

**P.O. Box 14 Flagstaff 4810**  
**Tel : 039 252 0131/61**  
**Fax : 039 252 0699**



## INGQUZA HILL LOCAL MUNICIPALITY SUPPLIER DATABASE

This supplier database is being populated to enable the effective implementation of the Ingquza Hill Local Municipality Preferential Procurement Policies. This policy is in line with the Preferential Procurement Policy Framework Act (PPPFA) No. 5 of 2000, and the National Government Regulations pertaining to that Act. In terms of this Act, preferences are given to historically Disadvantaged Individual (HDI) shareholders who are actively involved in the daily operations and management of an Organization, defined according to the Preferential Procurement Regulations, 2001, as “an activity inclusive of control and performed on a daily basis.”

**Historically Disadvantaged Individual (HDI)** means a SA Citizen –

- (1) Who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the RSA, 1983 (Act No 110 of 1983) or the Constitution of the RSA, 1993 (Act No 200 of 1993) (“the Interim Constitution”) and / or
- (2) Who is a female; and / or
- (3) Who has a disability?

Provided that a person, who obtained SA citizenship on or after the coming to effect of the Interim Constitution, is Deemed not to be an HDI.”

### - POINTS TO REMEMBER -

#### COMPLETING THE ULMSDB REGISTRATION FORM

**Required documentation** – Please refer to the *attached table* (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached if a field is not applicable to your business type clearly mark it as N/A and supply applicable documentation or proof of exemption.

- Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.
- Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman’s Compensation, Security Officers Board Certificate if

applicable; the stamp of certification should be on the front of the document. No faxed documents will be considered for accreditation.

**An original valid Tax Clearance Certificate is to be submitted.** This is to be updated on a 12 monthly basis and submitted for inclusion in the ULMSDB Supplier Database

**Copies of Documents** – Please keep copies of the registration form and all supporting documentation submitted, for your own records and to ensure that all data is maintained and up to date on a continual basis.

**Owners, Shareholders** – Please ensure that the percentages of ownership of the **individual shareholders** amount to 100%. That is, provide details of **all** shareholders, and ensure that all fields are completed for each. Proof of the individual shareholding is to be submitted.

**Holding Companies & Trusts** – Please contact the ULMSDB Office on Tel 039 – 255 0166 should your business be owned by a holding company or a trust to request additional information.

**Individual HDI Shareholders in the Holding Company or Trust, who are actively involved in the daily operations and management of the company being registered, are to be included for the company to be considered for HDI Equity Ownership.** Proof of the individual shareholding is to be submitted.

**Certification of Correctness** – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.

**Collection points** – Completed registration forms and supporting documentation can either be delivered or emailed to one of the addresses on the registration form. Please contact the Supply Chain Management Office for additional collection points in outlying areas.

**Processing of registration** – Your completed registration will be processed, and, once verified, then will be approved.

**Please note that this administration process of COMPLETED registration forms will take a minimum of 21 days.** Once your registration has been included on the Ingquza Hill Local Municipal Database and your details will be accessible to the procurement department.

**Business Opportunities** – Please note that registration on the Ingquza Hill Local Municipal Supplier Database does not guarantee business opportunities. Should you wish to receive leads on tenders, please refer to the Daily Dispatch News paper or the local notice boards.

**Amendments** – Please notify the Procurement Supplier Database Office immediately of any changes to the verified information submitted. Submit a **Certification of Correctness** with the amended data.

**Queries** – Should you have any queries or if you require assistance completing the registration form, please contact **Ingquza Hill Local Municipality. Supplier Database Office on Tel 039 – 252 0131/61**





## INGQUZA HILL LOCAL MUNICIPALITY

These forms must be completed and submitted to one of the following:

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Ingquza Hill  
Local Municipality

135 Main Street  
Flagstaff  
4820

[thembambukushe@gmail.com](mailto:thembambukushe@gmail.com)

Ingquza Hill Local Municipality  
Supply Chain Management Office

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**Direct your enquiries Ingquza Hill Local Municipality Procurement Office: Mr. T. Mbukushe**

