

# SENQU

# MUNICIPALITY



## PROFESSIONAL SERVICE PROVIDERS

## APPLICATION FORM

Version 1/25/08/2006



## SENQU MUNICIPALITY

### APPLICATION FORM FOR PROFESSIONAL SERVICE PROVIDERS TO BE INCLUDED ON THE SENQU MUNICIPALITY PROFESSIONAL SERVICE PROVIDER DATABASE.

Please note:

This form must be completed by all applicants wishing to register as a professional service provider in the Senqu Municipality Database. A *curriculum vitae* for each project staff member/consultant should be attached to the application form. Other relevant additional documentation may also be attached.

All sections of the application form must be completed in full.

The application form is to be completed by the duly authorised official of the professional service provider firm.

☐ New Application

☐ Updated Application

Date:.....

## **PARTICULARS OF FIRM**

1. Name of Firm \_\_\_\_\_

2. Name of Managing Principal \_\_\_\_\_

3. Type of firm (tick relevant box)

- ☐ Partnership
- ☐ One person business/sole proprietor
- ☐ Close corporation
- ☐ Company
- ☐ [Pty] Limited
- ☐ Consortium
- ☐ Other (specify)

4. Co./CC Registration Number: \_\_\_\_\_

5. Vat. Registration Number: \_\_\_\_\_

6. Company income tax reference number: \_\_\_\_\_

Note: Insert personal income tax reference number if one-man business and personal income tax reference numbers of all parties if a partnership.

7. Membership with professional bodies: \_\_\_\_\_

[include membership number] \_\_\_\_\_

8. Complete the following table and provide supporting documents to confirm information.

INFORMATION REQUIRED	PERCENTAGE
Percentage HDI ownership (who had no franchise in national elections before the 1983 and 1993 constitution)	
Percentage of HDI's in management positions	
Percentage of HDI's employed	
Percentage of HDI's receiving bursaries	
Percentage of HDI's in mentorship programs	
Total permanent staff complement (% not applicable)	
Percentage female ownership	
Percentage disability ownership	

**REGISTRATION PREREQUISITES:**

**NOTE: PROFESSIONAL SERVICE PROVIDERS WILL NOT BE REGISTERED ON THE DATABASE IF THE FOLLOWING PREREQUISITES ARE NOT MET.**

1. Proof of company registration and/or any other form of legal standing must be submitted.
2. A *current original* Certificate of Good Standing in respect of Municipal Service, obtainable from the Senqu Municipality's Budget and Treasury Office, must be attached to the application.
3. A current and original Tax Clearance certificate from South African Receiver of Revenue Service [SARS] certifying that the taxes of the tenderer are in order or that suitable arrangements have been made with SARS to bring them in order. The Tax Certificate will be reworded at the allocated space for the VAT number with the words "compulsory if turnover is more than R300 000". Where the person is not required to be registered for VAT, the Receiver of Revenue will write "not required to register" next to the allocated space for the VAT registration number.
4. The Declaration of Interest form must be completed.
5. The Database Application form must be completed in all respects in black ink.
6. Submit proof of Professional Registration with the relevant Professional Body, e.g. The Engineering Council of South Africa.
7. Submit Professional indemnity and type of cover.
8. Submit Company composition on the form attached as Annexure "H".
9. Complete Annexure "C1", "C2", "D", "K" and "F".
10. Black Economic Empowerment (BEE) Strategy/Transformation Strategies/ strategies to empower the Disabled/physically challenged.

**CONTACT DETAILS**

1. Contact person: \_\_\_\_\_

	<u>Code</u>	<u>Number</u>
Phone No.:	_____	_____
Cell No.:	_____	_____
Fax No.:	_____	_____
E-Mail:	_____	

2. Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

3. Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

4. Eastern Cape Offices: \_\_\_\_\_

\_\_\_\_\_

5. National Offices: \_\_\_\_\_

\_\_\_\_\_

**A SEPARATE DATABASE WILL BE SET UP FOR EACH OF THE FOLLOWING CATEGORIES:**  
**INDICATE THE FIELD OF COMPETENCE YOUR FIRM WILL BE REGISTERING IN:**  
**More than one(1) field of competence may be selected.**

