It is imperative that prospective providers read the form carefully and complete in full.

# Completed Sections 1 to 8 with relevant supporting documentation must be submitted:

By Hand / Courier to	Electronically to
Nelson Mandela Bay Municipality	scmdatabase@mandelametro.gov.za
SECURITY OFFICE	
Corner Harrower Road & Buxton Street	
Kensington	

Queries may be directed to the below listed contact details:

Tel: 041-5063274 Tel: 041-5063266

scmdatabase@mandelametro.gov.za

## NB:

- Attach a certified ID copy of the Section 8 Signatory
- Messenger's ID is required on submission of the form AND
- Certified Documents must not be older than 3 months

### **VERIFICATION FORM**

## 1. GENERAL INFORMATION (MANDATORY FIELD)

Name of Business											
Trading Name											
CSD Number (MAAA)											
NMBM Ref:											

	Check Box
Fully completed and signed Supplier Verification Form	
Certified identity document (Original certification by SAPS)	
Certified BBBEE certificate/ Affidavit (Original certification by SAPS)	
Certified NHBRC (Original certification by SAPS (If applicable)	
Note: Central Supplier Database Registration (CSD), bank verification & tax status must be up to date & compliant	
Proof of disability provided by a recognised institution in the case of handicapped persons (if applicable)	

Please Note: Proof of documents as above is required to ensure successful verification on the NMBM Supplier Database

GENERAL INFORMATION	SECTION 1
BUSINESS PARTICULARS	SECTION 2
BUSINESS INFORMATION (SMME) STATUS	SECTION 3
BBBEE INFORMATION	SECTION 4
ACCREDITATION	SECTION 5
DECLARATION	SECTION 6
UNDERTAKING	SECTION 7
CERTIFICATE OF CORRECTNESS	SECTION 8

#### 2. BUSINESS PARTICULARS

City												SS	usine	f Bu	ime o	.1 N
1.2 Postal address  City Province  1.3 Physical address  City Province  1.4 Telephone No.  1.5 Fax No.  1.6 E-mail Address  Contact Person for correspondence as per 2.1.1											Nome	dina	L Tre		Busi	4 4
Postal address  City   Code   Code											Name	laing	SIT	nes	Dus	1.1
Postal address  City																4.2
City									1						addre	
Province  1.3  Physical address  City  Province  1.4 Telephone No.  1.5 Fax No.  1.6 E-mail Address  1.7 Contact Person for correspondence as per 2.1.1														,33	auure	USIA
Province  1.3  Physical address  City  Province  1.4 Telephone No.  1.5 Fax No.  1.6 E-mail Address  1.7 Contact Person for correspondence as per 2.1.1																
1.3  Physical address  City Code  Province  1.4 Telephone No.  1.5 Fax No.  1.6 E-mail Address  1.7 Contact Person for correspondence as per 2.1.1	Code											y	City			
Physical address  City  Province  1.4 Telephone No.  1.5 Fax No.  1.6 E-mail Address  1.7 Contact Person for correspondence as per 2.1.1												vince	Pro			
Physical address  City  Province  1.4 Telephone No.  1.5 Fax No.  1.6 E-mail Address  1.7 Contact Person for correspondence as per 2.1.1				ı	I	I	I		1	1						1.3
City Province  1.4 Telephone No.  1.5 Fax No.  1.6 E-mail Address  1.7 Contact Person for correspondence as per 2.1.1																Physic
Province  .1.4 Telephone No.  .1.5 Fax No.  .1.6 E-mail Address  .1.7 Contact Person for correspondence as per 2.1.1											$\neg$				ss	addre
Province  .1.4 Telephone No.  .1.5 Fax No.  .1.6 E-mail Address  .1.7 Contact Person for correspondence as per 2.1.1	Code			_			-				_		C:4			
.1.4 Telephone No.  .1.5 Fax No.  .1.6 E-mail Address  .1.7 Contact Person for correspondence as per 2.1.1	Code								-		_					
1.5 Fax No.  1.6 E-mail Address  1.7 Contact Person for correspondence as per 2.1.1																
.1.6 E-mail Address .1.7 Contact Person for correspondence as per 2.1.1			1 1			-1	-		1	1		0.	ne N	pho	Tele	.1.4
.1.6 E-mail Address .1.7 Contact Person for correspondence as per 2.1.1																
1.7 Contact Person for correspondence as per 2.1.1			1 1						1	1			0.	x No	Fa	.1.5
1.7 Contact Person for correspondence as per 2.1.1																
												SS	Addre	ail A	E-ma	.1.6
						1.1	per 2	ce as	dend	spon	r corre	on fo	Pers	tact	Con	1.7
										ame	First Na					Title
Surname															ne	Surna
.1.8 Cell No.					lI				<u> </u>	1		ll_		No.	Cell	.1.8
		1 1 1							<u> </u>	1						