Supply Chain Management Officer

Tel No: 039 252 0131/ 61

Email: [thembambukushe@gmail.com](mailto:thembambukushe@gmail.com)

Fax No: 039 252 0699

**PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED**

*FOR OFFICIAL PURPOSES ONLY*

Company Registration Document (Certified)	Yes	No	N/A
Proof of Ownership / Shareholder certificate (			
Rates Clearance Certificate			
Proof of Banking Document			
VAT Registration Document			
P.A.Y.E. Document			
UIF Document			
Workman's Compensation Document			
Construction Industries Development Board			
Security Officer's Board Certificate			
Disability Documents			

**Please Note:** Proof of documents for the entire above are required to ensure successful registration on the Supplier Database. In the event of a document not being required please tick the N or N/A box. Please refer to Page 2 for detailed information with regard to documents required.

**1. COMPANY REGISTRATION DOCUMENTS**

**NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable.)**

**1.1 COMPANY TYPE (NB Documentary Proof of registration must be provided)**

**PUBLIC COMPANY LTD**

**CERTIFIED COPY OF CINCORPORATION (CM 3) and  
REGIONAL COUNCIL REGISTRATION NUMBER**

**PRIVATE COMPANY (PTY) LTD**

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**CERTIFIED COPY OF CERTIFICATE OF INCORPORATION CM3 REGIONAL COUNCIL  
REGISTRATION NUMBER**

**CLOSE CORPORATION CC**

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**CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE AND REGIONAL COUNCIL  
REGISTRATION NUMBER**

**SOLE PROPRIETOR**

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**COPY OF REGIONAL COUNCIL DOCUMENT**

**PARTNERSHIP**

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**COPY OF REGIONAL COUNCIL DOCUMENT AND PARTNERSHIP AGREEMENT**

**BUSINESS TRUST**

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**COPY OF REGIONAL COUNCIL DOCUMENT AND CERTIFIED COPY OF REGISTRATION  
DOCUMENT**

**OTHER**

**COPY OF REGIONAL COUNCIL REGISTRATION DOCUMENT and CERTIFIED  
COPY OF REGISTRATION DOCUMENT**

**Company, CK or Regional Council Number**

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**Not applicable to all companies, please specify if N/A**

**Have you attached a Certified copy of your Company Registration document or other applicable documentation if N/A? (see attached table)**

Y	N	N/A

**1.2 PROOF OF SHAREHOLDING DOCUMENTS**

Y	N	N/A
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**CERTIFIED COPIES of Shareholders certificates or CK members share allocation documents must be supplied**  
**Not applicable to all companies, please specify if N/A**

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Have you attached certified copies of shareholder documents or other applicable documentation if N/A? (see attached table)

### 1.3 RATES CLEARANCE CERTIFICATE

Rates Clearance Certificate Reference No.

Have you attached a certified copy of your Rates Clearance Certificates

Y	N	N/A

### 1.4 PROOF OF BANKING DOCUMENTS

Current bank statement or copy of cancelled cheque  
 Have you attached proof of banking document?

Y	N	N/A

### 1.5 VAT REGISTRATION NO

VAT Registration No.

Have you attached proof of your VAT registration document?

Y	N	

### 1.6 P.A.Y.E DOCUMENT

P.A.Y.E. No.

Have you attached proof of your P.A.Y.E document?

Y	N	

### 1.7 UNEMPLOYMENT INSURANCE FUND DOCUMENTS

Unemployment Insurance fund No.

Have you attached your UIF document? (All sole proprietors to register business with the Dept of Labour)

Y	N	

**1.8. WORKMAN'S COMPENSATION FUND DOCUMENTS**

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Workman's Compensation fund No.

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Y	N	

Have you attached your Workman's Compensation document?

**1.9 CONSTRUCTION INDUSTRY DEVELOPMENT BOARD REGISTRATION NO (MANDATORY, IF APPLICABLE)**

CIDB registration No.

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Applicable to sectors of the construction industry only, please specify if

N/A

Have you attached your CIDB Registration document?

