



CITY OF  
**TSHWANE**  
IGNITING EXCELLENCE

# VENDOR REGISTRATION APPLICATION

**For Administrative Use**

Vendor Number

--	--	--	--	--	--	--	--	--	--

SMME Status

Y	N
---	---

## **IMPORTANT**

Include your original BEE Certificate

---

### **City of Tshwane Supplier Database**

---

The City of Tshwane (CoT) have a vendor database which will assist with the management of all Vendors that deal with the City.

---

**These forms must be completed and returned to the following address:**

---

Tender Advice Centre  
175 DF Malan Drive  
C de Wet Building  
(opposite Metro Police),  
Pretoria West  
0002  
Contacts: 012 358 0452  
012 358 6455  
012 358 0358

**Please complete the form in full – use a black pen.  
Please print so that all information is legible.  
Forms that cannot be read, are incomplete or  
incorrectly completed, will be rejected.**

---

**Direct enquiries to the Database Helpdesk**

---

Tel: 012 358 0452 / 358 6455 or  
email: [vendormaster@tshwane.gov.za](mailto:vendormaster@tshwane.gov.za)

---

**PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTS SUBMITTED FOR  
YOUR OWN RECORDS, BECAUSE NO COPIES WILL BE MADE BY THE CITY OF TSHWANE**

---

The City of Tshwane Metropolitan Municipality reserves the right to refuse registration.

## ■ POINTS TO REMEMBER ■

---

### COMPLETING THE CITY OF TSHWANE VENDOR REGISTRATION APPLICATION FORM

---

- **Mandatory fields** – Certain fields and documents are mandatory to certain business types only. Please ensure that all fields mandatory to your business type, which are marked as “Mandatory Field”, have been completed, and if a field is not applicable to your business type clearly mark it N/A.
- **Required documents** – Please refer to the attached table (following page) to determine which mandatory supporting documents your business type requires. Please ensure that all copies of mandatory documents (certified copies, where applicable) are attached.
- **Completion of questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any mandatory fields blank.
- **Certified documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document and Proof of Shareholding Certificates. The stamp of certification should be on page 16 of the document.
- **Copies of documents** – Please keep copies of the registration form and all supporting documents submitted for your own records.
- **Owners, shareholders and partners** – Please ensure that the percentages of ownership amount to 100% and that every field is completed for each of the business owners.
- **Certification of correctness** – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.
- **Processing of registration** – Your completed registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with all of the role players. This letter of verification will be dispatched to the correspondence details supplied on the third page. Please note that this administration process will take a minimum of 5 days. Once your registration has been included on the City of Tshwane Supplier Database, your details will be accessible by the procurement officials.
- **Business opportunities** – Please note that inclusion of the name in a database does not in any way guarantee any persons, company, service provider vendor, etc. any business from the City of Tshwane. All procurement will be subject to the Procurement Policy of the City of Tshwane.
- **Amendments** – Please notify The City of Tshwane Supplier Database Helpdesk immediately of any changes to the verified information submitted.
- **Queries** – If you have any queries or if you require assistance completing the registration form, please contact the Supplier Database Helpdesk on 012 358 0452 / 012 358 6455 / 012 358 0358.
- If a company has more than one regional office, each office must fill in a separate form, unless the point of transaction is centralised in the company’s head office.
- Please note that the key facilities in the database are classified as commodities and each potential vendor must indicate the commodity in which it would like to register. (see list p5).
- The main objective of this process is to enhance transparency and equality on the part of the Municipality and to facilitate effective communication with its vendors.
- Applications must be delivered by hand and must be completed in full with all the relevant documents attached. No electronic or faxed copies will be accepted.
- It’s a condition of bidding that a vendor’s taxes must be in order, or satisfactory arrangements must have been made with the Receiver of Revenue to meet his or her tax obligations. In bids where consortia, joint ventures or sub contractors are involved, each party must submit a separate original Tax Clearance Certificate.

**PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED**

Name of Business

[illegible]

Registration number

[illegible][illegible]

Commodity group <i>Please tick relevant box(es)</i>		Description of commodity group	Commodity group <i>Please tick relevant box(es)</i>		Description of commodity group
	10000000	Live plant, animal material, accessories, supplies		47000000	Cleaning equipment, supplies
	11000000	Mineral, textile, inedible plant, animal materials		48000000	Service industry machinery, equipment, supplies
	12000000	Chemicals including biochemicals, gas materials		49000000	Sports, recreational equipment, supplies, accessories
	13000000	Resin, rosin, rubber, foam, film, elastomeric materials		50000000	Food beverage, tobacco products
	14000000	Paper materials, products		51000000	Drugs, pharmaceutical products
	15000000	Fuels, fuel additives, lubricants, anti corrosive materials		52000000	Domestic appliances, supplies, consumer electronic products
	20000000	Mining, well drilling machinery, accessories		53000000	Apparel, luggage, personal care products
	21000000	Farming, fishing, forestry, wildlife machinery, accessories		54000000	Timepieces, jewellery, gemstone products
	22000000	Machinery and accessories for building and construction		55000000	Published products
	23000000	Industrial manufacturing, processing machinery, accessories		56000000	Furniture, furnishings
	24000000	Material handling, conditioning, storage machinery, their accessories and supplies		60000000	Musical instruments, games, toys, arts, crafts, educational
	25000000	Commercial, military, private vehicles, their accessories, components		70000000	Farming, fishing, forestry, wildlife contracting services
	26000000	Power generation, distribution machinery, accessories		71000000	Mining, oil, gas services
	27000000	Tools, general machinery		72000000	Maintenance services for the building industry
	30000000	Structures, building, construction, manufacturing components		73000000	Industrial production, manufacturing services
	31000000	Manufacturing components, supplies		76000000	Industrial cleaning services
	32000000	Electronic components, supplies		77000000	Environmental services
	39000000	Electrical systems, lighting, components, accessories, supplies		78000000	Transportation, storage, mail services
	40000000	Distribution, conditioning systems, equipment, components		80000000	Management, business professionals, administrative services
	41000000	Laboratory, measuring, observing, testing equipment		81000000	Engineering, research, technology based services
	42000000	Medical equipment, accessories, supplies		82000000	Editorial, design, graphic, fine art services
	43000000	Information technology broadcasting, telecommunications		83000000	Public utilities, public sector related services
	44000000	Office equipment, accessories, supplies		84000000	Financial, insurance services
	45000000	Printing, photographic, audio, visual equipment, supplies		85000000	Healthcare services
	46000000	Defense, law enforcement, security, safety equipment, supplies		86000000	Education, training services
				90000000	Travel, food, lodging, entertainment services
				91000000	Personal, domestic services
				92000000	National defense, public order, security, safety services
				93000000	Politics, civic affairs services
				94000000	Organisations, clubs
				95000000	Sale of redundant or obsolete items and scrap
				96000000	Consultants

**NB: All fields marked with ★ are mandatory. All fields marked with ✚ are mandatory only if applicable.**








Documents Attached	Please tick box		
	Y	N	NA
Workman's Compensation Certificate (Certified)			
VAT 103 (Certified)			
P.A.Y.E. / SDL / UIF (EMP 103) (Certified)			
Company Registration Document (Certified)			
Proof of Ownership / Shareholder certificate (Certified)			
Tax Clearance Certificate (Original)			
Proof of banking document			
Disability documents (Certified)			
Security Officer's Board Registration (Certified)			
Municipal account			
Labour broker			
Original BEE Certificate			

*Please Note: Proof of documents for all of these is required to ensure successful registration on the Supplier Database. In the event of a document not being required, please tick the N/A box. Please refer to Page 4 for detailed information with regard to documents required.*

## 1. COMPANY REGISTRATION DOCUMENTS

*NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE (Please mark N/A if not applicable.)*