#### 3. BUSINESS INFORMATION

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Amendment Bill pertaining to the National Small Business Act 102 of 1996, and the Revised Schedule 1 of the National Definition of Small Enterprises in South Africa 15 March 2019. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4		
Sector or sub-sectors in accordance with the Standard Industrial Council	Size or class of enterprise	Total full-time equivalent of paid employees	Total annual turnover		
	Medium	51-250	35,0million		
Agriculture	Small	11-50	17,0 million		
	Micro	0-10	7.0 million		
	Medium	51-250	210,0 million		
Mining and Quarrying	Small	11-50	50,00 million		
	Micro	0-10	15,0 million		
	Medium	51-250	170,0 million		
Manufacturing	Small	11-50	50,0 million		
	Micro	0-10	10,0 million		
	Medium	51-250	180,0 million		
Electricity, Gas and Water	Small	11-50	60,0 million		
	Micro	0-10	10,0 million		
	Medium	51-250	170,0 million		
Construction	Small	11-50	75,0 million		
	Micro	0-10	10,0 million		
	Medium	51-250	80,0 million		
Retail, Motor Trade and Repair Services	Small	11-50	25,0 million		
Trepair Services	Micro	0-10	7,5 million		
Wholesale Trade,	Medium	51-250	220,0 million		
Commercial Agents &	Small	11-50	80,0 million		
Allied Services	Micro	0-10	20,0 million		
	Medium	51-250	40,0 million		
Catering, accommodation & other Trade	Small	11-50	15,0 million		
& Other Trade	Micro	0-10	5,0 million		
	Medium	51-250	140,0 million		
Transport, Storage and Communications	Small	11-50	45,0 million		
Communications	Micro	0-10	7,5 million		
	Medium	51-250	85,0 million		
Finance and Business	Small	11-50	35,0 million		
Services	Micro	0-10	7,5 million		
	Medium	51-250	70,0 million		
Community, Social &	Small	11-50	22,0 million		
Personal Services	Micro	0-10	5,0 million		

#### 4. BROAD BLACK BASED ECONOMIC EMPOWERMENT INFORMATION

#### **4.1 REQUIRED DOCUMENTS**

Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied.

#### 4.2 BBBEE STATUS

CERTIFIED COPY of BBBEE Rating Certificate. Please select the relevant status below and attach the relevant document:

Valid B-BBEE Certificate	Status Level of Contribution	OR	Valid B-BBEE Affidavit	Status Level of Contribution

FOR OFFICIAL PURPOSES ONLY	BEE Certificate	EME LETTER
Accounting officer/Auditors details		
Accounting Officers practice number		
Physical location of the entity		
Registration number of the entity		
Date of issue		
Expiry Date		
Status Level of contribution		
Total black shareholding		
Total black female		
www.sanas.co.za/af-directory/bbbee list.php.		

**SECTION 5** 

### 5. PROFESSIONAL SERVICE STATUS

The following table must be completed and the relevant documents must be attached.