Y	N	

(See attachment for information)

**1.10 SECURITY OFFICERS BOARD REGISTRATION NO (MANDATORY, IF APPLICABLE)**

Security officers board registration No.

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Applicable to security industry only, please specify if N/A

Have you attached your Security Officers Board Registration document?

Y	N	



CITY																	
PROVINCE										CODE							

**Code 2.1.4 Head Office Telephone Number**

2.1.5	HEAD	OFFICE	FAX													
2.1.6	EMAIL	ADDRESS														

**2.1.7 Contact Person for correspondence**

Title			First Name										
			Surname										

**2.1.8 Cell phone number**

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**2.1.9 Is the company currently classified by any definition as a Black Economic Empowerment (BEE) company?**

**2.1.10 Who has provided this BEE classification for the**

Institute	
Government	
Parastatals	
Listed Companies	
Other	

Please specify \_\_\_\_\_





**4.1 CORE BUSINESS OPERATION (MANDATORY FIELD)\***

Mark with X in applicable Fields

Prime Contract as Prime	<input type="checkbox"/>	Sub-Contractor less than 25% Generated turnover Contractor as Prime Contractor	<input type="checkbox"/>	Labour –only contractor
Supplier	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Legal Entity
Professional Service Build Environment	<input type="checkbox"/>	Education Training & Development	<input type="checkbox"/>	Other
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**4.2 ANNUAL AVERAGE TURNOVER**

Indicate annual average turnover excluding Value Added Tax during the past three years:

R	<input type="text"/>
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**5. FINANCIAL DETAILS (BANKING)**

Name of the Bank Institution	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/ City	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Holder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED  
(Cancelled Cheque / Bank Statement)**

<b>COLUMN 1</b>	<b>COLUMN 2</b>		<b>COLUMN 3</b>		<b>COLUMN 4</b>	
<b>Sector or sub-sectors in accordance with the</b>	<b>Standard Industrial Council</b>		<b>Total full time equivalent of paid employees</b>		<b>Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE</b>	
<b>Agriculture</b>	<b>MORE THAN 100</b>		<b>MORE THAN 5M</b>		<b>MORE THAN 5m</b>	
	<b>LESS THAN 100</b>		<b>LESS THAN 5M</b>		<b>LESS THAN 5m</b>	
<b>Mining and Quarrying</b>	<b>MORE THAN 200</b>		<b>MORE THAN 39M</b>		<b>MORE THAN 23M</b>	
	<b>LESS THAN 200</b>		<b>LESS THAN 39M</b>		<b>LESS THAN 23M</b>	
<b>Manufacturing</b>	<b>MORE THAN 200</b>		<b>MORE THAN 51M</b>		<b>MORE THAN 19M</b>	
	<b>LESS THAN 200</b>		<b>LESS THAN 51M</b>		<b>LESS THAN 19M</b>	
<b>Electricity, Gas and Water</b>	<b>MORE THAN 200</b>		<b>MORE THAN 51M</b>		<b>MORE THAN 19M</b>	
	<b>LESS THAN 200</b>		<b>LESS THAN 51M</b>		<b>LESS THAN 19M</b>	
<b>Construction</b>	<b>MORE THAN 200</b>		<b>MORE THAN 26M</b>		<b>MORE THAN 5M</b>	
	<b>LESS THAN 200</b>		<b>LESS THAN 26M</b>		<b>LESS THAN 5M</b>	
<b>Retail, Motor Trade and Repair Services</b>	<b>MORE THAN 100M</b>		<b>MORE THAN 39M</b>		<b>MORE THAN 6M</b>	
	<b>LESS THAN 100M</b>		<b>LESS THAN 39M</b>		<b>LESS THAN 6M</b>	
<b>Wholesale Trade, Commercial Agents &amp; Allied Services</b>	<b>MORE THAN 100M</b>		<b>MORE THAN 64M</b>		<b>MORE THAN 10M</b>	
	<b>LESS THAN 100M</b>		<b>LESS THAN 64M</b>		<b>LESS THAN 10M</b>	
<b>Catering, accommodation &amp; other Trade</b>	<b>MORE THAN 100M</b>		<b>MORE THAN 13M</b>		<b>MORE THAN 3M</b>	
	<b>LESS THAN 100M</b>		<b>LESS THAN 13M</b>		<b>LESS THAN 3M</b>	



