



MUNISIPALITEIT *HANTAM* MUNICIPALITY

REGISTRATION FORM: SUPPLIERS / SERVICE PROVIDERS

SECTION A

CORPORATE DETAILS

INDIVIDUALS

1. Title: (Prof/Dr/Mr/Mrs/Ms.....)
2. Surname:..... ID Number:.....
3. Name of Business:.....
(Contracts / orders will be placed on this name and invoices must reflect it)
4. Registered name of Business:.....
5. Street address of Business:.....
6. Postal address of Business:.....
7. E-mail address:.....
8. Telephone numbers of business: Code:.....Number.....
9. Cellphone number of business:.....
10. Contact person fax number: Code:.....Number.....
11. Is this a dedicated fax number:.....
12. Enterprise / Company Income Tax number:.....
(Insert personal income tax number if a one person business, and personal income tax numbers of Partners, if a partnership)
13. VAT registration number:.....
14. Corporate entity registration number:.....
15. Legal Status of Enterprise:.....
(eg Partnership, Company, CC, one person business)

16. Country of registration or incorporation:.....

17. Business sector:.....

18. Did the firm exist under a previous name? (y/n).....

18.1 If yes, what was the previous name?.....

18.2 Who was the previous owners/partners/directors?.....

.....

19. List all the partners, proprietors and shareholders by name, identity number, citizenship and shareholding:

Name	ID Number	Citizenship	Date of Ownership	% Share Holding Ownership

20. Business activities that provider want to register for:

.....
.....
.....

21. Do you have a B-BBEE status level verification certificate?.....

(please attach with application forms)

SECTION B

SERVICE PROVIDER PROFILE

Please note: Where any specific query does not apply to your enterprise, please mark the relevant query as not applicable (NA), and do not just leave the query blank.

PART A – BANKING INFORMATION.

1. Please attach an original cancelled cheque or an original bank verification letter

2. Bank:

2.1 Branch number / code:

2.2 Branch location:

2.3 Bank Account number

2.4 Account type:

3. Terms of payment:

4. Mark against the appropriate category or categories listed in Annexure A attached hereto, the products / services your business can apply to _____

SECTION C

1. Each service provider must sign this service provider declaration in order to be considered for listing on the *Hantam Municipality* service provider panel.
2. *Hantam Municipality* reserves the right to require of any service provider at any time to substantiate any information provided in any manner that *Hantam Municipality* may require.

SERVICE PROVIDER DECLARATION

I, the undersigned, _____ warrant that I am authorized by my organization/firm/company to provide this information contained in this application and that all the information is both true and correct.

I agree that in the event that any made or information provided in this application is found to be false or fraudulently provided, *Hantam Municipality* may in addition to any other remedy it may have:

- Recover all costs, losses or damages incurred or sustained by *Hantam Municipality* as a result of the provision of false or fraudulent information from my organization; and/or
- Cancel any contract which may have been concluded with the service provider; and/or
- Claim any damages that *Hantam Municipality* may suffer by having to make less favourable arrangements after such cancellation; and/or
- Prohibit the organization or individual from future contracts with *Hantam Municipality* (black listing)

Signature Date

Capacity

Duly authorized to sign on behalf of

SECTION D

No	Item required from supplier	Attached (Y/N)
1	Valid original tax clearance certificate	
2	VAT registration certificate	
3	Certified ID document	
4	Co/CC Registration certificate	
5	Valid original BEE certificate	
6	Original Cancelled cheque or original bank verification letter	
7	If industry needs certification, please include in application (eg accounting bodies needs SAICA accreditation, ECB for Electrical Contractors Board)	
8	Application forms duly complete and signed	
9	MBD 4 form completed	
10	MBD 8 form completed	
11	MBD 9 form completed	
12	Copy of COID registration certificate (where applicable)	