

Supplier Registration Form



Supply Chain Management

SCM-418

Approved by Branch Manager:

Version: 14

website : www.capetown.gov.za
 Supplier Management Office
 2nd Floor, Civic Centre, 12 Hertzog Boulevard , Cape Town. 8000
 E-mail : supplier.management@capetown.gov.za
Tel: +27 21 400 1044 / 9243 / 1045 / 9244 **Fax:** +27 21 400 2018 **PC Fax:** 086 546 1881

Supplier Number:

CSD Number:

Supplier Registration Form

NOTES:

City of Cape Town may not transact with anybody in the service of the state.
 Before completing this application form be aware of Section 44 Section 45 as reflected in the Municipal Supply Chain Regulations GenN
 -Section 44 (Prohibition on awards to persons in the service of the state)
 -Section 45 (Awards to close family members of persons in the service of the state - Reporting only)
 Municipality may not make any award to a person.
 a. Who is in the service of the state
 b. If the person is not a natural person, of which any Director, Manager, Principal stakeholder or stakeholder is a person in the service of the state; or
 c. Who is an advisor or Consultant contracted with the municipality or municipal entity.

Suppliers providing false or fraudulent information or documentation shall subject themselves to immediate disqualification

Incomplete supplier applications will not be processed and documents will be returned without prejudice

ALL CITY OF CAPE TOWN SUPPLIERS MUST BE REGISTERED ON THE CSD.

To register on CSD you need to utilise their website: www.csd.gov.za or <https://secure.csd.gov.za> with the following information at hand, Company Name, Company or Legal Entity registration number, Income Tax Reference Number, Vat Number, Banking detail, Physical Address and postal if not the same and not more than 5 Commodities.

The CSD will validate and authenticate all information and provide you with a CSD MAAA reference number.

Please indicate with a X the type of registration in selection box		Sole Proprietor (Complete Section 1 A)
		Registered Company as per CIPC (Complete Section 1 B)

Section 1 A: General Details for Sole Proprietor

Title (i.e.. Prof/Dr/Mr/Me) <input style="width: 95%;" type="text"/>	Full name(s) as per ID/Passport
Name <input style="width: 95%;" type="text"/>	
Surname <input style="width: 95%;" type="text"/>	
Identification/Passport Number <input style="width: 95%;" type="text"/>	

Section 1 B: General Details for Registered Company (As per CIPC document)

Registered/Legal Name <input style="width: 95%;" type="text"/>	The detail as shown on your Tax Clearance Certificate
Trading Name <input style="width: 95%;" type="text"/>	
Company Registration Number <input style="width: 95%;" type="text"/>	As per CIPC document

Section 1C: Tax Control

Income Tax no <input style="width: 95%;" type="text"/>	The detail as shown on your Tax Clearance Certificate
VAT Reg No <input style="width: 95%;" type="text"/>	

Section 2: General Address Details

Street Name and No

City
Postal Code
PO Box Number
PO Box Postal Code
Postnet Suite no
Private Bag
Postal Code

Region - eg.
Eastern Cape,
Western Cape etc.
Country
City
Country

Section 3: Contact Details

Company Representative for Sales and Orders

Company Accounts Clerk

Name
Telephone number:
Cell phone number:
Fax number for orders
E-mail address for orders
Company Website Address

Name
Telephone number
Cell phone number
Fax no for Remit
E-mail for the Remit

Section 4: Banking Details

Bank Name Branch Code
Account Number
Cheque Account 01
Savings/Transmission Account 02
Account Holder

Please include the following Supporting Documentation

- Proof of Bank Account
- 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: B-BBEE Classification Data

	Level	%	Points	
B-BBEE level of contribution (Turnover Above R10 Million)	<input type="text"/>	<input type="text"/>	<input type="text"/>	The detail as shown on your valid B-BBEE Certificate
Exempt Micro Enterprise level of contribution (EME) (Turnover Below R10 Million)	<input type="text"/>	<input type="text"/>	<input type="text"/>	The detail as shown on your Letter of accreditation
Percentage Black Woman Ownership	<input type="text"/>	%		
Percentage Black Ownership	<input type="text"/>	%		

NOTE:

ALL suppliers are required to submit one of the following in order to qualify for preference points:

- Companies with a turnover less than R10 Million per annum qualifies as an Exempted Micro-Enterprise a certificate/affidavit must be supplied by either verification agencies accredited by the SANAS or by registered auditors approved by the IRBA (<http://www.irba.co.za/index.php/b-bbee-verification-assurance>)
- Companies with a turnover above R10 Million per annum must submit a rating certificate issued by a SANAS approved agency or registered auditors approved by the IRBA (http://sanas.co.za/af-directory/bbbee_list.php)
- ALL Certificates must display the SANNAS logo / Registered Auditors IRBA B-BBEE Number

