



**PURIFIED EXCELLENCE**  
(Association Incorporated under Section 21) • Registration number: 54/02224/08

PO Box 31,  
Stilfontein 2550  
Tel: [018] 482 9500  
Fax: [086] 532 2528  
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**SUPPLIER REGISTRATION FORM**

|  |                         |
|--|-------------------------|
| <b>Company / Supplier details:</b>   |                         |
| Registered Name  |                         |
| Trading Name   |                         |
| Company / Close Corporation Registration Number / Personal Identification number |                         |
| VAT registration number (if applicable):   |                         |
| Income tax reference number:   |                         |
| CIDB Registration number (if applicable)   |                         |
| Web address:   |                         |
| E-mail address:  |                         |
| Telephone number:  |                         |
| Fax number: (compulsory)   |                         |
| Toll free number if applicable)  |                         |
| <b>Postal Address</b>  | <b>Physical Address</b> |
|  |                         |
|  |                         |
|  |                         |
|  |                         |
| Postal Code:   | Postal Code:            |

**Broad-Based Black Economic Empowerment**

BEE Level:

Certificate Expiry

Verification Agency

Owners / Shareholders / Members / Directors

List in the table in the Declaration of Interest form (SBD4 – attached)

**Supplier Classification** (Please ✓ the relevant box or boxes)

|                              |                          |                                      |                                       |                         |                |          |
|------------------------------|--------------------------|--------------------------------------|---------------------------------------|-------------------------|----------------|----------|
| Manufacturing, Construction, | Transport, Storage       | Alternative Energy                   | Consulting, Professional, Specialized | Electricity, Gas, Water | Other: Specify | Pipeline |
| Business Service             | Training and Development | Catering, Hospitality, Entertainment | Technology, Communication             | Distributor, Agent      | Exporter       | Importer |
| Supply and delivery          | Repairs and Maintenance  | Services                             | Tree Felling                          | Audit Work              |                |          |

**Tax Clearance Certificate**

Expiry date:

Attached - Y / N

**Entity type**(Please ✓ the relevant box)

|    |                                 |  |                |
|----|---------------------------------|--|----------------|
| 1  | Public Company (Ltd) - Listed   |  | Foreign Yes/No |
| 2  | Public Company (Ltd) - Unlisted |  | Foreign Yes/No |
| 3  | Private Company (Pty) Ltd       |  | Foreign Yes/No |
| 4  | Close Corporation (cc)          |  | Foreign Yes/No |
| 5  | Joint Venture                   |  | Foreign Yes/No |
| 6  | Consortium                      |  | Foreign Yes/No |
| 7  | Sole Proprietor                 |  | Foreign Yes/No |
| 8  | Partnership                     |  | Foreign Yes/No |
| 9  | Trust                           |  | Foreign Yes/No |
| 10 | Government / Parastatal         |  | Foreign Yes/No |
| 11 | Other (specify)                 |  | Foreign Yes/No |

**Contact person (accounts department) in your organisation**

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name:                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Position in company: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell Phone Number:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax Number:          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail address:      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Contact person (responsible for quotes) in your organisation**

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name:                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Position in company: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell Phone Number:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax Number:          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail address:      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Trade Information**

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

| 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 |
|---|----------|

**Outsourcing/Sub-contracting Management:**

|   |          |
|---|----------|
| Do you 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? | Yes / No |
|--|----------|

|   |          |
|---|----------|
| If "yes", what % of outsourcing / sub-contracting has B-BEE contribution level certificate equal or better than your own? | Yes / No |
|---|----------|

Products and/or services provided. Please elaborate:

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

- i) 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;
- ii) confirms that the enterprise or any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise have not associated, linked or involved with any other tendering entities submitting tender offers; and
- iii) confirms that the enterprise or any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise have no other relationship with those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and
- iv) 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

Comments / Notes

|  |  |
|--|--|
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**PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION:**

| No  | Confirmation   | Documents Required  | Yes / N |
|-----|--|---|---------|
| 1.  | Supplier registration application completed in full  | Supplier registration form                                      |         |
| 2.  | Company registration   | Certificate of incorporation or founding statement (CK1)        |         |
| 3.  | Banking details for payment  | Original Cancelled cheque or bank statement or bank FICA letter |         |
| 4.  | Tax Clearance (Mandatory)  | Original Tax Clearance certificate or SARS clearance letter     |         |
|     |  | Expiry date   |         |
| 5.  | All contact details including a fax numbers and emails   | Schedule of branches and contact details                        |         |
| 6.  | Declaration of interest certificate (SBD4 – blank form attached)                                     | Completed and signed SBD4                                       |         |
| 7.  | Past supply chain practises certificate (SBD8 – blank form attached)                                 | Completed and signed SBD8                                       |         |
| 8.  | Broad Based Black Economic Empowerment Certificate (Where not provided, 0 preference points applies) | BBBEE Certificate (certified) or Exempt Micro Enterprise letter |         |
| 9.  | Partnership/Trust arrangement/ Joint venture arrangement (If applicable)                             | Partnership/Trust agreement / Joint venture agreement           |         |
| 10. | VAT registration   | VAT registration certificate                                    |         |
| 11. | Proof of registration to a statutory body regulating your industry (If applicable)                   | Certificate of registration                                     |         |
| 12. | Profile of company   | Company Profile   |         |
| 13. | SABS/ISO Accreditation (If applicable)   | SABS/ISO Certificate  |         |
| 14. | Supply categorisation (Blank template attached)  | Ticked supply commodity form                                    |         |

