

## COMMUNITY BASED SUPPLIER REGISTRATION FORM



CITY OF CAPE TOWN  
ISIXEKO SASEKAPA  
STAD KAAPSTAD

SUPPLY CHAIN MANAGEMENT: SUPPLIER MANAGEMENT

SCM – 674 Approved by Branch Manager: 05 March 2017

Version: 5

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Website: [www.capetown.gov.za](http://www.capetown.gov.za)

Supplier Management Office

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(Note: The City of Cape Town may not transact with anybody who is in the Service of the State)  
See Annexure A-Declaration-MSCM Regulations (Definition Pg. 3- In the Service of the State)

Supplier Number (SAP) \_\_\_\_\_

CSD Number \_\_\_\_\_ (compulsory)

### Sub Council Manager/Project Manager (Official Use)

(Applications only accepted on authorisation from Sub Council Manager/Project Manager)

Sub Council No.: \_\_\_\_\_

Ward No: \_\_\_\_\_

Verified By Print Name: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

### Section 1 A: General Details Sole Proprietor/Trader

Title: (i.e. Prof/Dr/Mr/Me) \_\_\_\_\_

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

IDENTIFICATION NUMBER: \_\_\_\_\_

(Full name(s) as per ID/passport – attach certified copy of ID)

### Section 1 B: General Details for Registered Company (Per your most recent CIPC document)

Registered /Legal Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Company Registered Number: \_\_\_\_\_

(Attach most recent CIPC document)

**Section 1 C: Tax Control****Income Tax No** \_\_\_\_\_**Vat Reg No: (if applicable)** \_\_\_\_\_

(The detail as shown on the Your Tax Clearance Certificate – Attach original tax clearance certificate)

**Section 2: General Address Details (Physical Address)****Street Name and No/Site No:** \_\_\_\_\_**City** \_\_\_\_\_**Postal Code** \_\_\_\_\_

(Proof of Residential Address (i.e. copy of latest Municipal Account/Affidavit))

**Section 3: Contact Details:****Company/Sole Proprietor –Representative for Sales and Orders Name:** \_\_\_\_\_**Telephone** \_\_\_\_\_**Cell phone number** \_\_\_\_\_**Fax number for orders** \_\_\_\_\_ **Fax No for Remit** \_\_\_\_\_**E-mail address for orders** \_\_\_\_\_ **E-mail add for Remit** \_\_\_\_\_**Section 4: Banking Details:****Account Holder** \_\_\_\_\_**Bank Name** \_\_\_\_\_ **Branch Code** \_\_\_\_\_**Account Number** \_\_\_\_\_**Cheque Account 01** ☐**Savings/Transmission 02** ☐

(Please include the following Supporting Documentation)

Proof of Bank Account - Certified copy of Bank Statement

Proof of authorised Signatories on account (Letter from bank indicating authorised list of Approved name(s) and Identification number(s))

**Section 5: Type of services:**

(Category Selection: Indicate by means of a ✓ TICK)

- |                              |                          |
|------------------------------|--------------------------|
| 1. Area Cleaning .....       | <input type="checkbox"/> |
| 2. General Maintenance ..... | <input type="checkbox"/> |
| 3. Laundry Services .....    | <input type="checkbox"/> |
| 4. Waste Removal .....       | <input type="checkbox"/> |
| 5. Hygiene Service .....     | <input type="checkbox"/> |
| 6. Catering Services .....   | <input type="checkbox"/> |

**Section 6: Declaration of Interest**

The attached declaration of interest (Annexure A) must be completed and signed. (Compulsory)

If there is any known potential conflict of interest or if any owner, partner or member of the applicant is an official, an employee or a councillor of the City of Cape Town, or is related to an official, an employee or councillor of the City of Cape Town, that relationship must be indicated in the Declaration of interest.

THE APPLICANT:

SIGNED AT.....THIS.....DAY.....20.....

PRINT NAME \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_

**Section 7: Affidavit**

The affidavit must be completed and signed (Compulsory)

I, the undersigned who warrants that I am duly authorised to do so on behalf of the business, confirms that the contents of this Affidavit are within my personal knowledge to the best of my belief both true and correct.

I hereby agree that in the event of false, incorrect or misleading information being provided in this declaration, City of Cape Town shall have the right to:

- Recover any losses or damages sustained by City of Cape Town Works under such agreement
- Restrict the supplier from further business with City of Cape Town depending on the materiality of the misinterpretation and the degree of the prejudice suffered.

Name .....

Identify Number .....

Signature: .....

(Duly authorised to sign for and on behalf of the above entity)

Date: .....

Telephone .....

**Please note:**

It remains the responsibility of the Supplier to keep the City of Cape Town informed of any changes of their Supplier Data Base.