



a world class African city



**TO ALL SUPPLIERS SEEKING REGISTRATION ON
JOHANNESBURG CITY PARKS' DATABASE**

In order to comply with the policies and procedures set out in the company's Supply Chain Management Policy; the Supply Chain Department developed a supplier database to be used by the Supply Chain office. The purpose of this database is to afford all prospective suppliers or service providers' equal and simultaneous access to requests for quotations. Although preference will be given to suppliers registered on the database, this does not necessarily mean that suppliers not registered as yet will be excluded. It is however envisaged that this database will contribute to efficient administration and compliance to laid down policies, procedures and legislation (e.g. MFMA).

Attached is the official registration form to assist in updating or obtaining detailed supplier information for the database in accordance with Supply Chain Management policy and legislation.

Please complete the form in full and sign as required. Please attach all supporting documents as requested. Johannesburg City Parks reserves the right to reject any incomplete application form accompanied by insufficient information.

Completed forms may be submitted as follows:

**The Supply Chain Management Office
011 712 6659/6675**

**HAND DELIVERY TO: The Supply Chain Management Office
40 De Korte Street, JCP House, Ground Floor
Braamfontein, Johannesburg**

**POST TO: P.O. BOX 2824
JOHANNESBURG
2000**

A. Owners/ Shareholding of Company

Please list all partners, shareholders or members by name, ID number, and position held in the company, % equity owned, gender and HDI status.

Shareholder Name	Identity Number	Position In Company	Personal Income Tax Number	% Equity Owned	Gender M / F	HDI Status

B. Consortium / Joint Venture

In the event that preference points are claimed for HDI members by consortia / joint ventures, the following information must be furnished in order to be entitled to the points claimed in respect of the HDI member:

Name of HDI member	Percentage (%) of the contract value managed or executed by the HDI member

C. Schedule of Bidder's Experience

The following is a statement of similar work successfully executed by myself / ourselves:

Employer, contact person and telephone number.	Description of contract	Value of work (Rands)	Date completed

BUSINESS REGISTRATION INFORMATION

Registered Business Name: _____

Trading Name _____

Business Registration Number: _____

Close Corporation Number: _____

VAT Registration No: _____ Income Tax No: _____

CIDB Registration Number, if any: _____

OWNERS/SHAREHOLDERS

Name	HDI Status				ID number	Date RSA Citizenship obtained	Percentage owned
	Woman	Black person	Youth	Disability			

BUSINESS ADDRESS

Physical Address: _____

Postal Address: _____

Contact Person: _____

Telephone No: _____ Cellphone No: _____

Fax No: _____ Email Address: _____

BANKING INFORMATION

Bank Name: _____ Branch: _____ Branch Code _____

Bank Account No: _____ Type of Account :(e.g. cheque): _____

PRINCIPAL BUSINESS ACTIVITIES

Nature of Business: _____

Types of Goods/Services Offered: _____

Number of Years in Business: _____

TOTAL OF FULL-TIME EMPLOYEES	TOTAL OF TEMPORARY EMPLOYEES	TOTAL ANNUAL TURNOVER	TOTAL GROSS ASSET VALUE (FIXED PROPERTY EXCLUDED)

BUSINESS REGISTRATION INFORMATION

Form of Business Entity: (Tick appropriate box)

Sole Trader	Close Corporation	Private Company	Public Company	Joint Venture	Partnership	Business Trust	Parastatal/Government	Other (Specify)

Business Classification: (Tick the appropriate classification)

Manufacturing, Construction,	Transport, Storage	Agriculture, Farming, Landscaping	Consulting, Professional, Specialized	Electricity, Gas, Water	Retail, Allied Services	Other: Specify
Business Service	Mining, Quarrying	Catering, Hospitality, Entertainment	Technology, Communication	Repairs Maintenance	Distributor, Agent	

Compliance to Statutory Requirements: (Please confirm all applicable boxes)

Income Tax	VAT Reg.	PAYE Reg.	UIF Reg.	WCA COID	Skills Levy	CIDB Reg.	Municipal Rates

TRADE INFORMATION

Do you hold any current or previous contracts with any company or organization? Yes/No
If "yes", please list the latest or last contracts awarded to you:

Date: _____ Company Name: _____ Rand Value: _____

Date: _____ Company Name: _____ Rand Value: _____

Date: _____ Company Name: _____ Rand Value: _____

Name any three relevant trade references of previous projects or suppliers you have dealt with:

Company Name: _____ Contact Person: _____ Tel No: _____

Company Name: _____ Contact Person: _____ Tel No: _____

Company Name: _____ Contact Person: _____ Tel No: _____

GENERAL BUSINESS INFORMATION

Quality Management:

Does your business hold any SABS or ISO accreditation? Yes/No
If "yes", provide permit number/s: _____

Does your business have a Quality Management System in place? Yes/No

Environmental Management:

Do you have an environmental management policy in place? Yes/No

Do you have an Occupational Health & Safety policy in place? Yes/No

Does your business routinely work with any hazardous substances? Yes/No

If "yes", have you been accredited by the Departments of Water Affairs and Labour Yes/No

Facilities:

Do you share any business facilities or buildings? Yes/No

If "yes", which facilities are shared? _____

With whom do you share facilities? _____

What is the other firm's principal business activity? _____

What are the street addresses of all facilities used by the firm? (e.g. warehouses, offices, plant)

Do you own or rent your major tools, plant and equipment? Own/Rent/Lease

Do you normally make use of Sub-contractors to assist you with your core function? Yes/No

If "yes", what % of your core business function do you sub-contract to external parties? _____

BUSINESS PARTNERS

Full Name of Firm	Email Address	Telephone Number
Accountant		
Auditor		
Legal Advisor		
Business Advisor		

*insert separate page if necessary

MUNICIPAL FINANCE MANAGEMENT ACT COMPLIANCE

DECLARATION OF INTEREST

The following particulars must be furnished. In the case of a joint venture, **separate** enterprise questionnaires in respect of each partner must be completed and submitted.

No bid will be accepted from persons in the service of the state*.

Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

Record in the service of the state

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:

- | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> a member of any municipal council | <input type="checkbox"/> an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999) |
| <input type="checkbox"/> a member of any provincial legislature | <input type="checkbox"/> a member of an accounting authority of any national or provincial public entity |
| <input type="checkbox"/> a member of the National Assembly or the National Council of Province | <input type="checkbox"/> an employee of Parliament or a provincial legislature |
| <input type="checkbox"/> a member of the board of directors of any municipal entity | |
| <input type="checkbox"/> an official of any municipality or municipal entity | |

If any of the above boxes are marked, disclose the following:

Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

*insert separate page if necessary

Record of spouses, children and parents in the service of the state

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months been in the service of any of the following:

- a member of any municipal council
- a member of any provincial legislature
- a member of the National Assembly or the National Council of Province
- a member of the board of directors of any municipal entity
- an official of any municipality or municipal entity
- an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)
- a member of an accounting authority of any national or provincial public entity
- an employee of Parliament or a provincial legislature

Name of spouse, child or parent	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate column)	
		Current	Within last 12 months

*insert separate page if necessary

The undersigned, who warrants that he / she is duly authorised to do so on behalf of the enterprise:

- i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order;
- ii) confirms that the neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;
- iv) confirms that I / we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and
- v) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.

Signed _____ Date _____

Name _____ Position _____

*Enterprise
name* _____

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? (Companies 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).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder 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 Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....

Signature

.....

Date

.....

Position

.....

RETURNABLE DOCUMENTS

All applicants must complete the compliance checklist as confirmation that all the required documentation has been attached.

#	Description	Document required	(Tick) Yes	(Tick) No
1.	Proof of company registration	CC Founding Statement, Share Certificates of Incorporation or Partnership Agreement		
2.	Registered for Income Tax	Original Tax Clearance Certificate		
3.	Proof of residence (provide latest municipal rates and taxes / Lease Agreement)	provide latest municipal rates and taxes / Lease Agreement		
4.	Company Profile	Detailed Company profile		
5.	Identity Documents of owner/s	Certified copies identity document/s		
6.	CV's of key members of the company (shareholders)			
7	Letter of Good Standing (COID Certificate)			
8.	Proof of registration to a statutory body regulating your industry (e.g. CIDB, SACLAP)	Certificate of registration		
9.	Confirmation of bank account	Cancelled Cheque or letter from the bank		
10.	Reference letters (if applicable)			
11.	Copies of latest financial statements (If applicable)			
12.	BBBEE certificate from approved verification agency (visit SANAS website)	BBBEE certificate		
13.	Registered for VAT (if applicable)	V.A.T Certificate		
14.	Declaration of Interest, Declaration of Bidders Past Supply Chain Management Practices is completed and signed	Completed & signed		

Please note that all documentation submitted must be certified as true copies, **except Tax Clearance Certificate which must be a valid original**. No application shall be considered unless it is accompanied by sufficient information and the required supporting documentation.

For Official Use Only:

Checked By: _____

Date Checked: _____

Signature: _____

Approved By: _____

Date approved: _____

Signature: _____

GP Application Date: _____

Vendor Number: _____