

APPLICATION FOR REGISTRATION AS A SUPPLIER OF GENERAL GOODS AND SERVICES ONTO THE SUPPLIER DATABASE

| FOR OFFICE USE ONLY | | | | | | | |
|--------------------------------|-----|--|--|--|--|--|--|
| Received on: DDMM | _YY | | | | | | |
| Received by (print full name): | | | | | | | |
| Signature: | | | | | | | |
| Supplier Registration number: | | | | | | | |

INTRODUCTION (Section A-1)

This is an application form for the registration of Mohokare Local Municipality vendor/supplier database of goods and services.

You are requested to complete the form and return it to our offices and all supplier information will be treated strictly with the confidentiality that it deserves and will only be of use by Mohokare Local Municipality unless otherwise required by law.

Supplier Registration onto the Supplier Database:

Suppliers who wish to Database onto the Supplier Database should complete the attached Application Form.

To ensure registration onto the Supplier Database, suppliers should ensure that the Application Form is completed, that the furnished information is correct and that the required returnable documents have been attached to the Application form.

- 1. What does it mean to be registered on the Supplier Database?

 Suppliers that have been registered onto the Supplier Database may have the opportunity to bid or quote on the Municipality's acquisition requirements. Registration onto the Suppliers Database does **not guarantee** business opportunities as all acquisition will be subject to the Supply Chain Management and Acquisition policies of Mohokare Local Municipality.
- 2. Period of registration onto the Supplier Database:
 Registration of Suppliers onto the Supplier Database will be valid for a period of 1 year. Mohokare Local Municipality will issue an instruction on the re-application for the registration process. The Municipality reserves the right to accept or reject any application without being obligated to give any reasons in this respect.
- 3. Maintenance of the Supplier Database:
 - Mohokare Local Municipality (head office) will update supplier information on an ongoing basis. Suppliers that have registered onto the Supplier Database should ensure that they furnish the Municipality with any change to the status of the information initially provided, as and when the information changes. It is the supplier's responsibility to ensure that the information reflected on the Supplier Database is correct and up to date at all times.
- 4. Supplier Performance Monitoring.
 Suppliers that have registered onto the Supplier Database will only be continuously monitored for their performance on work awarded to them by Mohokare Local Municipality. The continued monitoring process will evaluate the performance and form the basis for the ongoing development of the supplier's track-record.

and compliance with the MFMA. All enquires regarding this forms and registration process can be directed to: Mr. B Seerie OR Mr. P Lesenyeho Phone: 051 673 9624 Phone: 051 673 9622 Fax: 086 585 9976 Fax: 086 585 2878 E-mail: seerieb@mohokare.gov.za E-mail: pule@mohokare.gov.za These forms must be marked as indicated and posted to the following address: "APPLICATION: DATABASE OF SERVICE PROVIDERS" Attention: Supply Chain Management Postal Address Hand Delivery **Municipal Offices** Mohokare Local Municipality PO Box 20 Hoofd street Zastron Zastron 9950 (Note: Post applications form by Registered Mail) Please take note: • Complete the form fully with a black ink. • All sections must be completed by vendors • The writing must be in print form for eligible information • Forms that are not readable or incomplete, will be rejected Applicants will not be notified of the outcome but will be advised of the outcome on a telephonic request or by visiting the Supply Chain Management office This application must be completed by all vendors seeking registration as an approved supplier on the Mohokare Local Municipality database and it must be signed by an authorized person in the vendor's organization. Please indicate below if you have previously applied to be on the database of Mohokare Local Municipality. New Application Previously registered/applied

It is envisaged however, that this database will contribute to the efficient administration

SUPPLIER DETAILS

(This section is compulsory to every vendor/supplier) 'Trading as' or registered name of business: (Contracts/orders will be placed on this name and invoices must reflect it) Business registration no: Physical Address of business: Postal Address of business: City or Town Telephone no: Alternative no: Fax no: Contact person/sales rep/accounts Cell no: Fax no: VAT registration no: Income tax no: E-mail address: Previous name(s) of business if applicable:

SUPPLIER GROUPING DETAILS: TYPE OF BUSINESS (TICK X THE RELEVANT BOX)

| 1 | Public Company (Ltd) | |
|----|---------------------------|--|
| 2 | Private Company Pty (Ltd) | |
| 3 | Close Corporation CC | |
| 4 | Partnership | |
| 5 | Joint Venture | |
| 6 | Trust | |
| 7 | Sole Proprietorship | |
| 8 | Consortium | |
| 9 | Foreign Company | |
| 10 | Section 21 Company | |
| 11 | Government/parastatals | |
| 12 | Other (specify) | |
| | | |

(NB: Documentary proof must be attached, please mark N/A if not applicable)

| Public Company LTD | Certified copy of certificate of incorporation (CM3) | |
|---------------------------|--|--|
| Private Company (Pty) LTD | Certified copy of certificate of incorporation (CM3) | |
| Close Corporation CC | Certified copy of CK1 document and CK2 if applicable | |
| Sole Proprietorship | Copy of Identity Document | |
| Partnership | Copy of Partnership agreement | |
| Business Trust | Copy of Registration Document | |
| Other (If Joint Venture) | Copy of joint venture agreement | |

SERVICES TO RENDER

List 5 your products/services your business can manufacture and supply to Mohokare Local Municipality.

| 1. | |
|----|--|
| | |
| | |
| | |
| 4. | |
| 5. | |

VENDOR/ SUPPLIER CLASSIFICATION

| Is your business a/an | : (please mark with an X on the relevant one) | |
|-----------------------------|---|--|
| An agent Manufa | acturer Distributor Consultant Contractor | |
| Other (specify) | | |
| | | |
| | | |
| | | |
| | BANKING DETAILS | |
| | | |
| Account Holder: | | |
| Account Holder: Account no: | | |
| | | |

(Please attach original cancelled cheque or original bank verification

Branch code:

Account status:

SHAREHOLDING

(Attach certified copies of Identity documents for all of the below)

| | 1. | Full name and surname: | |
|----|----|------------------------|--|
| | | Position: | |
| | | ID number: | |
| | | Shareholding %: | |
| | | S | |
| | | Nationality: | |
| | 2. | Full name and surname: | |
| | | Position: | |
| | | ID number: | |
| | | Shareholding %: | |
| | | Nationality: | |
| | | Tutto tutto . | |
| 3. | | Full name and surname: | |
| | | Position: | |
| | | ID number: | |
| | | Shareholding %: | |
| | | | |
| | | Nationality: | |
| 4. | | Full name and surname: | |
| | | Position: | |
| | | ID number: | |
| | | Shareholding %: | |
| | | S | |
| | | Nationality: | |

(Attach separate list if space provided is not enough)

DECLARATION OF INTERESTS

| State | any | connec | tion or | vested | interested | of you | r directors/ | owners/ | members/ |
|--------|-------|---------|----------|----------|---------------|----------|----------------|------------|--------------|
| partne | ers w | ith Moh | iokare I | Local Mu | nicipality. I | Please m | ention also v | vhether yo | ur director/ |
| owner | rs/ m | nember/ | ′ partne | rs were | previously i | n the Se | rvice of the S | State. | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SUPPLIER PROFILE (Section B - 1)

In order for the Municipality to build up a profile of its suppliers, we would like you to complete the following.

Section B Commercial

List a minimum of 5 contracts, which your Firm has been engaged in for the last 2 years (Mandatory).

| Contract Description | Location | Client | Client Tel. | Contract Amount | Completed/E xpected Completion date |
|----------------------|----------|--------|-------------|--------------------|--|
| | | | | | |
| | | | | | |

Section C: Financial

| Are | there | any | pending | legal | proceeding | s or | previous | judgments | against your |
|------|--------|-------|----------|---------|-------------|------|------------|-----------|----------------|
| busi | ness o | r has | business | ever be | een declare | d ba | nkrupt? (` | Y/N) | If yes, please |
| elab | orate: | | | | | | • ` | | , , |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

HDI/BEE/SMME STATUS

The BEE Commission defined **BEE** as a strategy aimed at substantially increasing black participation at all levels in the economy. BEE is aimed at redressing the imbalances of the past by seeking to substantially and equitably transfer ownership, management and proportionate control of South Africa's financial and economic resources to the majority of its citizens. It also aims to ensure broader and meaningful participation in the economy by black people.

Ownership: Having all customary elements of ownership, including the right of decision-making and sharing all the risks and profits corresponds with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.

A black company: is seen as one which is 50.1% owned by black persons and where there is substantial management control. Ownership also refers to economic interest while management refers to the membership of any board or similar governing body of the enterprise.

A black empowerment company: is one that is at least 25.1% owned by black persons and where there is substantial management control. Ownership refers to economic interests. Management refers to executive directors. This is where black enterprise has control or not.

A black woman owned enterprise: is one with at least 50% representation of black women within the black equity and management portion.

Women: a female person who is a South African Citizen.

A community or broad-based enterprise: has an empowerment shareholder who represents a broad base of members such as a local community or where the benefits support a target group, for example black women, people living with

disabilities, the youth and workers. Shares are via direct equity, non-profit organizations and trusts.

Disability: permanent impairment of physical, intellectual, or sensory function which results in restricted, or lack of ability to perform an activity in the manner, or within the range, considered normal for human beings.

A co-operative or collective enterprise: is an autonomous association of people who voluntarily join together to meet their economic, social and cultural needs and aspirations through the formation of a jointly-owned enterprise and democratically controlled enterprise.

