Fo	rm	Co	de
Гυ		LU	u





Enterprise Registration FORM ER1

INSTRUCTIONS

Signature:

- Please ensure that you attach the following documentation to this form:
 - o For Company / Close Corporation: Certificate of incorporation & most recent name change
 - o Company: Shareholder certificates
 - o For Trust: A copy of the trust deed
 - o For a Partnership: The partnership agreement signed by all parties
 - o Certified copies of the Identity documents of all owners/principals
 - o 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.

Date:

Once you have completed the	form, please double check that y	you have correctly filled in all re	equired information											
IOTE: Please notify us of any change of your particulars. Incomplete applications results in delays in processing. Applications without elevant supportive documentation will not be registered.														
Assigned by Registration Officer:														
SECTION A														
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:											

Print

name:

SECTION B	Enterp	rise I	Inforn	natior	1														
Type of Registratio	n:		lew re	gistra	tion	□ ι	Jpdate	e of	informa	ition									
Name of Enterprise	e:																		
Trading Name:																			
Legal Form:		□0	ne pei	rson b	usine	ss/Sol	e trad	ler [□Partne	ership 🗆 Clos	se Cor	porat	ion						
Please attach a cop	y of	\Box C	o-ope	erative	<u>)</u>			□P	ty Limite	ed Enterprise	e□Pu	blic Eı	nterpr	ise					
the Registration certificates		□т	rust						☐ Oth	er: Specify									
Registration Numb Please note that the	ation Number Enterprise registration number:																		
Enterprise Registration Number has to be	on								Income	e Tax / SARS:									
completed.								Vā	alue Add	ed Tax (VAT)									
Should you have an in TAX/SARS, VAT, WCA	, UIF,					Workr	men's (Com	npensatio	n Act (WCA)									
SDL or CIDB Number attach a copy of the			Unemployment Insurance Fund (UIF)																
registration certificat	es.						Skills	Dev	velopmei	nt Levy (SDL)									
		Construction Industry Development Board (CIDB)																	
Date established		d	d	m	m	У	У		How lo	ong has the bus	iness e	xisted	in its pr	esent i	name a	nd forn	n? (Mor	nths)	

SECTION C	Staffing/	Employees							
How many pe	ermanent men	nbers are employed by the ente	erprise (Over the	e last twelve mo	onths:	Full ti	me:		
, ,						Part ti	ne:		
	How n	nany staff members have joined	d the enterprise	in the last 6 mo	onths:	Full ti	me:		
		,	,			Part ti	me:		
SECTION C	Areas of o	peration							
Country(ies):									
Province(s) & City(ie	oe).	☐ Eastern Cape	Cit	ty/Town:					
		☐ Eastern Cape	Cit	ty/Town:					
In which Province(s or Town(s) in South		☐ Free State	Cit	ty/Town:					
does the enterprise	e normally	☐ Gauteng	Cit	ty/Town:					
conduct business?	:	☐Kwazulu Natal	Cit	ty/Town:					
NOTE: If you condu		☐ Mpumalanga	Cit	ty/Town:					
the whole of the P please write "ALL"		☐ Northern Cape	Cit	ty/Town:					
City/Town		☐ Limpopo		ty/Town:					
		☐ North West		ty/Town:					
		☐ Western Cape	Cit	ty/Town:					
SECTION D1 Country:	Physical&	Postal Address: Office		Loc	al				
Province/State:				Municipalit					
City (or closest city	y):			Ward	#:				
Street Address:	_			Postal Code	e:				
Postal Address:									
				Postal Code	e:				
Belong to a Tribal	Nation?:	Tel:							
Tribal Nation Nam	e			Tribal Natio					
SECTION D2	Physic & F	Postal Address: Home							
Country:									
Province /State:									
City (or closet city):									

Postal Code:

Street Address:

SECTION F1	Со	ntac	t De	tails	: Off	ice																		
Tel:																								
Fax:																								
Cell																								
Email:																								
Website																								
SECTION F2	Inc	bivid	ual ((1) C	onta	ct De	etail	S																
Contact person:																								
Tel (Office):												Т	Tel (Ho	me):										
Fax (Office):												F	Fax (Ho	me)										
Cell:													Er	nail:										
Preferred mode of o	comm	unic	atior	n:											□Tel	I□Fax			œII□E	mail				
SECTION F3	Ind	ividu	ual (2) Ca	onta	ct De	tails	i																
Contact person:																	I			I	I	T	T	
Tel (Office):													Tel (Ho											
Fax (Office):												F	Fax (Ho	me)										
Cell:													Er	nail:										
Preferred mode of o	comm	unic	atior	n:											□Tel	I□Fax			œII□E	mail				
SECTION F4	Uı	odat	e No	otific	atio	ns																		
Cell:														Re	ceive S	SMS no	otificat	tions:	□Ve	es□No	<u> </u>			
Email:	Н																Fax (H		-	es \square No				
	Grea	ter T	uhat	tse M	lunic	inality	, will	sen	d not	ifica	ations t	o infor	rm vou	of un	dates							nil		
SECTION F5		BEE S											•		·						·			
Do you know you Based Black Ec Empowerment	onon Statu	nic s?	□Ye	es□N	No									If YES,	, pleas	e com	plete t	he sec	tion b	elow				
What is you Contribution			□No	one c	comp	liant□	□1		2□3		□4 □5	5□6 I	□7□8	}										
Has your BBBE been verified by a verification a	a BBB gency	EE /?:	□Ye	es□N	No									If YES,	, pleas	e com	plete t	he sec	tion b	elow				
Date that the Veri Certificate was																								
Verification agency																								
Contact Person at	ageno	cy:																						
	_																							

SECTIO	ON G	Enterp	orise Bank Details													
Bank:						Accou	ınt Typ	oe:								
Branch:	:					Contact	perso	on:								
Account	t number:					Contact pe	rson T	el:								
SECTIO			prise Bank Details													
	enterprise ex previous nar		□Yes□No					If YES	S, comp	lete th	e secti	ion be	low			
Previous	s name:															
Reason	changed:															
Months form:	existed in ot	her														
Describe	e previous fo	rm:														
List the	previous															
owners,	/partners/dir e with a	ectors														
semicol																
SECTIO	Business Activities Please list 5 principal activities in order of Turnover share percentage.															
						age.										
•	Main: Is this	the m	ain activity perforn	ned by the Ente	rprise? Select	-	000()									
	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.															
		use or	nly.													
	Code: Office			1		Main Select 1		% hare			C		o de use on	ly		
•	Code: Office		nly. Description	1		Main					C			ly		
ID	Code: Office		nly. Description	1		Main Select 1					C			ly		
•	Code: Office		nly. Description	1		Main					C			ly		
ID	Code: Office		nly. Description	1		Main Select 1					C			ly		
ID	Code: Office		nly. Description	1		Main Select 1					C			ly		
1 -	Code: Office		nly. Description	1		Main Select 1					C			ly		
ID	Code: Office		nly. Description	1		Main Select 1					C			ly		
1 -	Code: Office		nly. Description	1		Main Select 1					C			ly		
1 -	Code: Office		nly. Description	1		Main Select 1								ly		
1 2	Code: Office		nly. Description	1		Main Select 1					C			ly		
1 -	Code: Office		nly. Description	1		Main Select 1								ly		
1 2	Code: Office		nly. Description	1		Main Select 1								ly		
1 2	Code: Office		nly. Description	1		Main Select 1					C			ly		
1 2 3	Code: Office		nly. Description	1		Main Select 1								ly		
1 2	Code: Office		nly. Description	1		Main Select 1								ly		
1 2 3	Code: Office		nly. Description	1		Main Select 1										
1 2	Code: Office		nly. Description	1		Main Select 1										
1 2 3	Code: Office		nly. Description	1		Main Select 1										

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.

	Residential Address	Position / Title	HDSA Status	Ownership	
 Ownership Details Identity number Date of birth Name & Surname 	P: ProvinceC: City/TownS: Street/Section	Please provide additional owner information on Section J2 and J3	Ethnicity codes: B: African/Black C: Coloured I: Indian W: White	Date of ownership% Owned% Time devoted to Enterprise	
ID III	P:		Ethnicity (B/C/I/W):	Date:	
Date of Birth: d d m m y y	C:		Gender:	% Owned:	
Name:	c		Disabled (Y/N):	% Time:	
Surname:	S	Citizenship:			
ID III III III III III III III III III	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:	3	Citizenship:			
ID III III III III III III III III III	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:	3	Citizenship:			
ID III III III III III III III III III	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 III	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 J2

Enterprise Ownership

• Identify by ID Number and length of service, the OWNERS in the enterprise responsible for day-to-day management and business decisions. Please note that the owners' details have to be specified on Section J1.

