



**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):   |  |            |  |  |  |
| <b>Province(s) &amp; City(ies):</b><br>In which Province(s) /City(ies) or Town(s) in South Africa does the enterprise normally conduct business?:<br><br>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**

|                        |  |                            |  |
|------------------------|--|----------------------------|--|
| <b>Bank:</b>           |  | <b>Account Type:</b>       |  |
| <b>Branch:</b>         |  | <b>Contact person:</b>     |  |
| <b>Account number:</b> |  | <b>Contact person Tel:</b> |  |

**SECTION H Enterprise Bank Details**

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

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







**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:

|  |  |   |
|--|--|---|
| <b>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?:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>If YES, complete the section below</b> |
|--|--|---|

|   |  |   |
|---|--|---|
| <b>Do you have any outstanding undisputed commitments for municipal services in respect of which payment is overdue for more than 30 days?:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>If YES, complete the section below</b> |
|---|--|---|

|   |  |   |
|---|--|---|
| <b>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?:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>If YES, complete the section below</b> |
|---|--|---|

|  |  |   |
|--|--|---|
| <b>Have you been convicted of or faced charges or fraud or corruption in the past five years</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>If YES, complete the section below</b> |
|--|--|---|

**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.

|                                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |
|--------------------------------|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------|--|
| <b>Position in Enterprise:</b> |  | <b>Tel:</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |
| <b>Signature:</b>              |  | <b>Date:</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>Print name:</b> |  |



## SECTION M

## Attachments

| Please indicate what documentation has been attached:  |                          | Attached |                          |
|--|--------------------------|----------|--------------------------|
| <b>All applications</b>  |                          |          |                          |
| • 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"/> |
| <b>If Private company (PTY) LTD:</b>   |                          |          |                          |
| • 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"/> |
| <b>If Closed Corporation (CC):</b>   |                          |          |                          |
| • CK2  | <input type="checkbox"/> | Yes      | <input type="checkbox"/> |
| • Member's holding   | <input type="checkbox"/> | Yes      | <input type="checkbox"/> |
| <b>If Trust</b>  |                          |          |                          |
| • Trust deed / agreement   | <input type="checkbox"/> | Yes      | <input type="checkbox"/> |
| • Confirmation of voting rights / share  | <input type="checkbox"/> | Yes      | <input type="checkbox"/> |
| <b>For Training providers:</b>   |                          |          |                          |
| • 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"/> |
| <b>Optional documents to be submitted:</b>   |                          |          |                          |
| • 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"/> |
| <b>Other:</b>  |                          |          |                          |
|  |                          |          |                          |