**Capacity**

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**Gender**

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**Youth (under 35)**

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**Race Group**

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**Disabled**

**SA Citizen prior to 1994**

**Are you actively involved in management and daily business operations?**

**First Name**

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**Surname**

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**Identification**

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**Capacity**

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**Gender**

--	--	--	--	--

**Youth (under 35)**

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**Race Group**

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**Disabled**

**SA Citizen prior to 1994**

**7.2 PARTICULARS OF EMPLOYEES**

State the total number of permanent and temporary staff employed.

Male
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Female
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	Permanent	Temporally
Black		
Colored		
Indian		
White		
Other		0

Permanent	Temporally
Black	
White	
Colored	
Indian	
Other	

**8. BEE INITIATIVES (Mark with X)**

8.1 Does the company have an employment equity program?

Y	N	

8.2 How many permanent employees are at management level or can be classified as professional?

8.3 How many of the permanent staff that are management or are professional are previously disadvantaged?

Y	N	

8.4 How many people of the board and senior management are previously disadvantaged?

Y	N	

8.5 Have you formed alliances with BEE entities through partnering, joint ventures or other similar initiatives?

Y	N	

Are the above alliances with?

Listed Companies

Private Companies

Closed Corporations

Partnerships Individuals

9. PREVIOUS CONTRACT OR TENDERING EXPERIENCE (*Mark with X*)

Do you have any previous contract work or tendering experience?

If yes, please complete the table below. List the last 2

contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.

Employer/ Department							
Contact Person							
Contact Number							
Estimate Contract value							
Year awarded							

Proof of attached documents

<b>Employer/ Department</b>							
<b>Contact Person</b>							
<b>Contact Number</b>							
<b>Estimate Contract value</b>							
<b>Year awarded</b>							

**Proof of attached documents**

**10. TRAINING**

**10.1 What percentage of the annual wage bill spent in the Ingquza Hill Area is spent on training employees (including students and bursars)?**

	%	

**10.2 What percentage of the annual wage bill spent elsewhere in Eastern Cape Area is spent on training employees (including students and bursars)?**

	%	

**10.3 What percentage of the annual wage bill spent in the Ingquza Hill Area is spent on training HDI employees (including students and bursars)?**

	%	

**10.4 What percentage of the annual wage bill spent elsewhere in the Eastern Cape Area is spent on training HDI employees (including students and bursaries)?**

	%	

**11. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT  
I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF  
THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING  
THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES**

]

1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have: -
  - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
  - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favorable arrangements after such cancellations: and/or
  - iii. \_\_\_\_\_ Impose a penalty on the contractor as provided for in the relevant organization's regulations. SIGNED ON THIS \_\_\_\_\_ DAY OF 20\_\_\_\_  
AT  
(AUTHORISED SIGNATURE) IN HIS /HER CAPACITY AS \_\_\_\_\_

(PLEASE PRINT NAME OF AUTHORISED SIGNATURE ON BEHALF OF THE SUPPLIER'S NAME)

\_\_\_\_\_

**11. CLASSIFICATION FOR ULM SUPPLIER DATABASE  
IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR  
BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.**

Tick the appropriate block to indicate the correct classification of your company as a service provider:

Goods & Engineering & Built Environment Consultant / Education, Training & Legal Services Construction Professional Service Provider Development Services

To assist us in the categorization process and to ensure that your company is correctly Classified, we require a short summary of your core business, key words that best describe your business operations and any specializations.

Complete the following if you are service provider of the Goods and Services / Engineering Construction:

**OUR CORE BUSINESS**

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

**KEY WORDS**

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

**SPECIALIZATION**

.....  
.....

Additional classification pages are to be completed by service providers in the Built Environment Professional Services / Legal services / Education, Training and Development.

