

## UMZIMKHULU MUNICIPLITY



### DATA BASE REGISTRATION FORMS.

**Postal Address:**

Private Bag x53  
UMzimkhulu  
3297

**Physical address:**

169 Main Street  
UMzimkhulu  
3297

Tel : 039 259 5000  
Fax : 039 259 0427  
Email : [Info@umzimkhululm.gov.za](mailto:Info@umzimkhululm.gov.za)  
[hlobaa@umzimkhululm.gov.za](mailto:hlobaa@umzimkhululm.gov.za)

**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 date)  
If other, State.....

**Returnable Documents**

- 1. Company registration documents,
- 2. CSD registration number with the copy of Registration
- 3. VAT registration ( if applicable)
- 4. Tax Clearance Certificate with SARS PIN
- 5. Company Profile
- 6. ID document of owners/directors
- 7. CIDB copy of registration with CRS number ( if applicable)
- 8. Declaration of Interest ( MBD 4 )

**1. Type of Enterprise (tick appropriate box)**

One Person Business / Sole Trader	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Close Corporation	<input type="checkbox"/>
Private Company (pty ltd)	<input type="checkbox"/>
Public Company (ltd)	<input type="checkbox"/>

Other .....

**2. Principal Business Activities (briefly describe) .....**

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

**3. Location of Enterprise (tick appropriate box)**

a. UMzimkhulu Municipality Area	<input type="checkbox"/>
b. Harry Gwala District Municipality	<input type="checkbox"/>
Area c. KwaZulu Natal	<input type="checkbox"/>
d. South Africa	<input type="checkbox"/>

Other.....

**4. Street and Postal Address of Enterprise**

<b>Address</b>	<b>Street Address</b>
.....	.....

.....	.....
.....Code.....	.....Code.....
<b>Branches (if any)</b>	
.....	.....
.....	.....
.....	.....

**5. Other Business Interests**

Name of other Companies that are already on uMzimkhulu Municipal Database  
(under the same director )

Company Name .....CSD Registration Number .....

Company Name .....CSD Registration Number .....

Company Name .....CSD Registration Number .....

Company Name .....CSD Registration Number .....

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

If yes; which facilities are shared? .....

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

.....  
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**7. List all partners, proprietors and shareholders.**

**Certified copies of ID must be attached.**

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

**8. 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

.....  
.....

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

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

**10. 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.....  
 .....  
 .....

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

	<b>Historically Disadvantaged Individuals</b>	
	<b>FT</b>	<b>PT</b>
<b>Male</b>		
<b>Female</b>		



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

	Historically Disadvantaged Individuals	
	FT	PT
Male		
Female		

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

FullTime .....  
 Part Time.....

**14. 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.....

**14.7 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.

Name .....

Signature.....

I.D-Number.....

Duly authorized to sign on behalf

of..... Name of the Company

Address.....

.....

.....

.....

Telephone.....

.....

Signed

at.....

.....

on this the .....day of .....by the Deponent,

who has acknowledged that he/she knows and understands the contents of this

document.

**Witness;**

Name.....

Signature.....