO:

CORE BUSINESS (DESCRIBE THE KIND OF GOODS THAT CAN BE SUPPLIED OR THE TYPE OF SERVICES THAT CAN BE RENDERED)

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NAMES OF DIRECTORS/ MEMBERS/ OWNERS OF BUSINESS:

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.....

SPECIFIC EXPERTISE VESTED IN THE COMPANY:

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.....

COMPOSITION OF THE BUSINESS IN VIEW OF THE AWARDING OF EQUITY POINTS FOR HDI (RACE, GENDER OR DISABILITY):

NAME	IDENTITY. NO	HDI (No franchise in national elections)	GENDER	DISABILITY	% SHAREHOLDING

***Please provide necessary proof (certified copies of ID documents, CK 1, CK 2 forms, etc)**

BUSINESS REGISTRATION NUMBER:

VAT REGISTRATION NUMBER (* Please provide a copy of an original tax clearance certificate)

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NAME OF BANK:

BANK ACCOUNT NO:

BRANCH NAME:

PERMISSION THAT THE FINANCIAL POSITION OF THE SUPPLIER AND THE ABILITY TO MANUFACTURE OR TO SUPPLY GOODS OR TO RENDER A SERVICE MAY BE EXAMINED BEFORE ITS OFFER IS CONSIDERED FOR ACCEPTANCE

NAME OF PERSON:

DESIGNATION:

SIGNATURE:

DATE:

MONETARY VALUE OF CONTRACTS INTERESTED IN:

MAXIMUM QUANTITIES THAT CAN BE SUPPLIED:

QUANTITY AND FREQUENCY OF DELIVERY:

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DECLARATION OF CORRECTNESS OF INFORMATION PROVIDED

I / we, the undersigned, warrant(s) that I am / we are duly authorized to do so and on behalf of

.....

declare that:

1. The information contained in this document is correct.
2. All copies of relevant documentation are attached.
3. The Historically Disadvantaged status of individuals as stated is correct and based on owners/shareholders/partners actively involved in the day-to-day management of the enterprise.

If the information supplied is found to be incorrect then the Theewaterskloof Municipality in addition to any remedies, it may have; may

- I. recover from you / your enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and / or
- II. cancel the contract and claim any damages which the Municipality may suffer by having to make favourable arrangements after such cancellations, and / or
- III. impose a penalty as provided in the Tender Documents, and / or
- IV. take any other action as may be deemed necessary.

SIGNATURE:

SIGNATURE:

NAME:

NAME:

CAPACITY:

CAPACITY:

ID NO:

ID NO:

TEL NO:

TEL NO:

ADDRESS:

.....

.....



ENTITY MAINTENANCE FORM

THEEWATERSKLOOF MUNICIPALITY

NAME:															
ID NUMBER:															
BENEFICIARY:															
POSTAL ADDRESS						STREET ADDRESS									
POSTAL CODE								POSTAL CODE							

DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS:

Name of Bank												
Name of Branch												
Branch Code												
Account Number												
Type of Account		## Please enter numeric number										

Type of Accounts

- | | |
|--------------------------|--------------------------------|
| 1 = Cheque Account | 4 = Bond Account |
| 2 = Savings Account | 5 = Not in use |
| 3 = Transmission Account | 6 = Subscription share account |

CONTACT DETAILS

Tel. Business											
Cell. Number											
Tel. Home											
Fax											
E-mail											
Contact Person											

Please return the completed Entity Maintenance form in order to participate in the "ACB Electronic Fund Transfer Services" together with the Database registration to the following address:

For attention: The Manager
 Supply Chain Management
 Theewaterskloof Municipality
 Po Box 24
 Caledon
 7230

I / We hereby request and authorise you to pay any amount which may accrue to me / us to the credit of my / our account with the mentioned bank.
 I / We understand that the credit transfers hereby authorised will be processed by computer through a system known as the "**ACB ELECTRONIC FUND TRANSFER SERVICES**", and I / We also understand that no additional advice of payment will be provided by my / our bank, but details of each payment will be printed on my / our bank statement or any accompanying voucher (This does not apply where it is not customary for banks to furnish bank statements).

This authority may be cancelled by me / us by giving thirty (30) days notice by prepaid registered post.

.....
Initials and Surname *Signature* *Date*

DATE STAMP OF BANK

BANK ACCOUNT PARTICULARS CERTIFIED AS CORRECT

FOR SYSTEMS USE ONLY

Creditor no	_____	
Supplier VAT no	_____	
.....
Date	Date	Date
.....
Checked By	Captured By	Authorised By