



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
CO-OPERATIVE GOVERNANCE,
HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

DATABASE REGISTRATION FORM

2013 – 2014 FINANCIAL YEAR

1. Name of firm :
2. Postal address :
.....
3. Physical address:
.....
4. Telephone :
5. Fax No. :
6. Cell Number :
8. Contact person :
9. Company/enterprise
Income Tax Ref No.:
10. VAT registration No.:

28 Market Street, Polokwane, 0700 Private Bag X9485, Polokwane, 0700
(015) 294 2000, Fax: (015) 291 3705

11. Company registration
Number :
12. Type of firm:

Tick One box

| | |
|--------------------------|--|
| <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | One person business/sole trader |
| <input type="checkbox"/> | Close Corporation |
| <input type="checkbox"/> | Company |
| <input type="checkbox"/> | (Pty) Limited |

13. Describe main principal business activity:(**LIST ONLY ONE BUSINESS ACTIVITY PER COMPANY**)
-
-
-
-

14. Company classification

Tick One box

| | |
|--------------------------|---|
| <input type="checkbox"/> | Manufacturer |
| <input type="checkbox"/> | Supplier |
| <input type="checkbox"/> | Professional service provider |
| <input type="checkbox"/> | Other services (explain _____ |

5. Total number of years the firm has been in business:.....

16. Street address of all facilities used by the firm (e.g. warehouse, storage spaces, offices, etc)

16.1

16.2

16.3

17. Do you share any facilities? YES NO (tick one box)

If yes, which facilities are shared?

.....

With whom do you share facilities (name of firm (s) individual (s))

.....

The Company you are sharing facilities with, what is their principal business activity?

.....

.....

List all partners, proprietors and shareholders by name, identity number, citizenship, PDI*

Status and ownership, as relevant.

| Names of owners Shareholders | Identity Number(s) of Owner(s) Shareholder(s) | Date Position occupied in company enterprise | Date RSA Citizenship obtained | BBBEE Status Level of Contribution | % of business enterprise owned |
|------------------------------|---|--|-------------------------------|------------------------------------|--------------------------------|
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18. BANKING DETAILS (Full details) (Confirmation letter from the Bank is needed)

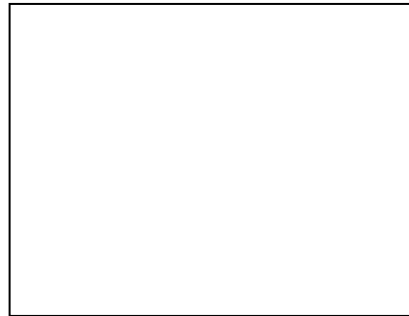
Bank:

Type of account:

Account no:

Branch code:

BANK STAMP:



PLEASE NOTE

1. Please attach the following documents:

- **Original valid tax clearance certificate**
- **Copy of Company Registration (CK)**
- **Copy of ID Document**
- **Company Profile**
- **BBBEE Certificate**

PRINT NAME

DATE

SIGNATURE

DESIGNATION

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**
 - 2.1 Full Name of bidder or his or her representative:
 - 2.2 Identity Number:
 - 2.3 Position occupied in the Company (director, trustee, shareholder²):
 - 2.4 Company Registration Number:
 - 2.5 Tax Reference Number:
 - 2.6 VAT Registration Number:
 - 2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹"State" means –

- (a) 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);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

²"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:
Name of state institution at which you or the person connected to the bidder is employed :
Position occupied in the state institution:

Any other particulars:

.....
.....
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attached proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

.....
.....
.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:

.....
.....
.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

.....

2.10 Are you, or any person connected with the bidder, YES/NO
 aware of any relationship (family, friend, other) between
 any other bidder and any person employed by the state
 who may be involved with the evaluation and or adjudication
 of this bid?

2.10.1 If so, furnish particulars.

.....

2.11 Do you or any of the directors / trustees / shareholders / members YES/NO
 of the company have any interest in any other related companies
 whether or not they are bidding for this contract?

2.11.1 If so, furnish particulars:

.....

3 Full details of directors / trustees / members / shareholders.

| Full Name | Identity Number | Personal Reference Number | Tax | State Employee Number / Persal Number |
|-----------|--------------------|---------------------------------|-----|---|
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4 DECLARATION

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

CATEGORY = DATABASE INDEX

Choose only 1 and complete on page 2 point 13

NB: Company profiles should be attached.

| | |
|-----|---|
| 001 | Blinds & Curtains |
| 002 | Catering |
| 003 | Cleaning Materials |
| 004 | Conference and Accommodation |
| 005 | Entertainment : specify (performers, Artists, Poetry, music) |
| 006 | Event Management (Hiring of Tents, chairs, Tables, Toilets & Decorations,etc) |
| 007 | Furniture Removals, Packing and Storage |
| 008 | General Office Stationery |
| 009 | Groceries |
| 010 | Hiring of Stage, Sound system, video, photographer & generator: please specify |
| 011 | Household Utensils |
| 012 | Office maintenance/ Repairs : please specify (electricity, building, roofing, painting, shades, fencing, plumbing, airconditioning) |
| 013 | Pest Control |
| 014 | Printing and Design |
| 015 | Promotional Materials |
| 016 | Protective Clothing |
| 017 | Supply of Newspapers |
| 018 | Transport : Please specify (Buses, taxi's) |
| 019 | Travelling Agency Services |
| 020 | Motivational speaker |
| 021 | Office Equipment |
| 022 | Locksmith |

For office use only

VERIFICATION FORM

NAME OF CHECKING OFFICER

**SIGNATURE OF CHECKING
OFFICER
DEMAND SECTION**

DATE

APPROVAL

NAME

**SIGNATURE
DEPUTY MANAGER
DEMAND/ACQUISITION SECTION**

DATE