

Magalies Water

SUPPLIER DECLARATION FORM



ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL

Copies of the following documents have to be included in your application.

- Company Registration documents (including CK1 & CK2)
- ID documents of directors, owners, members or shareholders
- Valid **ORIGINAL** tax clearance certificate
- Copy of COID registration certificate
- Registration certificate with relevant industry eg. ECB, NHBRC, CIDB etc.
- Companies claiming Black Empowerment as per Magalies Water's definitions to submit the following
 - Close Corporations to attach an Association Agreement
 - Private Companies to attach Shareholders Agreement, Memorandum of Association as well as Share Certificates
 - Letter from bank stating all signatories

(a)	Name of firm:
(b)	Postal Address
	
	
	
	
	
(c)	Physical Address
	
	
	
	
	
(d)	Telephone
(e)	Fax number
(f)	E-mail address
(g)	Contact Person
(h)	Company/Enterprise
(i)	VAT Registration number

Banking details:

Bank Name: _____

Branch Name: _____

Branch No.: _____

Account No.: _____

HISTORICALLY DISADVANTAGED ENTERPRISES

The following is a guide to all suppliers as to how the Magalies Water defines Historically Disadvantaged Enterprises (HDE's)

Definition: "Black people" as defined in the Broad Based Black Economic Empowerment Act, Act no 53 of 2003, refers to Africans, Coloureds or Indians who are South African citizens or permanent residents of the Republic of South Africa.

CATEGORIES OF HDE's

- Black Empowered Business Enterprise
 - Black ownership ranges from 51%
 - Black management
 - Black female management

- Black Empowerment Business Enterprise
 - Black ownership is between 26% and 50%
 - Black Management
 - Black female management

- Black Women Business Enterprise
 - Controlled by black women
 - 50% or more of the shares are controlled by women
 - Women are actively involved in the management and decision making of the enterprise

- Black Disabled Business Enterprise
 - Controlled by black disabled people
 - Disabled people are actively involved in the management and decision making of the enterprise

- Black Youth Business Enterprise
 - Controlled by black youth (ages between 18 and 35)
 - Black youth are actively involved in the management and decision making of the enterprise

- Other Suppliers
 - No or less than 50% black shareholding

From the above mentioned definitions, which category does your business fall?

Black Empowered Business Enterprise	
Black Empowerment Business Enterprise	
Black Women Business Enterprise	
Black Disabled Business Enterprise	
Black Youth Business Enterprise	
Other Suppliers	

1. PARTICIPATION CAPACITY (tick one box)

- Prime contractor
- Supplier
- Sole Supplier
- Subcontractor
- Manufacturer
- Joint Venture Partner
- Professional Services
- Other, Specify

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2. TYPE OF FIRM (tick one box)

- Partnership
- One person business / sole trader
- Close corporation
- Company
- Pty Limited

3. PRINCIPAL BUSINESS ACTIVITIES

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4. COMPANY CLASSIFICATION (tick one box)

- Contractor who generates more than 75% of turnover as Prime Contractor
- Contractor who generates less than 25% of turnover as a Prime Contractor
- Labor-only sub-contractors
- Manufacturer
- Supplier
- Professional service provider
- Other service providers e.g.

(Insert personal income tax number if a one man business, and personal income tax numbers if a partnership).

5. TOTAL NUMBER OF YEARS THE FIRM HAS BEEN IN BUSINESS?

6. STREET ADDRESS OF ALL FACILITIES USED BY THE FIRM (e.g. warehouses, storage spaces, offices, etc)

6.1

6.2

6.3

7. DO YOU SHARE ANY FACILITIES YES / NO (tick one)

If "yes", which facilities are shared ?

With whom do you share facilities (Name of firm / individuals)

What are the other firms principal business activities?.....

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8. IS THE FIRM REGISTERED OR DOES IT HAVE A BUSINESS LICENCE(S) YES/NO (tick one)

If "yes" detail and quote relevant reference numbers and dates.

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9. DETAIL ALL TRADE ASSOCIATIONS IN WHICH YOU HAVE MEMBERSHIP.

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10. DID THE FIRM EXIST UNDER A PREVIOUS NAME? (tick one) YES / NO

If "yes", what was its previous name?

Who were the owners / partners / directors?

