



**STEVE TSHWETE  
LOCAL  
MUNICIPALITY**

**STEVE TSHWETE LOCAL MUNICIPALITY  
PO BOX 14 MIDDELBURG 12050  
TEL: (013) 249 7309/7281  
FAX: (013) 282 5594**

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**APPLICATION FOR REGISTRATION  
SUPPLIER DATABASE**

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO:**

**BY HAND:** THE SUPPLIER DATABASE OFFICE  
Supply Chain Management Office  
SCM Stores  
Cnr Walther Sisulu & Protea street  
Middelburg ( MPUMALANGA)

**For attention: The Supplier Database Administrator**

**or**

**BY MAIL:** THE SUPPLIER DATABASE OFFICE  
C/O Supply Chain Management Office  
P O Box 14  
MIDDELBURG  
1050

**For attention: The Supplier Database Administrator**

**ENQUIRIES:**

The Supplier Database Administrator Tel 013 249 7309 / 7281

- Annexure 1: General Information & Definition**
- Annexure 2: Category / Commodity list**
- Annexure 3: Required Documentation Checklist**
- Annexure 4: Banking Information**
- Annexure 5: Partners, Proprietors and Shareholders Details**
- Annexure 6: SMME table**

**Kindly submit all relevant documentation requested in Annexure 3**

Municipal Finance Management Act, 2003 (Act 56 of 2003) - (MFMA)



Classification of Business: Please ✓ all the relevant boxes								
ISO Listed	Importer	Services	Manufacturer	Repairer	Black owned	Distributor	Exporter	Sales

Supplier Grouping detail: (type of firm) Please ✓ the relevant box			
Public Company (Ltd)	<input type="checkbox"/>	Foreign Company	<input type="checkbox"/>
Private Company (Pty) Ltd	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Closed Corporation (cc)	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Joint Venture	<input type="checkbox"/>	Section 21 Company	<input type="checkbox"/>
Consortium	<input type="checkbox"/>	Government/Parastatels/Organ of State	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>		

Contact Person Details			
Contact Person:-	Title:	<input type="text"/>	First Name: <input type="text"/>
Surname:	<input type="text"/>	ID No.:	<input type="text"/>
Cell No.:	<input type="text"/>	Work No.:	<input type="text"/>
Fax No.:	<input type="text"/>	Position:	<input type="text"/>
E-mail:	<input type="text"/>		
Please complete <a href="#">Annexure 5: List of Owners / Proprietors / Partners / Sole Proprietors / Trustees</a>			

HDI Ownership Status:	
Historically Disadvantage Individuals (HDI)	<input type="text"/> % of ownership
Women Equity (WE)	<input type="text"/> % of ownership
Disabled Individuals (DA)	<input type="text"/> % of ownership

SMME Status	
* Please use the table per Annexure 6 (page 12) to determine the SMME status of your enterprise	
* Please ✓ the relevant box	
Micro	<input type="checkbox"/>
Very Small	<input type="checkbox"/>
Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>

### Business Information

Please indicate your appropriate sector with ✓

- |                                |                          |                                |                          |
|--------------------------------|--------------------------|--------------------------------|--------------------------|
| Agriculture                    | <input type="checkbox"/> | Wholesale Trade, Commercial    | <input type="checkbox"/> |
| Mining and Quarrying           | <input type="checkbox"/> | Catering, Accommodation, Other | <input type="checkbox"/> |
| Manufacturing                  | <input type="checkbox"/> | Transport and Storage          | <input type="checkbox"/> |
| Electricity, Gas and Water     | <input type="checkbox"/> | Finance and Business Services  | <input type="checkbox"/> |
| Construction                   | <input type="checkbox"/> | Community, Social and Personal | <input type="checkbox"/> |
| Retail, Motor Trade and Repair | <input type="checkbox"/> |                                |                          |

### Declaration of any Conflict of Interest

Are you currently working as an employee in any organ of state? Yes [ No

If "Yes", give details:

Have you worked in any organ of state for the past 12 months? Yes [ No

If "Yes", give details:

Do you have any relative working for an organ of state? Yes [ No

If "Yes", give details:

Do you have any close relationship with any official working in our establishment? Yes [ No

If "Yes", give details:

Is there any other relevant information that you would like to disclose? Yes [ No

If "Yes", give details:

Are you currently servicing on any structures of our establishment? Yes [ No

If "Yes", give details:

Is there any other relevant information that you would like to disclose? Yes [ No

If "Yes", give details:

### Municipal Account details

Municipality Account Number ( for Steve Tshwete Local Municipality).. \_\_\_\_\_

a). Mun Account Number( for other municipality) \_\_\_\_\_

a). Name of Municipality( for other municipality) \_\_\_\_\_

Workman's Compensation Number ( if applicable) \_\_\_\_\_

Skills Development Levy Number ( if applicable) \_\_\_\_\_

**Declaration**

**Verification of information supplied, including information relating to preferences that the Applicant or Business may apply for:**

I/we, the undersigned, who warrants that I/we are duly authorised to do so on behalf of the supplier, certifies that the information supplied in terms of this document including the Annexure(s) with additional information, is correct and accurate and acknowledges that:

1. The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
2. If the information supplied is found to be incorrect, then Steve Tshwete Local Municipality may, in addition to any remedies it may have:
  - (i) Disqualify the supplier/contractor for a particular bid/contract/project it may be considered for, or which had been awarded to the supplier/contractor;
  - (ii) Recover from the supplier/contractor for all costs, losses or damages incurred or sustained by Steve Tshwete Local Municipality as a result of breach of contract;
  - (iii) Cancel the contract and claim any damages which Steve Tshwete Local Municipality may suffer by favourable arrangements after such cancellation and/or;
  - (iv) De-register the supplier registered on the Supplier Database
3. A registered supplier MUST notify Supply Chain Management Office of any changes to information supplied on this form. Failure to do so may result in such a supplier being removed from the Supplier database and / or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorised Representative

\_\_\_\_\_  
Name in Block Letters

**Commissioner of Oaths**

Business Address 


Capacity 

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Area 

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\_\_\_\_\_  
Commissioner of Oaths Signature

\_\_\_\_\_  
Commissioner of Oaths Full Name

## Annexure 1 - General information & Definitions

The following important notes should be read carefully before the completion of this form:

1. Registration form to be completed by all businesses seeking to conduct business with the Steve Tshwete Local Municipality.
2. Full signature is required when alterations are made in this document.
3. **Please note that no faxed or e-mailed forms will be accepted.**
4. **Businesses providing information intentionally incorrectly or fraudulently will be disqualified.**
5. Businesses blacklisted by any **organs of state\*** must first be removed or cleared from such blacklist before registration.
6. **Fronting will result in a business being blacklisted.**
7. **The Municipality has the right to visit the business premises to verify the information provided in this application form.**
8. All members/ directors/partners/owners of companies, close corporation and etc, in service with any organ of state\* are prohibited from participating in the Municipal Supply Chain Management; therefor they will be automatically disqualified.
9. This is only a registration form for database and does not guarantee any award of bid or contract.
10. The database will be updated on quarterly basis.
11. Steve Tshwete Local Municipality reserves the right to reject any application, which in its opinion failed to comply with the registration requirements or criteria.
12. Copies of Supply Chain Management's supplier registration form are obtainable from the municipality's official website ( [www.stevetshwetelm.gov.za](http://www.stevetshwetelm.gov.za))
13. **Monthly statements need to be forwarded to STLM to prevent delay of payments**
14. We urge you to contact the Middelburg Chamber/ Business Linkage Centre to assist with small business support and business oppertunities at Tel: 013 243 2253 or fax: 013 243 1923 or 086 672 6928. Website: [www.middelburginfo.com](http://www.middelburginfo.com)

### **Instructions and Definitions:**

#### **Terminology:**

- **Commodities:**  
The commodities the company wishes to be registered for as a supplier. Please define your principal business to a maximum of 7 commodities.
- **Trade Names:**  
The trade names that the company own or distribute, which you wish to be registered for.
- **Owned:**  
Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Historically Disadvantaged Individuals (HDI):**  
For the purpose of registering as a supplier for the Department, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Historically Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.

- **Women:**  
A female person who is a SA citizen.
  
- **Disability:**  
In respect of a person, a permanent of physical, intellectual, or sensory function, which result in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.
  
- **Establishment of HDI / Women Equity Ownership in a enterprise:**  
Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.
  
- **Fronting:**  
Companies with **no** Black Economic Empowerment (BEE) status **illegally** claiming to be headed by **previously disadvantaged individuals\*** and claim false BEE credentials in order to win tenders/contracts.
  