**1.1 COMPANY TYPE** (NB Documentary Proof of registration must be provided) ★

<b>PUBLIC COMPANY LTD</b>		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
<b>PRIVATE COMPANY (PTY) LTD</b>		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
<b>CLOSE CORPORATION CC</b>		CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE
<b>SOLE PROPRIETOR</b>		COPY OF IDENTIFICATION DOCUMENT
<b>PARTNERSHIP</b>		COPY OF PARTNERSHIP AGREEMENT
<b>BUSINESS TRUST</b>		CERTIFIED COPY OF REGISTRATION DOCUMENT
<b>OTHER (If Joint Venture)</b>		CERTIFIED COPY OF REGISTRATION DOCUMENT

Company, CK number

[illegible]

Not applicable to all companies, please specify if N/A

Have you attached your Company Registration document?

	Y	N	N/A
--	---	---	-----

## 1.2 PROOF OF SHAREHOLDING DOCUMENTS ★

CERTIFIED COPIES of shareholders certificates or CK members share allocation documents must be supplied

Not applicable to all companies, please specify if N/A

Have you attached proof of shareholders documents?

	Y	N	N/A
--	---	---	-----

**NB: All fields marked with ★ are mandatory. All fields marked with ✚ are mandatory only if applicable.**

### 1.3 PROOF OF BANKING DOCUMENTS ★

Original of cancelled cheque or letter of confirmation from bank

Have you attached your proof of banking document?

Y	N	N/A
---	---	-----

### 1.4 VAT REGISTRATION NO ✚

VAT Registration number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you qualify for VAT exemption, please attach a VAT exemption document

Not applicable to all companies, please specify if N/A

Have you attached proof of your VAT registration (VAT 103)?

Y	N	N/A
---	---	-----

### 1.5 P.A.Y.E DOCUMENT ✚

P.A.Y.E. Document(See Point 8)

Not applicable to all companies, please specify if N/A

Have you attached proof of your P.A.Y.E document?

Y	N	N/A
---	---	-----

### 1.6 UNEMPLOYMENT INSURANCE FUND DOCUMENTS ✚

Unemployment Insurance Fund number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Not applicable to all companies, please specify if N/A

Have you attached your UIF document?

Y	N	N/A
---	---	-----

### 1.7 WORKMAN'S COMPENSATION FUND DOCUMENTS ✚

Workman's Compensation Fund number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Not applicable to all companies, please specify if N/A

Have you attached your Workman's Compensation document?

Y	N	N/A
---	---	-----

### 1.8 SECURITY OFFICERS BOARD REGISTRATION NO ✚

Security officers board registration number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Not applicable to all companies, please specify if N/A

Have you attached your Security Officers Board Registration document?

Y	N	N/A
---	---	-----

### 1.9 DISABILITY DOCUMENTS ✚

Not applicable to all companies, please specify if N/A

Have you attached your proof of disability document?

Y	N	N/A
---	---	-----

### 1.10 INCOME TAX REGISTRATION ✚

Income Tax Registration number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you qualify for income tax exemption, please attach an income tax exemption document

Not applicable to all companies, please specify if N/A

Have you attached your proof of income Tax Registration document?

Y	N	N/A
---	---	-----

### 1.11 TAX CLEARANCE CERTIFICATE ★

The registration of a vendor will lapse immediately on expiry of the tax clearance certificate. It is the vendor's responsibility to continuously renew the certificate with SARS

Original of a valid Tax Clearance Certificate must be supplied

Have you attached your original valid tax clearance document?

Y	N	N/A
---	---	-----

### 1.12 BEE CERTIFICATE ✚

Issued by either verification agencies accredited by the South African Accreditation System (SANAS) or by registered auditors approved by the Independent Regulatory Board for Auditors (IRBA)

Attach the original BEE certificate and update annually

Have you attached original BEE certificate?