Section 6: Various Certificates

Construction Industry Development Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CIDB : CR Number	<input type="text"/>		Expiry Date	<input type="text"/>
Tax Clearance Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tax Clearance Certificate Number	<input type="text"/>		Expiry Date	<input type="text"/>
SARS PIN Number	<input type="checkbox"/> Yes			
PIN Number	<input type="text"/>		Issue Date	<input type="text"/>
Security Industry Regulation Act (SIRA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
SIRA Certificate Number	<input type="text"/>		Expiry Date	<input type="text"/>
Compensation of Industry on Duty Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
COIDA Certificate	<input type="text"/>		Expiry Date	<input type="text"/>
Occupational Health and Safety Act (OHSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
OHSA Certificate Number	<input type="text"/>		Expiry Date	<input type="text"/>
Non Profit Organisation (NPO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> If YES, attached certificate.	
Non Governmental Organisation(NGO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> If YES, attached certificate.	

Section 7: Industry Keys

Please specify the commodities and/or type of services you provide (MAXIMUM OF FIVE)
 Refer to ANNEXURE B, list of codes available on our Website grouped with the registration documentation at
<http://www.capetown.gov.za/en/SupplyChainManagement/Pages/SupplierRegistration.aspx>

	Number	Commodity and/or type of services
Maximum of five keys	industry <i>Example: 60120000</i>	<i>Arts, crafts equipment, accessories and supplies</i>
1		
2		
3		
4		
5		

Section 8: Control Sheet for Suppliers (Please tick submitted Documents)

Proof of Company Registration Documents-----	<input type="checkbox"/>
Proof of Business Address(Latest Municipal Account)-----	<input type="checkbox"/>
Proof of Residential Address(Latest Municipal Account)-----	<input type="checkbox"/>
Certified Copy of Identity Document of All owners, partners or members in your company -----	<input type="checkbox"/>
Proof of Banking(Copy of Statement & Letter to state the list of signatories) -----	<input type="checkbox"/>
Valid Tax Clearance Certificate(Current, valid Certificate & SARS PIN Number)-----	<input type="checkbox"/>
Proof of Disability(Doctor's letter to state permanent disability)-----	<input type="checkbox"/>
Security Regulatory Authority (SIRA) Certificate -----	<input type="checkbox"/>
B-BBEE /Exempt Micro Enterprise/affidavit/certificate -----	<input type="checkbox"/>
Proof of Black Women Equity Ownership -----	<input type="checkbox"/>
Construction Industry Development Board Certificate(CIDB) -----	<input type="checkbox"/>
Occupational Health & Safety Act(OHSA)-----	<input type="checkbox"/>
Non Profit Organisation Certificate(NPO)-----	<input type="checkbox"/>
Non Governmental Organisation(NGO)-----	<input type="checkbox"/>

Section 9: Declaration of Interests

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 a councillor of the City of Cape Town, that relationship must be indicated in the Declaration of interest.

THE APPLICANT

SIGNED AT THIS.....DAY OF20.....

1. (Print Name)

(Signature)

Section 10: 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

Identity No.

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

Date: Telephone:

Commissioner of Oath:

Signed and sworn before me at.....(place) this the(day)of (month).....(year)2_____ by the above mentioned who acknowledges that he/she knows and understands the contents of this Affidavit and that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths signature.....

Print name.....

Date.....

Commissioner of Oath stamp:

Please note: After the completion of this application document and you have obtained your City of Cape Town supplier No, it remains the responsibility of the supplier to keep the City of Cape Town informed of any changes in your supplier Information

2. CHANGE LIST

Revision No	Changes	Page	Date
1	Create Draft Document	All	2008/07/30
2	Approved Document	All	2008/07/30
3	Update/change document wording and layout	All	2009/07/03
4	Approved Document	All	2009/07/20
5	Change contact detail	1	2009/09/22
6	Change industry key information	1	2010/11/03
7	requirements	All	2012/06/05
8	declaration of interest requirements	All	2012/06/08
9	will be accepted".	All	2012/11/21
10	accredited by the SANAS or by registered auditors approved by	All	2012/11/26
11	Update Notes: Page 1	All	2013/07/19
12	Change description of "Section 45" on Page 1	All	2013/11/28
13	Insert Industry Keys selection and Renumber the sections	All	2014/03/13
14	Changes made to wording, CSD number and additions/deletion of wording on all pages	All	2016/05/13

**ANNEXURE A
Declarations: Supplier Application**



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

SUPPLY CHAIN MANAGEMENT: SUPPLIER MANAGEMENT

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Company Name	
Company Legal Name	
Supplier Number (If already registered)	

SCHEDULE A: DECLARATION OF INTEREST – STATE EMPLOYEES

1. No bid will be accepted from persons in the service of the state¹.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.