(Please note that information supplied must be reliable)

BLACK ENTERPRISES

Definition: 'Black' means South African citizen who are black, Indian, Colored persons and excludes individuals belonging to such communities from any other country.

The following is a guide to you as to how Mohokare Local Municipality qualities Black Women Owned (BWO) Small Black Suppliers/ SMME's and Large Black Suppliers (Black Empowering Enterprises):

BLACK WOMEN OWNED ENTERPRISES (BWO):

- More than 50% of the voting shares or interests are held and controlled by Black Women, and
- Black women have contributed more than 50% of the enquired capital, and Black Women in the enterprises have not been giving voting shares or interest just to capture or retain contracts, and
- Black Women participate in the day to day management and decision making of the enterprises. They necessarily have the aptitude and potential to understand all issues involved in the running of the enterprise including knowledge of the product and market within their enterprise operates.
- In a joint venture, skills must be transferable to the Black entrepreneur, which means that the Black entrepreneur must have the required educational level and/ or aptitude.
- Enterprises with sales or turnover of less than R25 million a years.

| Based on the above, does your enterprises qualify as a SMME? Yes | o | |
|--|---|--|
|--|---|--|

SMALL MEDIUM MICRO ENTERPRISE (SMME):

- More than 50% of the voting or interest are held an controlled by Blacks, and
- Blacks have contributed more than 50% of the required capital, and
- Blacks in the enterprise have not been given voting share or interest just to capture or retain contracts, and
- Blacks participate in the day to day management and decision making of the enterprise. They necessarily have the aptitude and potential to understand all issues involved in the running of the enterprise including knowledge of the product and market within which their enterprise operates.
- In a joint venture, skill must be transferable to the black entrepreneur, which means that the Black entrepreneur must have the required educational level and/ or aptitude.
- Enterprises with sales or turnover of less then R25 million a year.

| Based on the above, does your enterprise qualify as a SMME? | Yes | No | |
|---|-----|----|--|
| | | | |

(Please use this SMME TABLE to determine the SMME status of your enterprise. Please mark with X the relevant box)

| A. Sector | B. Full time paid employees | | | | C. Actual turnover (millions) | | | | D. Total gross assets value (fixed property excluded) in millions. | | | |
|-----------------------------|-----------------------------|-------|---------------|-------|-------------------------------|-------|---------------|-------|--|-------|---------------|-------|
| | Medium | Small | Very small | Micro | Medium | Small | Very small | Micro | Medium | Small | Very small | Micro |
| Manufacturing | 200 | 50 | 20 | 5 | 40 | 10 | 4 | 0.15 | 15 | 3.75 | 1.5 | 0.1 |
| Construction | 200 | 50 | 20 | 10 | 20 | 5 | 2 | 0.15 | 4 | 1 | 0.4 | 0.1 |
| Retail & Motor | 100 | 50 | 10 | 10 | 30 | 15 | 3 | 0.15 | 5 | 2.5 | 0.5 | 0.1 |
| Wholesale | 100 | 50 | 10 | 10 | 50 | 25 | 5 | 0.15 | 8 | 4 | 0.5 | 0.1 |
| Catering, Accommodation | 100 | 50 | 10 | 10 | 10 | 5 | 1 | 0.15 | 2 | 1 | 0.2 | 0.1 |
| Transport, storage | 100 | 50 | 10 | 10 | 20 | 10 | 2 | 0.15 | 5 | 2.5 | 0.5 | 0.1 |
| Finance & Business services | 100 | 50 | 10 | 10 | 20 | 10 | 2 | 0.15 | 4 | 2 | 0.4 | 0.1 |
| Repair/allied services | 100 | 50 | 10 | 10 | 30 | 15 | 3 | 0.15 | 5 | 2.5 | 0.5 | 0.1 |
| Communications | 100 | 50 | 10 | 10 | 20 | 10 | 2 | 0.15 | 5 | 2.5 | 0.5 | 0.1 |
| Other trade | 100 | 50 | 10 | 10 | 10 | 5 | 1 | 0.15 | 2 | 1 | 0.2 | 0.1 |
| Commercial agents | 100 | 50 | 10 | 10 | 50 | 25 | 5 | 0.15 | 8 | 4 | 0.5 | 0.1 |
| Community & Social Services | 100 | 50 | 10 | 10 | 10 | 5 | 1 | 0.15 | 5 | 2.5 | 0.5 | 0.1 |
| Personal Services | 100 | 50 | 10 | 10 | 10 | 5 | 1 | 0.15 | 5 | 2.5 | 0.5 | 0.1 |