Y	N	N/A
---	---	-----

### 1.13 CORE BUSINESS OPERATION ★

(Mark applicable fields with X)

<input type="checkbox"/> Primary Contractor	<input type="checkbox"/> Subcontractor (less than 25 % generated turnover as primary contractor)	<input type="checkbox"/> Labour-only contractor
<input type="checkbox"/> Supplier	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Labour agency
<input type="checkbox"/> Professional services	<input type="checkbox"/> Education, developmental and training service provider	<input type="checkbox"/> Construction (CIDB)

Other, please specify \_\_\_\_\_

### 1.14 ANNUAL AVERAGE TURNOVER ★

Indicate annual average turnover, excluding value-added tax, during the past three years: R

Indicate gross asset value: R

Financial statement of the lost financial year must be attached if applying for SMME status

### 1.15 SMALL BUSINESS INFORMATION ★

The following table must be completed to establish whether a business can be classified as an SMME in terms of the national Small Business Act, (Act 102 of 1996). Indicate the sector by ticking the appropriate block in column 1.

Economic Sector		Type of Business	
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	ISO listed
<input type="checkbox"/>	Mining and quarrying	<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Electricity, gas and water	<input type="checkbox"/>	Sales
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Services
<input type="checkbox"/>	Retail, motor trade and repair services	<input type="checkbox"/>	Importer
<input type="checkbox"/>	Wholesale trade, commercial agents and allied services	<input type="checkbox"/>	Exporter
<input type="checkbox"/>	Catering, accommodation and other trade	<input type="checkbox"/>	Repairer
<input type="checkbox"/>	Transport, storage and communications	<input type="checkbox"/>	
<input type="checkbox"/>	Finance and business services	<input type="checkbox"/>	
<input type="checkbox"/>	Community, social and personal services	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

### 1.16 TOTAL FULL TIME EQUIVALENT OF PAID EMPLOYEES ★

Total full time equivalent of paid employees

### 1.17 SMME STATUS ★

Micro  Very Small  Small  Medium



## 2. BUSINESS PARTICULARS ★

## 2.1 Name of business ★

[illegible]

### 2.1.1 Physical address ★

[illegible][illegible][illegible]

### 2.1.2 Postal address ★

[illegible]

City																				Code				
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	--	--	--	--

[illegible]

### 2.1.3 Telephone number ★

[illegible]

### 2.1.4 Fax number

[illegible]

### 2.1.5 Cell number

[illegible]

### 2.1.6 Email address

[illegible]

### 2.1.7 Web Page address

[illegible]

### 2.1.8 How would you like to receive your correspondence from us? ★

Post ☐ Fax ☐ Email ☐

### 2.1.9 Correspondence Address ★

[illegible][illegible][illegible]

**Contact Person for correspondence as per 2.1.9 ★**

[illegible]

Surname

3. SALES AND ACCOUNTS DEPARTMENTS ★

3.1 Sales Department ★

Contact name	<input type="text"/>
Cell number	<input type="text"/>
Email address	<input type="text"/>
Telephone	<input type="text"/> Fax <input type="text"/>

3.2 Accounts Department ★

Contact name	<input type="text"/>
Cell number	<input type="text"/>
Email address	<input type="text"/>
Telephone	<input type="text"/> Fax <input type="text"/>

4. FINANCIAL DETAILS (BANKING) ★

Banking institution's name	<input type="text"/>
Branch	<input type="text"/>
Banking account number	<input type="text"/>
Account type	<input type="text"/>
Account holder's name	<input type="text"/>

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED  
(Cancelled Cheque or letter of confirmation)

5. PREVIOUS BUSINESS INFORMATION

6.1 Did your business previously exist under a previous name?	<input type="text"/>
6.2 If yes, what name did it trade under?	<input type="text"/>
6.3 Previous business registration number?	<input type="text"/>

## 6. LABOUR BROKERS

Please answer the questions by marking the appropriate column with an "X". Please answer all questions about your special circumstances.