11. LIST ALL PARTNERS, PROPRIETORS AND SHAREHOLDERS BY NAME, IDENTITY NUMBER, CITIZENSHIP, PDI STATUS AND OWNERSHIP, AS RELEVANT:

NAME	MALE/ FEMALE	IDENTITY NUMBER	CITIZEN SHIP	HDI * STATUS (YES/NO)	DATE OF OWNER- SHIP	% OWNED	VOTING %

Total must = 100%

*HDI = HISTORICALLY DISADVANTAGED INDIVIDUALS

NOTE : Where owners are themselves a company or partnership, identify

ATTACH QUALIFICATIONS OF ALL PARTNERS, PROPRIETORS, SHAREHOLDERS, DIRECTORS AND MANAGEMENT EMPLOYEES OF THE FIRM.

12. COMPLETE THE FOLLOWING INFORMATION FOR EACH PARTNER, PROPRIETOR, SHAREHOLDER, DIRECTOR AND OFFICER OF THE FIRM.
(viz. Chairman, secretary, director, etc.)

TITLE	NAME	PDI * STATUS YES / NO	% OF TIME DEVOTED TO FIRM	HOME ADDRESS

*STATE YES/NO

13. IDENTIFY ANY OWNER OR MANAGEMENT OFFICE BEARER WHO HAS AN OWNERSHIP INTEREST IN ANOTHER FIRM.

OWNER / MANAGER	NAME AND ADDRESS OF OTHER FIRM	TITLE IN OTHER FIRM	% OF OWNERSHIP	TYPE OF BUSINESS OF OTHER FIRM

14. IDENTIFY ANY OWNER OF MANAGEMENT OFFICIAL WHO IS AN EMPLOYEE OF OR HAS DUTIES IN ANOTHER BUSINESS ENTERPRISE

NAME	DUTIES AS EMPLOYEE IN OTHER FIRM	NAME AND ADDRESS OF OTHER FIRM	TYPE OF BUSINESS OF OTHER FIRM

15. HOW MANY PERMANENT STAFF MEMBERS ARE EMPLOYED BY THE FIRM:

Full time :

Part time :

15.1 Will allocation of Contract increase the number of employees. If yes, by how much

15.2

PERSONNEL	BLACK		COLOURED		ASIAN		WHITE	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Directors								
Management								
Employees								
Handicapped								
Consultants								

15.3 If outside the Municipal area, state number of local based people to be employed.

16. LIST THE MAJOR ITEMS OF EQUIPMENT, PLANT AND VEHICLES OWNED BY THE FIRM.

ITEM	QUANTITY

17. WHAT IS THE ENTERPRISE'S AVERAGE ANNUAL TURNOVER (EXCL VAT) DURING THE LENGTH OF THE PERIOD FOR WHICH THE BUSINESS HAS BEEN OPERATING OR THE PREVIOUS THREE FINANCIAL YEARS?
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18. IDENTIFY BY THE NAME, PDI STATUS AND LENGTH OF SERVICE, THOSE INDIVIDUALS IN THE FIRM (INCLUDING OWNERS AND NON-OWNERS) RESPONSIBLE FOR DAY TO DAY MANAGEMENT AND BUSINESS DECISIONS.

	NAME	P D I STATUS * (YES / NO)	LENGTH OF SERVICE (YEARS)
FINANCIAL DECISIONS			
CHEQUE SIGNING SIGNING & CO-SIGNING FOR LOANS			
ACQUISITION OF LINES OF CREDIT			
SURETIES			
MAJOR PURCHASE OR ACQUISITION			
SIGNING CONTRACTS			
MANAGEMENT DECISIONS			
ESTIMATING			
MARKETING AND SALES OPERATIONS			
HIRING & FIRING OF MANAGEMENT PERSONNEL			

HIRING & FIRING OF NON-MANAGEMENT PERSONNEL			
SUPERVISION OF OFFICE PERSONNEL			
SUPERVISION OF FIELD / PRODUCTION ACTIVITIES			

*state 'yes' or 'no'

19. LIST THE FOUR LARGEST CONTRACTS / ASSIGNMENTS COMPLETED BY YOUR FIRM IN THE LAST THREE YEARS.

WORK PERFORMED	FOR WHOM	CONTACT PERSON AND TELEPHONE NUMBER	CONTRACT / FEE AMOUNT

20. State your company's policy towards social responsibility in the municipal area and list the activities and involvement for the past five years.

21. Any other information: (e.g. skills development and education in and by your company)

If there are any changes to the information supplied on this document, please inform the Procurement Officer within seven (7) working days.

Outdated information could lead to your business enterprise not being invited to tender.

The Magalies Water reserves the right to verify and / or follow up on any of the claims made or references in this document. Additional information can be requested by the Maagalies Water during compliance processes.

Companies that "fronts", will be restricted and removed from Magalies's supplier database.

The above information is correct at the time of completion. I certify that I have the appropriate authority to furnish the above mentioned information on behalf of my business enterprise.

Name:	Signature:
Designation:	Date: