

Form Code

GTM



Enterprise Registration
FORM ER1
Version 1.0

INSTRUCTIONS

- Please ensure that you attach the following documentation to this form:
 - For Company / Close Corporation: Certificate of incorporation & most recent name change
 - Company: Shareholder certificates
 - For Trust: A copy of the trust deed
 - For a Partnership: The partnership agreement signed by all parties
 - Certified copies of the Identity documents of all owners/principals
 - 3 (or more) Photos of Owners, Business operations, Previous contracts etc. (if possible) for marketing purposes
- Please ensure that you complete all sections.
- Please print clearly, use black ink and complete all relevant sections.
- Once you have completed the form, please double check that you have correctly filled in all required information

NOTE: Please notify us of any change of your particulars. Incomplete applications results in delays in processing. Applications without relevant supportive documentation will not be registered.

Assigned by Registration Officer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration officer Name:
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SECTION A Declaration

I, the undersigned, declare that:

- I am duly authorised to make this application on behalf of the Enterprise.
- The information furnished is true and correct in every respect.
- I will inform Greater Tubatse Municipality of any change to the information supplied in this form.
- I have read and agree to the **Declaration & Terms & Conditions** as found on **Section V**.

Position in Enterprise:		Tel:	
Signature:	Date:	d	d
		m	m
		y	y
			Print name:

SECTION B Enterprise Information

Type of Registration:	<input type="checkbox"/> New registration	<input type="checkbox"/> Update of information
Name of Enterprise:		
Trading Name:		
Legal Form: Please attach a copy of the Registration certificates	<input type="checkbox"/> One person business/Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Close Corporation <input type="checkbox"/> Co-operative <input type="checkbox"/> Pty Limited Enterprise <input type="checkbox"/> Public Enterprise <input type="checkbox"/> Trust <input type="checkbox"/> Other: Specify	
Registration Number Please note that the Enterprise Registration Number has to be completed. Should you have an income TAX/SARS, VAT, WCA, UIF, SDL or CIDB Number please attach a copy of the registration certificates.	Enterprise registration number:	
	Income Tax / SARS:	
	Value Added Tax (VAT)	
	Workmen's Compensation Act (WCA)	
	Unemployment Insurance Fund (UIF)	
	Skills Development Levy (SDL)	
	Construction Industry Development Board (CIDB)	
Date established	d	d
	m	m
	y	y
	How long has the business existed in its present name and form? (Months)	

SECTION C Staffing / Employees

How many permanent members are employed by the enterprise (Over the last twelve months):	Full time:					
	Part time:					
How many staff members have joined the enterprise in the last 6 months:	Full time:					
	Part time:					

SECTION C Areas of operation

Country(ies):					
Province(s) & City(ies): In which Province(s) /City(ies) or Town(s) in South Africa does the enterprise normally conduct business?: NOTE: If you conduct across the whole of the Province please write "ALL" next to City/Town	<input type="checkbox"/> Eastern Cape	City/Town:			
	<input type="checkbox"/> Eastern Cape	City/Town:			
	<input type="checkbox"/> Free State	City/Town:			
	<input type="checkbox"/> Gauteng	City/Town:			
	<input type="checkbox"/> Kwazulu Natal	City/Town:			
	<input type="checkbox"/> Mpumalanga	City/Town:			
	<input type="checkbox"/> Northern Cape	City/Town:			
	<input type="checkbox"/> Limpopo	City/Town:			
	<input type="checkbox"/> North West	City/Town:			
<input type="checkbox"/> Western Cape	City/Town:				

SECTION D1 Physical & Postal Address: Office

Country:		Local Municipality:				
Province/State:		Ward#:				
City (or closest city):						
Street Address:		Postal Code:				
Postal Address:		Postal Code:				
Belong to a Tribal Nation?:	Tel:					
Tribal Nation Name		Tribal Nation Village:				

SECTION D2 Physic & Postal Address: Home

Country:					
Province /State:					
City (or closet city):					
Street Address:		Postal Code:			

SECTION F1	Contact Details: Office
Tel:	
Fax:	
Cell:	
Email:	
Website:	

SECTION F2	Individual (1) Contact Details
Contact person:	
Tel (Office):	Tel (Home):
Fax (Office):	Fax (Home):
Cell:	Email:
Preferred mode of communication:	<input type="checkbox"/> Tel <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Email

SECTION F3	Individual (2) Contact Details
Contact person:	
Tel (Office):	Tel (Home):
Fax (Office):	Fax (Home):
Cell:	Email:
Preferred mode of communication:	<input type="checkbox"/> Tel <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Email

SECTION F4	Update Notifications	
Cell:	Receive SMS notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Fax (Home):	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Greater Tubatse Municipality will send notifications to inform you of updates, tenders etc. to the specified Cell/Email		

SECTION F5	BBBEE Status	
Do you know your Broad Based Black Economic Empowerment Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please complete the section below
What is your BBBEE Contribution Level?	<input type="checkbox"/> None compliant <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
Has your BBBEE status been verified by a BBBEE verification agency?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please complete the section below
Date that the Verification Certificate was issued:		
Verification agency name:		
Contact Person at agency:		
Tel:		

SECTION G Enterprise Bank Details

Bank:		Account Type:	
Branch:		Contact person:	
Account number:		Contact person Tel:	

SECTION H Enterprise Bank Details

Did the enterprise exist under a previous name?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, complete the section below
Previous name:			
Reason changed:			
Months existed in other form:			
Describe previous form:			
List the previous owners/partners/directors Separate with a semicolon:			

SECTION I Business Activities

- Please list 5 principal activities in order of Turnover share percentage.
- **Description:** Please provide a detailed description of the activity.
- **Main:** Is this the main activity performed by the Enterprise? Select only ONE.
- **Share:** What percentage of the total turnover is made by this activity? (Total = 100%).
- **Code:** Office use only.