DATA TABLE:

| ROW NUMBER | CRITERIA | PERCENTAGE |
|---------------|---|------------|
| A | Percentage of black individuals that have economic interests in the enterprise and reflect genuine decision making at board, executive and operational management levels. | % |
| В | Percentage of women that have interest in the enterprise and reflect genuine decision making at board, executive and operational management. | % |
| С | Percentage of disabled people that have interest in the enterprise and reflect genuine decision making at board, executive and operational management. | % |
| D | Total number of full time equivalent paid employees. | |
| Е | Total number of full time equivalent paid employees that qualify as black individuals. | |
| F | Total turnover. | R |
| G | Total gross asset value (excluding fixed property). | R |
| Н | Total amount spent on training of employees as SETA registered training institution. | R |
| I | Total amount invested into other black empowerment enterprise with an annual turnover of at least R100 000. | R |
| J | Total amount expenditure on purchases. | R |
| K | Total annual expenditure from black empowered enterprises. | R |

The following balanced score card must be completed using the information supplied in the data table

| PREFERENCE/ COMPONENT | MEASUREMENT/INDICATOR | POINTS ALLOCAT ED | CALCULATION | POINTS CLAIM ED |
|--------------------------|--|-------------------------|--------------------|-----------------------|
| HDI equity | Percentage of black individuals that have interest in the | 7 | (7x A) / 100 | |
| ownership and | enterprise and reflect genuine decision making at board, | | | |
| management | executive and operational management. | | | |
| Women/Females | Percentage of women that have interest in the enterprise and | 3 | (3 x B) / 100 | |
| vvomenyremates | reflect genuine decision making at board, executive and | | | |
| | operational management | | | |
| | Percentage of disabled people that have interest in the | 2 | (2 x C) / 100 | |
| Disabilita | enterprise and reflect genuine decision making at board, | | | |
| Disability | executive and operational management. | | | |
| | Use the SMME TABLE to indicate whether you qualify as an | 3 | Indicate the | |
| | SMME in the terms of National Small Business Act No 102 of | | number of | |
| SMME Preference | 1996 and have been operating as such for at least 6 (six) | | months since the | |
| SWIME Preference | months prior to the closing date of this application. | | business qualified | |
| | | | as SMME: | |
| | The physical address you provided on Supplier Details will | 5 | Indicate the | |
| | be used to determine the locality of the business, whereby | | number of | |
| | preference will be given to a business situated within | | months at the | |
| T a salite. | Mohokare Municipality/Xhariep District/ Free State province | | physical address | |
| Locality | and are legal entities which perform commercially useful | | provided: | |
| | functions and have been operating as such for at least 6 (six) | | | |
| | months prior to the closing date of this application. | | | |
| | Percentage of employees that qualify as black individuals | E /D 100 | | |
| Employment Equity | | E, | E/D x 100 | |
| | Amount spent on training individuals as a percentage of | H/F x 100 | | |
| Skills Development | turnover | | | |
| | Amount invested into other black empowered enterprise with | | | |
| Enterprise | annual turnover of at least R 100 000 as a percentage of | I/J x 100 | | |
| Development | turnover | | | |
| _ | Percentage of purchases to black empowered enterprise | | | |
| Preferential | | K/J x 100 | | |
| Procurement | | | | |

| NAME AND SURNAME: | SIGNATUR | E: |
|-------------------|----------|----|
| DESIGNATION: | DATE: | |

ATTACHMENTS

(Please tick the appropriate one)

| Document | Type | Document Attached | |
|--|----------------|----------------------|-----|
| | | YES | N/A |
| Registration certificate (ID, copy if sole proprietor) | | | |
| | Certified copy | | |
| Shareholding certificate | Certified copy | | |
| Tax clearance certificate | Original copy | | |
| Service account (not older than four months) | Original copy | | |
| Cancelled Cheque (proof of banking) | Original copy | | |
| *Company profile | Typed | | |
| CIDB registration if applicable | Certified copy | | |

*Company profile should be typed and the following should form part of the profile:

- Registered and trading name of the company
- Main services/ products
- Brief history of the company
- Names of members/ shareholders
- Services previously rendered to local municipalities

DECLARATION

By completing this application form, the Firm declares that:

- i. All the information supplied is true and correct.
- ii. The Firm will, without protest submit itself to the procedures instituted by Mohokare Local Municipality
- iii. The Firm will, if requested to do so supply further information and documentary evidence for scrutiny
- iv. The Firm will, update their registration particulars whenever a significant change in their details occurs.
- v. The Firm acknowledges that any false information provided can lead to disqualification from the Supplier Database and being listed on the non-preferred supplier list of Mohokare Local Municipality.

| the Firm, confirms that th | e contents of the application are within my personal best of my belief both true and correct. | |
|----------------------------|---|--|
| Full Name and Surname: | | |
| Capacity: | | |
| Signature: | | |
| Date: | | |
| | | |

The Firm acknowledges that it can be penalized for poor performance as the Municipality deems necessary.

vi.