



## LEPHALALE MUNICIPALITY

Corner Joe Slovo & Douwater Street, Onverwacht  
Private Bag X136 LEPHALALE, 0555  
Tel: 014-763-7970 / 71/72  
Fax: 014-763 5662  
E-mail: [munic@lephalale.gov.za](mailto:munic@lephalale.gov.za)  
Enquiries: JONATHAN MODISE

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### APPLICATION FOR REGISTRATION SUPPLIER DATABASE

Interested consultants, business enterprise will be required to complete the Application Form accompanied by the following **CERTIFIED** documents:

1. Proof of Registration with Relevant Professional Body and Registration Number
2. Proof of Professional Indemnity Insurance
3. Company Registration
4. Valid Original Tax Clearance Certificate
5. Proof of Work experience
6. Confirmation letter from the bank / cancelled cheque.
7. Proof of municipal rates and taxes.

An application form is available at the Procurement Office, Office C20 ground Floor Civic Center Joe Slovo Avenue and Municipal Stores, Chris Hani

Completed Application Forms and Required attachments can be delivered to the Procurement Office, Attention Jonathan Modise Lephale Municipality  
**FAX AND E-MAIL APPLICATION WILL BE AUTOMATICALLY REJECTED.**



## LEPHALALE MUNICIPALITY SUPPLIER APPLICATION FORM

### SECTION A.

Title (Prof./Dr/Mr/Mrs/Ms) and Surname: \_\_\_\_\_  
(If applicable)

“Trading as” name of business \_\_\_\_\_  
(Contracts /Orders will be placed on this name and invoices must reflect it)

**Physical address of business:**

Building / complex name: \_\_\_\_\_

Street name and number: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_

Code: \_\_\_\_\_ Country: \_\_\_\_\_

Postal address of Business :( This is the address to which an invitation to tender/ enquiry and orders/contacts must be sent to)

Post net address: \_\_\_\_\_

PO Box/ Private bag: \_\_\_\_\_ City/ Town: \_\_\_\_\_ Code \_\_\_\_\_

Telephone numbers of business: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Alternative number of business: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Sales person fax number: Code: \_\_\_\_\_ Number: \_\_\_\_\_

(Used by Lephalale Municipality for electronic faxing of request for quotations, Contracts and Purchase orders)

Is this a dedicated fax number? y/n \_\_\_\_\_

Business e-mail: \_\_\_\_\_

Your own business contact person/ sales representative name and telephone number:

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

**Bank Details:**

Bank: \_\_\_\_\_ Bank Account number \_\_\_\_\_

Bank Branch name: \_\_\_\_\_ Bank Branch Code: \_\_\_\_\_

**Type of Account:**

Cheque	Savings	Transmission	
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**BANK INFORMATION:**

*Only in cases where you do not operate a bank account will Lephalale Municipality opt for cheque payment. Normal payment will be via EFT directly into your account as per the info attached (see first page)*

We do not operate a bank account and thus required payment by Lephalale Municipality cheque  
Please indicate with x.

Is your business a Government entity? y/n \_\_\_\_\_

Business registration number (if applicable) \_\_\_\_\_  
*(In case of one man concern, please furnish identity number plus copy of identity documents)*

Tax number of business: \_\_\_\_\_

VAT Registration number: (if applicable) \_\_\_\_\_

SARS Certificate number: \_\_\_\_\_ (must submit)

Company Registration number: \_\_\_\_\_ (must submit)

**SECTION B.**

List of directors/owners/partners :( *Attach your own list if the space provided is inadequate*)

1. Name: \_\_\_\_\_

Position: \_\_\_\_\_ %Shareholding: \_\_\_\_\_

Identity number: \_\_\_\_\_ Nationality: \_\_\_\_\_

2. Name: \_\_\_\_\_

Position: \_\_\_\_\_ %Shareholding: \_\_\_\_\_

Identity number: \_\_\_\_\_ Nationality: \_\_\_\_\_

3. Name: \_\_\_\_\_

Position: \_\_\_\_\_ %Shareholding: \_\_\_\_\_

Identity number: \_\_\_\_\_ Nationality: \_\_\_\_\_

4. Name: \_\_\_\_\_

Position: \_\_\_\_\_ %Shareholding: \_\_\_\_\_

Identity number: \_\_\_\_\_ Nationality: \_\_\_\_\_

A. Are any of your directors/owners/partners employed by Lephale Municipality? Y/n. Please submit names.

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B. Are any of your directors/owners/partners ex Lephale Municipality staff? Y/n. Please submit names.

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C. Please declare any names of close relatives of you directors/owners with Lephale Municipality staff?

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List all your products/ Services your business can manufacture and or Supply to Lephale Municipality. \_\_\_\_\_

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**IS YOUR BUSINESS:**

An agent \_\_\_\_\_ Manufactures \_\_\_\_\_ Distributor \_\_\_\_\_ Consultant \_\_\_\_\_ Contractor \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Does your business have an occupational Health and Safety Policy complying to the Occupational Health and Safety Act (OHSA)? y/n \_\_\_\_\_

Are you registered with Compensation for Occupational Injuries and Disease Act (COID) y/n \_\_\_\_\_ COID registration number \_\_\_\_\_

## **SUPPLIER PROFILE**

In order for Lephale Municipality to build up a profile of its supplier, we would like you to complete the following.

1. Name 3 commercial references of previous projects and provide their names/s and telephone numbers/s.

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2. Are there any pending legal proceedings or previous judgements against your Business or has your business ever been declared bankrupt? Y/n. If yes please elaborate.

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3. Is your business a permit holder under the SABS mark scheme? y/n \_\_\_\_\_  
If yes, indicate product/s for which permits are held, including permit numbers. \_\_\_\_\_

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4. Are you working to National or International Standards? (y/n) \_\_\_\_\_ If yes, Indicate Products and to which standards. \_\_\_\_\_

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**PLEASE NOTE: INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

**IF THERE ARE ANY CHANGES TO THE INFORMATION SUPPLIED ON THIS FORM, PLEASE INFORM THE RELEVANT MUNICIPALITY'S PROCUREMENT OFFICER OR VISIT THE MUNICIPAL STORES AT CHRIS HANI AVENUE.**

**FOR ANY ENQUIRIES PLEASE CONTACT:  
MR JONATHAN MODISE: 014 763 7970  
MR AMOGELANG MAROPE: 014 763 2193  
MR DAVID KGOMO: 014 763 2193**