| <b>LIST OF COMMODITIES - Maximum Five<br/>(mark with x)</b> | <b>X</b> | <b>X</b>                                 |
|---|----------|--|
| ACCESS CARDS  |          | CONSULTING:REMUNERATION SYSTEMS          |
| ACCOMMODATION   |          | CONSULTING:TRAINING & DEVELOPMENT        |
| ADVERT PLACEMENTS   |          | CONTRACTORS                              |
| AIRCON INSTALLATION   |          | DATA PROJECTORS                          |
| AIRCON REPAIRS  |          | DICTAPHONE MACHINE                       |
| ANNUAL REPORTS:CONCEPT, DESIGN & LAYOUTS                    |          | DSTV                                     |
| ANSWERING MACHINES  |          | ELECTRICAL MAINTENANCE                   |
| AUDIO VISUAL SYSTEM   |          | EVENT MANAGEMENT                         |
| BINDING MACHINES & SERVICES                                 |          | FURNITURE REMOVAL                        |
| CARTRIDGES  |          | FURNITURE REPAIRS                        |
| CATERING & DECOR  |          | INTERNET SERVICE PROVIDER                |
| CLEANING SERVICES & PRODUCTS                                |          | KITCHEN APPLIANCE                        |
| CLOTHING & UNIFORM  |          | LABORATORY EQUIPMENTS                    |
| COMPUTER EQUIPMENT  |          | LEGAL ADVISORS                           |
| COMPUTER REPAIRS, SERVICES & MAINTENANCE                    |          | LOCKSMITH SERVICES                       |
| COMPUTER SOFTWARE: INSTALLATION                             |          | MOTOR VEHICLES                           |
| COMPUTER SOFTWARE: LICENSES                                 |          | NEWSPAPER SUPPLIERS                      |
| COMPUTER SOFTWARE: TRAINING                                 |          | OFFICE EQUIPMENT                         |
| CONFERENCE FACILITIES & VENUES                              |          | OFFICE FURNITURE                         |
| CONSULTING:AUDITORS   |          | PARTITIONING                             |
| CONSULTING:CHANGE MANAGEMENT                                |          | PHOTOCOPIER MACHINE                      |
| CONSULTING:COLLECTIVE BARGAINING (LABOUR)                   |          | PHOTOCOPIER MACHINE : REPAIRS & SERVICES |
| CONSULTING:CONSTRUCTION                                     |          | PIPELINES                                |
| CONSULTING: FINANCIAL                                       |          | PRINTERS                                 |
| CONSULTING:HR SOLUTIONS                                     |          | PRINTING : ADVERTS                       |
| CONSULTING:LABOUR RELATIONS                                 |          | PRINTING : BAGS                          |
| CONSULTING:LEGAL  |          | PRINTING : BANNERS                       |
| CONSULTING:MONITORING                                       |          | PRINTING : BROCHURES                     |
| CONSULTING: PIPELINE  |          | PRINTING : BUSINESS CARDS                |
| CONSULTING:PERFORMANCE MANAGEMENT                           |          | PRINTING : CAPS                          |

|                                    |                             |  |
|------------------------------------|-----------------------------|--|
| PRINTING : MAGAZINES               | TRANSLATION SERVICES        |  |
| PRINTING : NEWSLETTER              | TRANSPORT SERVICES          |  |
| PRINTING : PAMPHLETS               | UPHOLSTERY                  |  |
| PRINTING : PENS                    | VALVES                      |  |
| PRINTING : SCREENS                 | WATER BOTTLES               |  |
| PRINTING : T-SHIRTS                | WINDOW / GLASS INSTALLATION |  |
| PROFESSIONAL SERVICES              | WINDOW / GLASS REPAIRS      |  |
| PROMOTIONAL GIFTS                  | WORKSHOP EQUIPMENT          |  |
| PUBLICATIONS                       |                             |  |
| RENOVATIONS                        |                             |  |
| SCIENTIFIC AND ANALYTICAL SERVICES |                             |  |
| SECURITY SERVICES / SYSTEMS        |                             |  |
| STATIONERY                         |                             |  |
| SUBSCRIPTION                       |                             |  |
| TELECOMMUNICATION SERVICES         |                             |  |
| TELEPHONE EQUIPMENT                |                             |  |
| TELEPHONE INSTALLATION             |                             |  |
| TELEVISION REPAIRS                 |                             |  |
| TELEVISION SETS & INSTALLATION     |                             |  |
| TRANSCRIPTION SERVICES             |                             |  |
| TRANSLATION SERVICES               |                             |  |

| <b>COMMODITIES NOT LISTED</b> | <b>COMMODITIES NOT LISTED</b> |
|-------------------------------|-------------------------------|
|                               |                               |
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|                               |                               |

