

UMZIMKHULU MUNICIPLITY



DATA BASE REGISTRATION
FORMS.

**APPLICATION FOR REGISTRATION ON UMZIMKHULU
MUNICIPALITY DATABASE.**

SUPPLIER / CONTRACTOR / SERVICE PROVIDER

Name of Enterprise

Trading Name

a) Postal Address:
.....
.....Postal Code.....

b) Physical Address:
.....
.....Postal Code.....

c) Telephone no:

d) Fax no.

e) Cell Phone no.

f) E-mail Address

g) Website Address

h) Contact Person

i) Enterprise Registration No

j) Enterprise Income Tax Reference No.

k) VAT Registration No.

l) Unemployment Insurance Fund No.

m) Workmen's Compensation Registration No.

n) Payment Terms: 30 / 60 days from invoice / other
(Tick applicable box)
If other, State.....

NB: Company registration documents, VAT registration, Tax Clearance Certificate, Company Profile, ID of owners/directors, CIDB or any other relevant documents are to be attached.

1. Type of Enterprise (tick appropriate box)

- One Person Business / Sole Trader
- Partnership
- Close Corporation
- Private Company (pty ltd)
- Public Company (ltd)

Other

2. Principal Business Activities (briefly describe)

.....

3. Location of Enterprise (tick appropriate box)

- a. Umzimkhulu Municipality Area
- b. Sisonke District Municipality Area
- c. KwaZulu Natal
- d. South Africa

Other.....

4. Street and Postal Address of Enterprise

Address	Street Address
.....
.....
.....Code.....Code.....

Branches (if any)

(continue on separate page if required)

5. Do you Share Facilities? Yes No (tick one box)

If yes; which facilities are shared?

With whom facilities are shared (name of individual / enterprise)?

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

6. List all partners, proprietors and shareholders.

Certified copies of ID must be attached.

NAME	IDENTITY NUMBER	HDI STATUS YES / NO	DISABLED YES / NO (IF YES STATE DISABILITY)	CITIZENSHIP	DATE OF OWNERSHIP	PROFESSIONAL REGISTRATION NUMBER	OWNED %	VOTING %	
Total to equal to 100%								100	100

7. Is the enterprise registered or does it have a business license? (Tick one Box)

 Yes

 No

If yes, detail and quote relevant reference numbers dates

.....

8. Detail all trade associations/professional bodies in which you have membership:

.....

9. Did the company exist under a previous name? (tick one box)

 Yes

 No

If yes:

What was the previous name?.....

Why did it change name?.....

List the previous owners/partners/directors.....

10. How many full time (FT) and part time (PT) staff member are employed by the enterprise?

	Historically Disadvantaged Individuals			
	Priority		Non Priority	
	FT	PT	FT	PT
Male				
Female				

11. How many full time (FT) and part time (PT) Disabled members are employed by the enterprise:

	Historically Disadvantaged Individuals			
	Priority		Non Priority	
	FT	PT	FT	PT
Male				
Female				

12. How many staff members joined the enterprise in the last 6 months?

Full Time.....
Part Time.....

13. Banking Details.

- 13.1 Name of Banking Institution.....
- 13.2 Branch.....
- 13.3 Code.....
- 13.4 Town / City.....
- 13.5 Banking Account Number.....
- 13.6 Name of under which account is operated.....
-
- 13.7 Before returning, this section must be completed by your bank

I we confirm that the above information on the clients account at this bank/ building society is correct.

.....
Signed on behalf of bank

.....
Name

.....
Capacity

Bank Stamp

CERTIFICATION OF CORRECTNESS OF INFORMATION AS PROVIDED.

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE ENTERPRISE COMPLIES WITH ALL STATUTORY AND MUNICIPAL REQUIREMENTS AND THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

If the information supplied is found to be incorrect then Umzimkhulu Municipality in addition to any remedies, it may have; may Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and/or Cancel the contract and claim any damages which the Municipality may suffer by having to make favorable arrangements after such cancellations, and/or impose a penalty on the Enterprise and/or take any other action as may be deemed necessary.

Signature

Name

I.D Number

Duly Authorized to sign on behalf of :

Address

.....

.....

Telephone

Signed at

on this theday ofby the Deponent, who has acknowledged that he/she knows and understands the contents of this document.

Witness:

Name.....

Signature.....