	Financial Functions ID Number Years of Cheque Signing:														N	/lana	agem	ent l	Funct	ions						
											of se	ervice		ID	Num	ber						,	Years o	of service		
Cheque Signing:	Cheque Signing:										Estimating – costing and pricing:															
Signing & Co-Signing For Loans:															Marketing And Sales Operations:											
Acquisition Of Lines Of Credit:															Hiring And Firing Of Management Personnel:											
Sureties:															Supervision Of Office Personnel:											
Major Purchases Or Acquisitions:															Supervision Of Field/Production Activities:											

SECTION J3

Other Ownership

• Identify by ID Number any owner who has an ownership interest in another enterprise; and or is an employee or has duties in another business enterprise. Please note that the owners' details have to be specified on Section N1.

		ID	Numb	er			Name, Address Of Other Enterprise	Position, duties in Other Enterprise	Type Of Business Of Other Enterprise	% O	% Owned		% Tin	ne spen nterpris
			П											
П			П											
			П											
\Box			П											

SECTION K

HR Capacities: Employees & Experts

• Enterprise COMPETENCIES (summary of skills/qualifications of owners, management, all contracting staff).

 Individuals listed below should ideally completed the SR1 for 	m
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ID Number	Name	Surname	Position			

SECTION L **Declaration & Notification**

Signature:

• 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 □Yes□No If YES, complete the section below government agency, department, or para-statal within the past 24 months?: Do you have any outstanding undisputed commitments for municipal \square Yes \square No If YES, complete the section below services in respect of which payment is overdue for more than 30 days?: Have you been listed by National Treasury as a defaulter in honouring awards made or dispute concerning execution or non-compliance of a □Yes□No If YES, complete the section below government-issued tender in the past five years?: Have you been convicted of or faced charges or fraud or corruption in the □Yes□No If YES, complete the section below past five years 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:**

Date:

Tel:

Print

name:

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		I I VAL	174	

Attachments

•	Please indicate what documentation has been attached:		
		Atta	ached
All applications			
•	Recently certified copy of Company Registration Certificate	☐ Yes	□ No
•	Letterhead of Company (Showing address, Business and VAT Registration Number, Directors, etc.)	□ Yes	□ No
•	Copy of TAX Clearance Certificate / VAT 103 Registration	□ Yes	□ No
•	Original Cancelled Cheque / Certified letter from Bank	☐ Yes	□ No
•	Proof of BBBEE Status	☐ Yes	□ No
If Private company (PTY) LTD:			
•	Company Certificate of Incorporation	☐ Yes	□ No
•	Share certificates	☐ Yes	□ No
•	Written confirmation of owners / % holding	☐ Yes	□ No
•	Directors: Executive (CM27) / Non-executive (CM27)	☐ Yes	□ No
If Closed Corporation (CC):			
•	CK2	☐ Yes	□ No
•	Member's holding	☐ Yes	□ No
If Trust			
•	Trust deed / agreement	☐ Yes	□ No
•	Confirmation of voting rights / share	☐ Yes	□ No
For Training providers:			
•	ISO Certification (9001:2008)	☐ Yes	□ No
•	SETA accreditation	☐ Yes	□ No
•	Assessor and moderator certificates	☐ Yes	□ No
•	ETDP qualifications for facilitators	☐ Yes	□ No
Optional documents to be submitted:			
•	List of products that carry the SABS mark	☐ Yes	□ No
•	List of products that carry another standard mark	☐ Yes	□ No
•	Quality Management System Certificates	☐ Yes	□ No
•	SARS Exemption Certificate (IRP30)	☐ Yes	□ No
•	Signed Service Agreement	☐ Yes	□ No
•	Copy of the latest invoice submitted	☐ Yes	□ No
Other:			