



Implementing Agent:

Mohlolo Landscape Architects CC

303 Marlothii St
Broadlands Estate
POLOKWANE
0699

Tel.: 015 296 4452

Fax: 086 575 5126

Please read carefully

- a) To be completed by **all** potential vendors seeking registration as an approved vendor;
- b) The questionnaire must be completed in **full** and must be **signed**;
- c) A **company profile** will **not be accepted** as a substitute for the vendor registration form;
- d) It should be noted that the NDEP Implementing Agent reserves the right to accept or reject any application;
- e) Vendors must comply with all the **registration-criteria** for registration to be finalised - **failure** to do so may result in the application being declined.
- f) Anyone in the service of the State is **prohibited** from registering on database.
- g) Return completed application forms and supporting documentation to: Procurement Section at Mohlolo Landscape Architects CC, for enquiries call (015) 296 4452.
- h) Initial each page of this form.



VAT Registration Number

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Vendor Registration Number (for Office Use)

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Documents to be attached to this form

Nature of Document	Expiry Date	Attached?
Tax Clearance Certificate – Original		
Company letterhead with banking details		
BBBEE Rating Certificate (certified copy)		
Copy of the registration documents of the company/proof of partnership agreement		
Copy of the identity documents of the owners /members /shareholders of the company		
Optional: ISO Certificate (if any)		

Supplier Details

Registered Enterprise Name:	
Trading Name	
Company Registration (CIPC) Number	
VAT registration number:	
Income tax reference number:	
Web Address:	
E-Mail Address:	
Telephone Number:	()
Fax Number:	()
Number of full-time employees:	

Initials: Commissioner _____ / Deponent(s) _____



Postal Address:												
Postal Code												

Physical Address:												
Postal Code												

Supplier Classification: (Please tick the relevant box or boxes)

Materials	Services (e.g. Security, Lab, etc)	Manufacturer	Plant/Equipment Rental	Trainer

Supplier Grouping Detail: Type of Firm: (Please tick the relevant box)

Public Company (Ltd)		Trust	
Private company (Pty) Ltd		Section 21 Company	
Close Corporation		Government / Parastatals	
Sole Proprietor		Consortium	
Foreign Company		Joint Venture	
Partnership		Other (Specify)	

Contact person at the company:

Full Name																				
Position																				
Cell Phone Number	()																
Email Address																				



Enterprise Ownership

Name	ID Number	Race	Gender	Disabled Person	Owned %	Home Address

Compulsory Questionnaire

Is the enterprise or any of its directors listed on the National Treasury’s database as a company or person prohibited from doing business with the public sector?	Yes / No
(Enterprises or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).	
If so, furnish particulars:	

Is the enterprise or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? (To access this Register enter the National Treasury’s website, www.treasury.gov.za, click on the icon “Register for	Yes / No
Tender Defaulters” or submit a written request for a hard copy of the Register to facsimile number (012) 3265445).	
If so, furnish particulars:	



Was the enterprise or any of its 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?	Yes / No	
If so, furnish particulars:		

Does the enterprise or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes / No	
If so, furnish particulars:		

Was any contract between the enterprise 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 comply with the contract?	Yes / No	
Is so, furnish particulars:		

- a) This serves as a declaration to be used by municipalities and municipal entities 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;
- b) The bid of any enterprise may be rejected if that enterprise or any of its directors have:
- I. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
 - II. ii. been convicted for fraud or corruption during the past five years;
 - III. iii. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - IV. been listed in the Register for Tender Defaulters in terms of section 29 of the
- c) Prevention and Combating of Corrupt Activities Act (No 12 of 2004).

Initials: Commissioner _____ / Deponent(s) _____



DECLARATION OF INTEREST

Are any of the enterprise's directors, managers, principle shareholders or stakeholders currently in the service of the state or have been in the service of the state in the past twelve (12) months?					Yes / No	
Is any spouse, child or parent of the enterprise's directors, managers, principle shareholders or stakeholders currently in the service of the state or have been in the service of the state in the past twelve (12) months? If so, furnish particulars.					Yes / No	
NAME OF ENTERPRISE STAKEHOLDER	POSITION IN ENTERPRISE	NAME OF RELATIVE	POSITION/ ORGANISATION OF RELATIVE	NATURE OF RELATIONSHIP		
Do you have any relationship (family, friend, other) with persons in the service of the state and/or who may be involved with the evaluation and/or adjudication of contracts? If so, furnish particulars.					Yes / No	
NAME OF ENTERPRISE STAKEHOLDER	POSITION IN ENTERPRISE	NAME OF RELATIVE	POSITION/ ORGANISATION OF RELATIVE	NATURE OF RELATIONSHIP		
Are you aware of any relationship (family, friend, other) between the enterprise and any persons in the service of the state who may be involved with the evaluation and/or adjudication of contracts? If so, furnish particulars.					Yes / No	
NAME OF ENTERPRISE STAKEHOLDER	POSITION IN ENTERPRISE	NAME OF RELATIVE	POSITION/ ORGANISATION OF RELATIVE	NATURE OF RELATIONSHIP		

Note: Anyone in the service of the State is prohibited from registering on this database.

SCM Regulations: "in the service of the state" means to be –

- a) a member of:
 - i. any municipal council;
 - ii. any provincial legislature; or
 - iii. the national Assembly or the national Council of provinces;
- b) a member of the board of directors of any municipal entity;
- c) an official of any municipality or municipal entity;
- d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

Initials: Commissioner _____ / Deponent(s) _____



- e) A member of the accounting authority of any national or provincial public entity; or an employee of Parliament or a provincial legislature.
- f) An employee of Parliament or a provincial legislature.

Banking Details

I/We, the undersigned, hereby authorise and instruct IMPLEMENTING AGENT to pay all amounts that may hereinafter, from time to time, become due and payable to me/us by Implementing Agent by electronically transferring the same to the bank mentioned below for the credit of my/our account detailed below.

I/We, the undersigned, understand and agree that:

- Any such transfer shall constitute a full and final discharge of Implementing Agent's obligations to make such payments to me/us. Implementing Agent shall not be liable to make good any loss which I/we may suffer consequent upon such transfers pursuant to this authority and instruction.
- This payment authorisation and instruction will be applied to both goods purchased and services rendered. This authority and instruction will remain valid unless cancelled by either party upon thirty (30) days written notice. The said notice will only be effective in writing, delivered to the other party at the addresses stated herein and bearing an acknowledgement of receipt by the other party.
- Should any transfer attempted in respect of this authorisation be unsuccessful due to incorrect information supplied by me/us, I/we agree to pay all bank charges for this transfer attempt.

In the event that the details set out herein change. I/We agree to notify Implementing Agent forthwith.

Name of the bank		
Town / City		
Name of branch	B/code:	
Banking Account number		
Account holder		

BEFORE SUBMISSION, THIS MUST BE COMPLETED BY THE BANK

I/We confirm that the above information on the client's account at this bank is correct.

Signature on behalf of the bank	Bank Stamp
Name	
Capacity	
Initials: Commissioner _____ / Deponent(s) _____	



NOTE:

I/We, the undersigned,

- a) warrants that I am/we are duly authorised to sign on behalf of the enterprise;
- b) certifies that the enterprise complies with all statutory and municipal requirements and that the information supplied in terms of this document and all supporting documents is correct and accurate and acknowledges that:-
 - i. The enterprise complies with all requirements for recognition as a Black/Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined; and
 - ii. The contents of this Affidavit are within my personal knowledge, save where stated otherwise are to the best of my belief both true and correct;
- iii. The enterprise will be required to furnish documentary proof if requested to do so;
- iv. if the information supplied is found to be incorrect then the Implementing Agent in addition to any remedies it may have; may:-
 - 1) Recover from the Enterprise all costs, losses or damages incurred or sustained by the stadium as a result of the award of a contract; and/or
 - 2) Cancel the contract and claim damages which the stadium may suffer by having to make favourable arrangements after such cancellations; and/or
 - 3) Impose a penalty on the Enterprise as provided in the Tender Documents; and/or 4) Take any other action as may be deemed necessary.



I, the Deponent confirm that I/we have note and competed fully.

Name	
Identity Number	
Duly Authorised to sign on behalf of	
Address	
Telephone	
Signature	

Signed and sworn before me at _____ on this _____ day of

_____ by the Deponent(s), who has acknowledged that s/he knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that s/he has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths	
	Commissioner's Stamp

Note: All pages of this affidavit must be initialled by both the Deponent(s) and Commissioner of Oaths