SupplierComments:

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**Declaration  
in terms of Regulations 44 and 45 of the  
MFMA Supply Chain Management Regulations  
By**

\_\_\_\_\_  
(the 'Supplier')

*vis a vis the*

**INGQUZA HILL LOCAL MUNICIPALITY**

Whereas:

- (a) The Supplier delivers goods or renders services to **Ingquza Hill Local Municipality**; or is in the process of tendering to deliver goods or services to **Ingquza Hill Local Municipality**;
- (b) The **Ingquza Hill Local Municipality** may not, in terms of its Supply Chain Management Policy, make any award to a person
  - i. who is in the service of the state ;
  - ii. if that person is not a natural person, of which any director, manager, principal shareholder or Stakeholder is a person in the service of the state; or
  - iii. Who is an advisor or consultant contracted with the ULM; and
- (c) The MFMA Supply Chain Management Regulations contain, *inter alia*, the following disclosure requirements in terms of Regulation 45.

Now therefore:

- 1. The Supplier declares, in terms of Regulation 44 of the MFMA Supply Chain Management Regulations, that he or she is not –
  - 1.1 In the service of the state;
  - 1.2 A director, manager, principal shareholder or stakeholder of a legal person in the service of the state; or
  - 1.3 an advisor or consultant contracted with the ULM.
- 2. If an award is made to a person to the value of more than R2000; and that person is either –
  - 2.1 a spouse, child or parent of a person in the service of the state, or
  - 2.2 has been in the service of the state in the previous twelve months;

The Supplier must, in terms of Regulation 45 of the MFMA Supply Chain Management Regulations, disclose the following particulars:

the name of that person:

\_\_\_\_\_  
The capacity in which that person is in the service of the state:

\_\_\_\_\_  
the particulars of that award:

\_\_\_\_\_  
the amount of the award:

R

Thus done and signed by the Supplier at Mount Frere on ..... Day of \_\_\_\_\_ 20

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Full Name of the above

By

**Undertaking**  
**by**  
**(the Supplier)**

vis a vis the

**INGQUZA HILL LOCAL MUNICIPALITY**

Whereas:

- (a) the Supplier delivers goods or renders services to **Ingquza Hill Local Municipality**;
- (b) **Ingquza Hill Local Municipality** is liable to pay the Supplier for goods delivered or services rendered; and
- (c) the Supplier is liable pay **Ingquza Hill Local Municipality** for any due municipal rates and taxes or municipal service charges and any other indebtedness owed by the Supplier to the **Ingquza Hill Local Municipality**

**Now therefore the Supplier undertakes the following:**

1. In the event of the Supplier being in arrears in respect of any municipal rates and taxes or municipal service charges and any other indebtedness owed by the Supplier to the **Ingquza Hill Local Municipality**; which is / are due:
  - 1.1 the Supplier shall make satisfactory and reasonable written settlement arrangements with the **Ingquza Hill Local Municipality** for the payment thereof; and
  - 1.2 failing which, the **Ingquza Hill Local Municipality** may set-off any such due Municipal rates and taxes or Municipal service charges and any other indebtedness owed by the Supplier to the **Ingquza Hill Local Municipality**, from any amount owed by the **Ingquza Hill Local Municipality** to the Supplier;
2. To co-operate with the **Ingquza Hill Local Municipality** and to do all things and sign all such documents (and/or procure same to be done) as may be necessary or requisite in order to give proper and due effect to the terms of this undertaking or any matter arising there from in accordance with its intent and purpose;
3. No extension of time or indulgence granted by the **Ingquza Hill Local Municipality** shall be deemed in any way to affect, prejudice or derogate from its rights in any respect in terms of this undertaking, nor shall it in any way be regarded as a waiver of any of the **Ingquza Hill Local Municipality's** rights hereunder; and
4. The Supplier shall not be entitled to cede any of its right's nor delegate any of its obligations in terms of this undertaking to any other person without the prior written consent of the **Ingquza Hill Local Municipality**.

**Thus done and signed by the Supplier at Flagstaff on \_\_\_\_\_ Day of \_\_\_\_\_ 20**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Witness**

\_\_\_\_\_  
**Full Name of the above signatory**