3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1 Full Name of applicant or his or her representative:.....

3.2 Identity Number:

3.3 Position occupied in the Company (director, trustee, shareholder²):.....

3.4 Company or Close Corporation Registration Number:

3.5 Tax Reference Number:.....

3.6 VAT Registration Number:

3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state? **YES / NO**

3.8.1 If yes, furnish particulars.

.....
.....

3.9 Have you been in the service of the state for the past twelve months? **YES / NO**

3.9.1 If yes, furnish particulars

.....

**ANNEXURE A
Declarations: Supplier Application**



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
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SUPPLY CHAIN MANAGEMENT: SUPPLIER MANAGEMENT

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3.10 Do you have any relationship (family, friend, other) with persons in the service of the state?
YES / NO

3.10.1 If yes, furnish particulars.

.....
.....

3.11 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state?
YES / NO

3.11.1 If yes, furnish particulars

.....
.....

3.12 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state?
YES / NO

3.12.1 If yes, furnish particulars.....

3.13 Are any spouse, child or parent of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state?
YES / NO

3.13.1 If yes, furnish particulars.

.....
.....

3.14 Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract?
YES / NO

3.14.1 If yes, furnish particulars:

.....
.....

4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State the Employee Number

ANNEXURE A Declarations: Supplier Application		 CITY OF CAPE TOWN ISIXEKO SASEKAPA STAD KAAPSTAD	
SUPPLY CHAIN MANAGEMENT: SUPPLIER MANAGEMENT			
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The applicant hereby certifies that the information set out in this schedule and/or attached thereto is true and correct, and acknowledges that failure to properly and truthfully complete this schedule may result in the application being disqualified, and/or (in the event that the application is successful) the cancellation of the application.

Signature

Date

Name (PRINT)
(For and on behalf of the Supplier, duly authorised)

¹MSCM Regulations: “in the service of the state” means to be –

- (a) a member of –
 - (i) any municipal council;
 - (ii) any provincial legislature; or
 - (iii) the national Assembly or the national Council of provinces;
- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

² Shareholder” means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

SCHEDULE B - CONFLICT OF INTEREST DECLARATION

1. The applicant shall declare whether it has any conflict of interest in the application submitted. (Mark the appropriate box with 'X')

YES	NO
-----	----

If yes, the applicant is required to set out the particulars in the table below:

2. The applicant shall declare whether it has directly or through a representative or intermediary promised, offered or granted:

- 2.1 any inducement or reward to the City of Cape Town for or in connection with the award of this contract; or
- 2.2 any reward, gift, favour or hospitality to any official or any other role player involved in the implementation of the supply chain management policy. (Mark the appropriate box with 'X')

YES	NO
-----	----

If yes, the applicant is required to set out the particulars in the table below:

Should the applicant be aware of any corrupt or fraudulent transactions relating to the procurement process of the City of Cape Town, he or she must please contact the following:

Fraud.hotline@capetown.gov.za

or

the City's anti-corruption hotline at 0800 32 31 30 (toll free)

The applicant hereby certifies that the information set out in this Schedule and/or attached thereto is true and correct and acknowledges that failure to properly and truthfully complete the schedule may result in the quotation being disqualified, and/or (in the event that the Supplier is successful) the cancellation of the contract.

Signature

Date

Name (PRINT) - For and on behalf of the Supplier (duly authorised)

**ANNEXURE A
Declarations: Supplier Application**



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
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**SCHEDULE C - DECLARATION OF SUPPLIER'S PAST
SUPPLY CHAIN MANAGEMENT PRACTICES**

Where the applicant is a partnership/consortium/joint venture, each party to the partnership/ consortium/ joint venture must sign a declaration in terms of the Municipal Finance Management Act, Act 56 Of 2003, and attach it to this schedule.

1 The application may be rejected if that applicant or any of its directors/members have:

- a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
- b. been convicted for fraud or corruption during the past five years;
- c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
- d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).

2 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	<p>Is the applicant or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury's website(www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	<p>Is the applicant or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p>The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		

**ANNEXURE A
Declarations: Supplier Application**



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4.3	Was the applicant or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
Item	Question	Yes	No
4.4	Does the applicant or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		
4.5	Was any contract between the applicant and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.7.1	If so, furnish particulars:		

The applicant hereby certifies that the information set out in this schedule and/or attached thereto is true and correct, and acknowledges that failure to properly and truthfully complete this schedule may result in the application being disqualified.

Signature

**Print name:
On behalf of the applicant (duly authorised)**

Date