For Official Use Only:

**Checked By:** \_\_\_\_\_

**Signature:**

**Approved By:** \_\_\_\_\_

**Signature:**

Comments / Notes

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
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|  |  |

**Vendor Number:**





## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the Company, or persons having a kinship with persons employed by the Company, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the Company, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the Company; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
  
2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**
  - 2.1 Full Name of bidder or his or her representative: .....
  - 2.2 Identity Number: .....
  - 2.3 Position occupied in the Company (director, trustee, shareholder, member):  
.....
  - 2.4 Registration number of company, enterprise, close corporation, partnership

agreement or trust:.....

2.5 Tax Reference Number:.....

2.6 VAT Registration Number: .....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee numbers must be indicated in paragraph 3 below.

2.7 Are you or any person connected with the bidder presently employed by the Company? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

.....

Name of Company institution at which you or the person connected to the bidder is employed : .....

Position occupied in the Company institution: .....

Any other particulars:

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

2.7.2 If you are presently employed by the Company, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attach proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.)

2.7.2.2 If no, furnish reasons for non-submission of such proof:

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

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the Company in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:

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

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the Company and who may be involved with the evaluation and, or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

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

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the Company who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.

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

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? **YES/NO**

2.11.1 If so, furnish particulars:

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



## DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Standard Bidding Document must form part of all bids invited.
- 2 It serves as a declaration used by institutions 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.
- 3 The bid of any bidder may be disregarded if that bidder, or any of its directors have-
  - a. abused the institution's supply chain management system;
  - b. committed fraud or any other improper conduct in relation to such system;
  - or
  - c. failed to perform on any previous contract.
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

| Item  | Question   | Yes                             | No                             |
|-------|--|---------------------------------|--------------------------------|
| 4.1   | Has the bidder or any of its directors failed to comply with the Company's performance on a project/bid previously?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.1.1 | If so, furnish particulars:  |                                 |                                |
| 4.2   | 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<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.2.1 | If so, furnish particulars:  |                                 |                                |
| 4.3   | Was any contract between the bidder and the Company terminated during the past five years on account of failure to perform on or comply with the contract?                         | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.3.1 | 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

.....  
Name of Bidder

Js365bW



**TO :** The Director Finance & Corporate Services  
 Midvaal Water Company  
 PO Box 31  
**Stilfontein**  
 2550

**FROM:** \_\_\_\_\_  
 ("The Individual/Company)

I hereby instruct and authorize Midvaal Water Company to pay any amounts which may be due to me by the transfer of such amounts to the credit of my account as indicated below, and attach a blank, cancelled cheque to verify the information set out below.

**BANK:** \_\_\_\_\_  
**BRANCH NAME:** \_\_\_\_\_  
**BRANCH NO:** \_\_\_\_\_  
**TYPE:** (Current/Savings/Transmission)  
 Delete where not applicable  
**ACCOUNT NO:** \_\_\_\_\_

Payments of any such amount may be effected by the electronic funds transfer system, subject to the following conditions:

1. Upon MWC giving the appropriate instruction to STANDARD Bank Limited, the obligation to make payment to me will be as fully and effectually discharged as if the MWC had made payment directly to myself. Save for failure to credit the account of myself as a result of the negligence, wilfulness or fraud of the MWC or any of its employees, agents or contractors, the MWC shall have no further liability to myself whatsoever, and the giving of the instruction to transfer funds as set out above, shall constitute a full and sufficient discharge of the MWC's obligation.

(For the purposes of this document and the transactions contemplated herein, neither the ACB Magnetic Tape Service nor any of the banks involved in the electronic transfer shall act as agents of the MWC).

2. I understand that the credit transfer hereby authorized will be processed electronically (via STANDARD – EFT) and I also understand that no advice of payment will be provided by my bank, but details of each payment will be printed on my bank statement or any accompanying voucher. Any queries or discrepancies relating to the credit transfer are to be resolved between myself and STANDARD Bank Limited.

The MWC will render such assistance as it is able to in the rectification of any errors for which the MWC is not responsible, provided I bring such errors to its attention as soon as possible.

3. I understand remittance advices will be supplied by you in the normal way, and that they will indicate the date on which funds will be available in my/our account.
4. I warrant that the undersigned is authorized to sign this document, and that all of the information contained herein is, and will continue to be accurate and correct.
5. MWC will be notified in writing as soon as any changes to the legal status or banking details are made.
6. This authority may be cancelled by giving you 30 (thirty) days' notice in writing.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

(Print full names)

\_\_\_\_\_  
**SIGNATURE**