ID	Description Please provide a DETAILED description of each activity	Main Select 1	% Share	Code Office use only
1		<input type="checkbox"/>		
2		<input type="checkbox"/>		
3		<input type="checkbox"/>		
4		<input type="checkbox"/>		
5		<input type="checkbox"/>		

SECTION J1

Enterprise Ownership

- List all partners, proprietors and shareholders by identity number, name, position (viz. Chairman, Secretary, Directors etc.), citizenship, HDSA status, ownership and % of time devoted to the enterprise, as relevant.
- Where owners are themselves an Enterprise, Close corporation, Partnership etc. Identify the ownership of the holding enterprise.
- Proof of disability may be required.

Ownership Details													Residential Address				Position / Title				HDSA Status		Ownership				
													<ul style="list-style-type: none"> • P: Province • C: City/Town • S: Street/Section 				Please provide additional owner information on Section J2 and J3				Ethnicity codes: B: African/Black C: Coloured I: Indian W: White		<ul style="list-style-type: none"> • Date of ownership • % Owned • % Time devoted to Enterprise 				
ID													P:					Ethnicity (B/C/I/W):				Date:					
Date of Birth:		d	d	m	m	y	y						C:					Gender:				% Owned:					
Name:													S					Disabled (Y/N):				% Time:					
Surname:														Citizenship:													
ID													P:					Ethnicity (B/C/I/W):				Date:					
Date of Birth:		d	d	m	m	y	y						C:					Gender:				% Owned:					
Name:													S					Disabled (Y/N):				% Time:					
Surname:														Citizenship:													
ID													P:					Ethnicity (B/C/I/W):				Date:					
Date of Birth:		d	d	m	m	y	y						C:					Gender:				% Owned:					
Name:													S					Disabled (Y/N):				% Time:					
Surname:														Citizenship:													
ID													P:					Ethnicity (B/C/I/W):				Date:					
Date of Birth:		d	d	m	m	y	y						C:					Gender:				% Owned:					
Name:													S					Disabled (Y/N):				% Time:					
Surname:														Citizenship:													
ID													P:					Ethnicity (B/C/I/W):				Date:					
Date of Birth:		d	d	m	m	y	y						C:					Gender:				% Owned:					
Name:													S					Disabled (Y/N):				% Time:					
Surname:														Citizenship:													

SECTION L

Declaration & Notification

- When you decide to submit a tender or a bid, to government or private sector, you will be required to complete all necessary forms and declarations as required by that entity per standard procedure.
- In most cases, government agencies request tenders to provide information on matters relating to credit history, outstanding judgements, criminal and or civil proceedings against the tenderer, etc.
- At the time of registration, you are requested to respond to and declare on the following issues:

Are you or have you been engaged as an employee or consultants with any government agency, department, or para-statal within the past 24 months?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, complete the section below
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Do you have any outstanding undisputed commitments for municipal services in respect of which payment is overdue for more than 30 days?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, complete the section below
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Have you been listed by National Treasury as a defaulter in honouring awards made or dispute concerning execution or non-compliance of a government-issued tender in the past five years?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, complete the section below
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Have you been convicted of or faced charges or fraud or corruption in the past five years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, complete the section below
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Please note:

- At the time of tender submission, negotiation, and/or adjudication, you and your partners in this enterprise may be required to individually or collectively provide the tender holder with further declarations, proof, or details on the above or related matters.
- All Owners/Principals of this Enterprise have to sign the Declaration & Notification at their earliest convenience!

I, the undersigned declare that:

- I am duly authorised to sign this declaration on behalf of the Enterprise.
- This declaration is binding on my conscience, and that any inaccuracy or misrepresentation of facts may void the registration of the enterprise and its access to services.
- The information furnished is true and correct in every respect.

Position in Enterprise:		Tel:	
Signature:	Date:	Print name:	

SECTION M

Attachments

Please indicate what documentation has been attached:		Attached	
All applications			
• Recently certified copy of Company Registration Certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Letterhead of Company (Showing address, Business and VAT Registration Number, Directors, etc.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Copy of TAX Clearance Certificate / VAT 103 Registration	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Original Cancelled Cheque / Certified letter from Bank	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Proof of BBBEE Status	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If Private company (PTY) LTD:			
• Company Certificate of Incorporation	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Share certificates	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Written confirmation of owners / % holding	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Directors: Executive (CM27) / Non-executive (CM27)	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If Closed Corporation (CC):			
• CK2	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Member's holding	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If Trust			
• Trust deed / agreement	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Confirmation of voting rights / share	<input type="checkbox"/>	Yes	<input type="checkbox"/>
For Training providers:			
• ISO Certification (9001:2008)	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• SETA accreditation	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Assessor and moderator certificates	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• ETDP qualifications for facilitators	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Optional documents to be submitted:			
• List of products that carry the SABS mark	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• List of products that carry another standard mark	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Quality Management System Certificates	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• SARS Exemption Certificate (IRP30)	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Signed Service Agreement	<input type="checkbox"/>	Yes	<input type="checkbox"/>
• Copy of the latest invoice submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Other:			