- **Organ of State:** means
  - A national or provincial department as defined in the Public Finance Management Act No 1 of 1999;
  - A municipality as contemplated in the Constitution;
  - Parliament;
  - A Provincial legislature;
  - A constitutional institution listed in schedule 1 of the Public Finance Management Act

**Annexure 2 - Commodity list**

**Steve Tshwete Local Municipality  
SUPPLY CHAIN MANAGEMENT DATABASE COMMODITY LIST**

Please indicate with ✓

Please note: only five (7) commodities will be registered

<b>Construction</b>			
Airconditioning Systems	Electrical Contracts	Plumbing	
Alarm/Security/Access Control	Evacuation Systems	Precast Concrete Manufacture	
Autoclaves	Fencing	Pumping Installations	
Automatic Hanger Doors	General Building Work	Road Marking & Signage	
Automatic Sliding Doors	Glazing	Roadworks & Cleaning	
Auto Sprinkle Fire Protection Systems	Hauling/Heavy Equip/Transport	Roofing & Waterproofing	
Brickwork/Masonry	Hot Water Installations	Sewerage Installations/Reticulations	
Cabinet/Furniture Making	Incinerators	Steam Installations & Ancillary Equipment	
Carpeting/Tiling/Floor covering	Landscaping/Earthworks	Steel Fabrication & Erection	
Ceilings, Partitioning and Shopfitting	Lift & Escalator Equipment	Stormwater Draining	
Cladding Contracts	Mechanical Contracts	Water installations/reticulations	
Cooking & Related Systems	Metalwork & Burglar Bars	Other (Specify)	
Compressed Air Installations	Painting		
Concrete works	Paving		
Demolition	Plastering		

<b>Services</b>			
Accommodation	Fire Hydrants	Performance Management	
Advertising/Public Relations	Food & Beverage	Printing/Photography/Graphic Design	
Auto Repairs & Services	Funeral Services	Promotional Material	
Auto Electrical and Hydraulic Repairs	Florist	Publishing	
Bookkeepers	Garden Services	Real Estate	
Carpet Cleaning	Handyman	Radio Publicity/TV Publicity	
Cartridges	Horticultural Services	Road Maintenance	
Catering/Vending/Food Supply	HV Fault Finding, Jointing & Terminations	Recruitment Agencies	
Cleaning Services	Insurance/Employee Benefits	Safety & Security Services	
Computer Supplies/Services	Interior/Industrial Design	Security & Access Control	
Corporate Gifts/Corporate Clothing	IT Maintenance	Services HV&LV	
Copywriting	IT Management	Switchgear/Transformers	
Courier Services	IT Networking	Site Cleaning	
Cleaning Equipment/Materials	IT Programming	Solid Waste Disposal	
Data Backup Services & Software	Laundry Service/Dry Cleaning	Telecommunication	
Data Capturing & Management Services	Locksmith Services	Transport Services Goods	
Diesel & Petrol Engines	Media Liaison	Transport Services Passengers	
Debt Collection	Mailing/Courier Service	Transportation Services	
Distribution	Medical/Ambulance/Health Care	Travel Agencies	
Digging of Graves	Municipal Services	Timber Contractor	
Document Binding Services	Medical Equipment/Instruments	Telephone & Data Line Maintenance	
Educational Services	Office Maintenance	Training & Development	
Entertainment	Personnel Services	Upholsterers	
Exhibition Centres	Pest Removal Services	Web pages & Design	
Fire Extinguishers & Refills		Wind Socks for the Aerodome	
		Other (Specify)	

**Professional Services**

Accountants/Financial Advisory Services	EDMS Consultants	Pre-Employment Assessment Consultants
Architects	EAP Consultants	Project Managers
Attorneys/Legal Services	Economists	Quantity Surveyors
Archival Services Consultants	Industrial Relations Consultants	Statisticians
Business Information Management	Job Description Consultants	Teachers
Consulting Engineers (Geotechnical)	Land Surveyors	Town Planners
Consulting Engineers (Civil/Structure)	Legal Compliance Consultants	Training Providers
Consulting Engineers (Electrical)	Medical Practitioners	Translation Services
Consulting Engineers (Mechanical)	OHS Consultants	Other (Specify)
Consulting Engineers (Multidisciplinary)	Organisation Development Consultants	
Contractors	Pharmacists	

**Wholesalers/Traders**

Automotive Parts	Fuel Supplies	Refuse Bulk Containers
Air Pollution Measuring Equipment	Furniture	Protective Clothing/Uniforms
Books	Fencing	Radio/Radio Equipment
Building Materials/Hardware	Fire Fighting Equipment and Consumables	Supply Plants, Flowers and Seeds
Batteries	Food for Game Animals	Toilet Paper Wrapped/Unwrapped
Cartridges	Generating Sets	Traffic Signs/Materials
Cleaning Supplies/Chemicals/Pesticides	Health Safety and Environmental Suppliers	Vehicles
Clothing	IT Hardware and Software	Vehicles, Equipment, Trailers & Tractors
Computer Equipment/Software	Industrial Catering Equipment	Workshop Equipment
Curtains	Laundry Equipment	Other (Specify)
Consumables	Linen, Pillows & Blankets	
Domestic Appliances	Medical Supplies & Equipment	
Envelopes	Medicines	
Groceries	NGO's/NBO's	
Electrical Supplies & Equipment	Office Consumables	
Fire Extinguishing	Office Equipment	
Fire Protection & Detection	Paint Supplies	
Floor Coverings	Paper & Stationery	
Food Supplies	Recreational Supplies	
Fertilisers	Refridgeration & Air Conditioning	