- ☐ **Architectural**
- ☐ **Structural**
- ☐ **Road works/civil**
- ☐ **Water/sanitation**
- ☐ **Environmental**
- ☐ **Geotechnical**
- ☐ **Electrical**
- ☐ **Mechanical**
- ☐ **Quantity Surveyors**
- ☐ **Land Surveyors**
- ☐ **Town Planning**
- ☐ **Legal**
- ☐ **Financial**
- ☐ **Human Resource**
- ☐ **Training**
- ☐ **Project Management**
- ☐ **Occupational Health and Safety**
- ☐ **Audit**
- ☐ **Environmental**
- ☐ **Health**

☐ **Information Technology**

☐ **Other (specify)**

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

**ANNEXURE C.1****PAST EXPERIENCE (OTHER INSTITUTIONS )**

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Professional Service Providers must furnish hereunder details of similar works/service, which they have satisfactorily completed in the past. The information shall include a description of the Works, the Contract value and name of Employer.

<b>EMPLOYER</b>	<b>NATURE OF WORK</b>	<b>VALUE OF WORK</b>	<b>DURATION AND COMPLETION DATE</b>	<b>EMPLOYER CONTACT NO.</b>



## ANNEXURE C.2

### PAST EXPERIENCE (SENQU MUNICIPALITY ONLY)

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Professional Service Providers must furnish hereunder details of similar works/service, which they have satisfactorily completed in the past for Senqu Municipality. The information shall include a description of the Works, the Contract value and name of Employer.

PREVIOUS AND/OR CURRENT PROJECTS UNDERTAKEN FOR ADM			
PROJECT NAME	AWARDED AMOUNT	CONTRACT START DATE	ANTICIPATED / ACTUAL COMPLETION DATE

## ANNEXURE D

### COMPANY DETAILS

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The following company details schedule must be completed in full. **Attach a copy of Founding Statement/ Business Registration.**

Registered Company Name: .....

.....

Company Registration Number: .....

VAT Number: .....

Bank Name and Branch: .....

Bank Account Number: .....

Professional Registration Details: .....

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Professional Indemnity Details: .....

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## ANNEXURE H

### COMPANY COMPOSITION

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#### **GENERAL**

All information must be filled in spaces provided. If additional space is required, additional sheets may be attached. The onus is on the Professional Service Providers to fill in all the information. Failure to do so will result in points being lost under equity. The full company composition is required including HDI and Non-HDI status. The ownership must accumulate to 100%. **Please note that HDI's are those individuals who had no franchise in national elections before the 1983 and 1993 Constitutions.**

	MEMBER	MEMBER
FULL NAME		
IDENTITY NUMBER		
CITIZENSHIP		
HDI STATUS (Y/N)		
DISABILITY (Y/N)		
FEMALE (Y/N)		
DATE OF OWNERSHIP		
% OWNED		
% VOTING		

	MEMBER	MEMBER
FULL NAME		
IDENTITY NUMBER		
CITIZENSHIP		
HDI STATUS (Y/N)		
DISABILITY (Y/N)		
FEMALE (Y/N)		
DATE OF OWNERSHIP		
% OWNED		
% VOTING		

	MEMBER	MEMBER
FULL NAME		
IDENTITY NUMBER		
CITIZENSHIP		
HDI STATUS (Y/N)		
DISABILITY (Y/N)		
FEMALE (Y/N)		
DATE OF OWNERSHIP		
% OWNED		
% VOTING		

## ANNEXURE K

## SOCIAL RESPONSIBILITY

[illegible]

## DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state\*.
2. 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.

**3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

3.1 Full Name: .....

3.2 Identity Number: .....

3.3 Company Registration Number: .....

3.4 Tax Reference Number: .....

3.5 VAT Registration Number: .....

3.6 Are you presently in the service of the state\* YES / NO

3.6.1 If so, furnish particulars.

.....

.....

3.7 Have you been in the service of the state for the past twelve months? YES / NO

3.7.1 If so, furnish particulars.

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\* MSCM 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);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) an employee of Parliament or a provincial legislature.

3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.8.1 If so, furnish particulars.

.....  
.....

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.9.1 If so, furnish particulars

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.....

3.10 Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state? **YES / NO**

3.10.1 If so, furnish particulars.

.....  
.....

3.11 Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state? **YES / NO**

3.11.1 If so, furnish particulars.

.....  
.....

**CERTIFICATION**

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

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

**I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of Bidder**