1. Do you render the service to the CoT through a company, close corporation or trust?	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Are you an independent contractor	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Are you a labour broker? <i>If yes, taxable unless IRP30 certificate is received. If no, see next questions)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
4. Are the services personally rendered by a person who is connected (shareholder, member, trustee, beneficiary, relative, etc) in relation to the company, close corporation or trust? <i>If yes, see question 5, 6, 7, 8 and 9. If no = not subject to employees tax)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
5. Does the entity employ four or more full-time employees. (other than shareholders, members or connected persons) who render service to clients on a full-time basis? <i>(This implies that the tea lady and gardener would not be considered in determining the number of full-time staff members rendering services to clients).</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
6. Is the person who is rendering the service an employee of the City of Tshwane?	<input type="checkbox"/> Y	<input type="checkbox"/> N
7. Is the person's quality and hours of service controlled or supervised by the City of Tshwane?	<input type="checkbox"/> Y	<input type="checkbox"/> N
8. Do the amounts paid for services rendered include earnings that are payable at regular, daily, weekly, monthly or other intervals? (This is normally on the basis that you charge your client for the person in question's salary plus commission for your service.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
9. Does the company, close corporation or trust (during its financial year) receive or anticipate receiving more than 80% of the income for this specified service from the City of Tshwane? <i>(If yes to any one of questions 6,7,8, or 9, then taxable except if an IRP30 certificate can be submitted. If no to all four questions (6,7,8, and 9), not subject to employee's tax).</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N

7. PREVIOUS CONTRACT WORK OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience? ☐ Y ☐ N

If yes, please complete the table below. List the last two contracts awarded to you (the tenderer) or previous experience with other businesses related to this type of work or supply.

Employer/department	<input type="text"/>
Contact person	<input type="text"/>
Contact number	<input type="text"/>
Estimated contract value in rand	R <input type="text"/>
Year awarded	<input type="text"/> Year completed / still in progress <input type="text"/>
Proof documents attached?	<input type="checkbox"/> Y <input type="checkbox"/> N

Employer/department	<input type="text"/>
Contact person	<input type="text"/>
Contact number	<input type="text"/>
Estimated contract value in rand	R <input type="text"/>
Year awarded	<input type="text"/> Year completed / still in progress <input type="text"/>
Proof documents attached?	<input type="checkbox"/> Y <input type="checkbox"/> N

In terms of section 37(2) of the Occupational Health and Safety Act 1993 (Act 85 of 1993) as amended, the mandatory (contractor) acknowledges that he or she is an employer in his or her own right. He or she undertakes to determine all risks associated with the work he or she is required to perform and to determine and implement all cautionary measures to mitigate or remove such risk. The mandatory will take all necessary steps to ensure compliance with the Occupational Health and Safety Act, 1993.

Where the mandatory is found not to comply with the requirements of the Occupational Health and Safety Act, the CoT or its representative can stop the activities of the mandatory, without any cost to the CoT, until such time as the mandatory complies with the requirements of the Act.

**CITY OF TSHWANE**

P O BOX 48  
PRETORIA, 0001

**8. Authorisation for electronic transfer of funds (EFT) to vendor's bank account**

**PLEASE COMPLETE IN BLOCK LETTERS**

Surname/company name	<input type="text"/>																										
First name(s)/company account holder	<input type="text"/>																										
Address	<input type="text"/>																										
	<input type="text"/>																										
Telephone	<input type="text"/>													Fax	<input type="text"/>												
Mobile	<input type="text"/>																										
Email	<input type="text"/>																										
Bank	<input type="text"/>																										
Branch	<input type="text"/>																										
Bank account number	<input type="text"/>																										
Branch code	<input type="text"/>																										
Type of Account	<input type="text"/> Cheque		<input type="text"/>		<input type="text"/> Savings		<input type="text"/>		<input type="text"/> Transmission		<input type="text"/>																

I, the undersigned, authorise the City of Tshwane to credit my account via EFT with the amount payable or due to the specified beneficiary for goods and services rendered.

The banking details supplied to the municipality can lead to payments made into incorrect bank accounts. You are required to make sure your banking details are correct as all payments made in accordance with details supplied by a vendor will be considered as final settlements of the debt by the municipality.