**Summary: Core Business**

In your own words, please state your core business:

1

2

**Trade Name** (= sole supplier of specific brand name)

Fill the specific **brand names** that the company **own** or **solely distribute**, which you wish to register:

### Annexure 3 - Required Documentation Checklist

Please ensure that all listed documentation below is attached (where applicable) to the registration form.

All documentation is to be provided in its original format and/or certified.

Please  submitted documents

Document Name	Attached
Original Valid Tax Clearance Certificate / VAT Registration	<input type="checkbox"/>
Certified Copy of Company Registration Certificate	<input type="checkbox"/>
Company Profile (max 3 pages)	<input type="checkbox"/>
Certified Copies of ID's for all members/ partners / directors	<input type="checkbox"/>
Certified Copy of Accreditation Certificates example CIDB, NHBRC etc	<input type="checkbox"/>
Cancelled Cheque / Verification Letter of Bank	<input type="checkbox"/>
Any relevant independent agency ratings / industrial endorsement	<input type="checkbox"/>
Proof of Disability (Doctor's Letter)	<input type="checkbox"/>
BBBEE Certificate	<input type="checkbox"/>
Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>
Company Profile	<input type="checkbox"/>
Letter from auditor/ accounting officer( affidavit from SAPS) to state annual turnover (less than 1/2/5/10 million)	<input type="checkbox"/>
Stamped letter from bank confirming bank details	<input type="checkbox"/>
Copy of Water and Electricity account	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

### For office use only

Captured by:

Date:

New

Update

Status: **Approved**  **Declined**  **Awaiting Approval**

Done VAT Checked:

Yes

No

Reason if "No":

Send Summary Report

Yes

No

Reason if "No":

**Annexure 4- Banking Information**

AFFIX OFFICIAL BANK  
STAMP HERE

Bank Name:  
Bank Location:  
Branch Name:  
Branch Code:  
Account Holder:  
Account Number:  
Account Type:


Bank Official Name:  
Designation:  
Signature:


Reference Number / Description to be used:

--

**Cancelled cheque**

AFFIX A CANCELLED CHEQUE HERE



**Annexure 6 - SMME table**

The following table must be completed to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996.

Select the Sector and tick ✓ the appropriate blocks in Column 2, 3 and 4 next to your chosen sector

Column 1	Column 2 (tick applicable)				Column 3 (tick applicable)				Column 4 (tick applicable)			
Sectors in accordance with the standard Industrial Council	Total full time paid employees				Total Annual turnover (millions)				Total Gross asset value (property excluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4m	2m	0.4m	0.15m	4m	2m	0.4m	0.1m
Catering, Accommodation & other trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Community, Social and Personal	100	50	10	5	10m	5m	1m	0.15m	5m	2.5m	0.5m	0.1m
Construction	200	50	20	5	20m	5m	2m	0.15m	4m	1m	0.4m	0.1m
Electricity, Gas and Water	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5m	0.1m
Finance and Business Services	100	50	10	5	20m	10m	2m	0.15m	4m	2m	0.4m	0.1m
Manufacturing	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5	0.1m
Mining and Quarrying	200	50	20	5	30m	7.5m	3m	0.15m	18m	4.5m	1.8m	0.1m
Other Trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Retail, Motor Trade and Repair Services	100	50	10	5	30m	15m	3m	0.15m	5m	2.5m	0.5m	0.1m
Transport, Storage and Communications	100	50	10	5	20m	10m	2m	0.15m	5m	2.5m	0.5m	0.1m
Wholesale Trade, Commercial Agents, and Allied Services	100	50	10	5	50m	25m	5m	0.15m	8m	4m	0.5m	0.1m

<b>For office use only</b>	
Summary of results	SMME Status as per above (✓ appropriate block)
<b>Column 2</b>	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
<b>Column 3</b>	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>
<b>Column 4</b>	medium <input type="checkbox"/> small <input type="checkbox"/> very small <input type="checkbox"/> micro <input type="checkbox"/>