The municipality will not be held liable if the banking details submitted is incorrect, resulting in payments being made in faulty bank accounts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY – CITY OF TSHWANE**

The information is confirmed and entered to computer on: ..... (date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

9. DECLARATION OF INVOLVEMENT ★

The following questionnaire must be completed and submitted with the vendor application.

1. Is/was An Owner, Manager, Principal shareholders or stakeholder and or director of the Vendor in the service of an Organ of State, or has been in the service of an Organ of State in the previous twelve months: ☐ Y ☐ N
- If yes, state particulars i.e. name, designation and date of resignation*

.....

.....

.....

2. Is/was a spouse, child or parent of the provider or of a director , manager , shareholder or stakeholder referred to in subparagraph 2 is in the service of the state, or has been in the service of the state in the previous twelve months, ☐ Y ☐ N
- If yes, state particulars i.e. name, designation and date of resignation*

.....

.....

.....

3. Is an employer / owner of the tenderer a person who is an advisor or consultant contracted with the municipality or municipal entity ☐ Y ☐ N
- If yes, state particulars i.e. name, designation and project*

.....

.....

.....

4. Are the applying Vendor or any of the members; directors; principal shareholders or stakeholder in this entity involved in another entity that has applied as an independent Vendor to the City of Tshwane Metropolitan municipality? ☐ Y ☐ N
- If yes, state particulars i.e. Vendor name and number, and involvement*

.....

.....

.....

## 10. DECLARATION OF TENDER PAST SUPPLY CHAIN MANAGEMENT PRACTICE ★

1. This document forms part of the vendor application
2. It serves as a declaration to be used by Municipalities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bids of any Vendor may be rejected if that Vendor, or any of its directors 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. wilfully 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).
4. In Order to give effect to the above, the following questionnaire must be completed and submitted with the Vendor application:

- 4.1 Is the Vendor or any of its shareholders and/or directors listed on the National Treasury's database as a company or persons prohibited from doing business with the public sector?

☐ Y ☐ N

*If yes, furnish particulars:*

- 4.2 Is the Vendor or any of its shareholders and/or directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and combating o Corrupt Activities Act (No 12 of 2004)?

☐ Y ☐ N

**(To access this register enter the National Treasury's website , [www.treasury.gov.za](http://www.treasury.gov.za), click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 326 5445**

- 4.3 Was the Vendor or any of its shareholders and/or 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?

☐ Y ☐ N

*If yes, furnish particulars:*

- 4.4 Was any contract between the Vendor or any of its shareholders and/or directors 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 to comply with the contract?

☐ Y ☐ N

*If yes, furnish particulars:*

- 4.5 Does the Vendor or any of its shareholders and/or directors owe any Municipal rates and taxes or Municipal charges to the Municipal entity, or to any Municipality / Municipal entity, that is in arrears for more than three months?

☐ Y ☐ N

*If yes, furnish particulars:*

11. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT ★

I the undersigned am authorised to do so on behalf of the firm and I certify that:

- 1. The information supplied is correct.
- 2. All copies of relevant information are attached.
- 3. The HDI points claimed are correct and based on owners and/or shareholders who are actively involved in the day-to-day management of the enterprise.
- 4. I take note that payment will be effected 30 days after delivery, if delivered with an original invoice.
- 5. If I am classified as a dependant service provider or labour broker as stated in the fourth schedule of the Income Tax Act, I authorise the CoT to deduct PAYE and supply me with a yearly IRP 30 (only if no valid Labour Broker Certificate can be supplied).

Signature of authorised person Date

Personal information in block letters

Name

Surname

Telephone number

Capacity

ON BEHALF OF THE (SUPPLIER'S NAME)

Signed and sworn to before me at ..... on this the ..... day.of.....  
by the deponent, who has acknowledged that he or she knows and understands the contents of this affidavit, that it is correct to the best of his or her knowledge, that he or she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his or her conscience.

Commissioner of Oaths

Stamp