Classification	Affiliation Body	Affiliation/Practice Number	Expiry Date
Engineering & Construction			
Built environment Consultant / Professional Service Provider			
Education, Training & Development			
Legal Service Provider			
Other			

6. **DECLARATION** 

**SECTION 6** 

# Declaration in terms of Regulations 44 and 45 of the MFMA Supply Chain Management Regulations

by

(the 'Supplier')

	V	is a vis the
		y Metropolitan Municipality ('NMBM')
1. 2.	No bid will be accepted from persons in the service	,
3.	In order to give effect to the above, the fo directors, managers, principal shareholders o	ollowing questionnaire must be completed by company's r stakeholders or duly authorised person
3.1	Full Name:	
3.2	Identity Number:	
3.3	Company Name:	
3.3.1	Company Registration Number:	
3.4	Are you presently in the service of the state*	YES / NO
3.4.1	If so, furnish particulars.	
	Name of employer:	Staff/Man/Persal number:
	Employer's address:	Designation:
3.5	Have you been in the service of the state for the p	past twelve months? YES / NO
3.5.1	If so, furnish particulars.	
	Name of previous employer:	Staff/ Man/Persal number:
	Address:	Position held:

#### 3.6 Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state?

YES / NO

3.6.1	If so furnish particulars  Name of employer:	Staff/Man/Persal number:
	Employer's address:	Designation:
3.7	Are any spouse, child or parent of the managers, principal shareholders or s	
3.7.1	If so, furnish particulars.  Name of employer:	Staff/ Man/ Persal Number:
	Employer's address:	Designation:
CERT	TIFICATION	
	I, THE UNDERSIGNED (NAME)	
	CERTIFY THAT THE INFORMATION	FURNISHED ON THIS DECLARATION FORM IS CORRECT.
	I ACCEPT THAT THE STATE MAY A	ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE
	ID Number	Position
	Signature	Date

- \* MSCM Regulations: "in the service of the state" means to be -
  - (a) a member of
    - any municipal council;

    - any provincial legislature; or 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.

#### 7. UNDE

Authorised Signature

(The Supplier) duly authorised

7.		UNDERT	AKING				<u>[</u>	
					Undertaking			
					Ву:			
					(11 - (0 1)			_
					(the 'Supplier')			
					vis a vis the			
				Nelson Ma	andela Bay Muni ('NMBM')	cipality		
Who	ereas	:						
	(a)	t	he Supplier delivers go	ods or renders servic	ces to NMBM;			
	(b)	1	NMBM is liable to pay t	he Supplier for goods	s delivered or services	rendered; and		
	(c)		he Supplier is liable pandebtedness owed by			axes or municipal servi	ce charges and	l any other
Nov	w the	erefore the	Supplier undertakes	the following:				
1.			the Supplier being in a red by the Supplier to the			and taxes or municipa	l service charg	es and any other
	1.1	the Supplie	er shall make satisfacto	ory and reasonable w	ritten settlement arran	gements with the NMBN	M for the payme	ent thereof; and
	1.2					d taxes or Municipal the NMBM to the Supp		es and any other
2.	requ					nd/or procure same to b any matter arising there		
3.						way to affect, prejudice r of any of the NMBM's		
4.			all not be entitled to cone prior written consent	, ,	nor delegate any of	its obligations in terms	of this underta	aking to any other
Thu	ıs do	one and sig	gned by the Supplie	er at		on	20	-

#### 8. CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT: -

- 1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
- 2. If the information supplied is found to be incorrect then the NMBM may, in addition to any remedies it may have: -
  - Recover from the contractor all costs, losses or damages incurred or sustained by NMBM as a result of the award of the contract, and/or
  - ii. Cancel the contract and claim any damages which NMBM may suffer by having to make less favourable arrangements after such cancellations: and/or
  - iii. Impose a penalty on the contractor as provided for in the relevant agreement or legislation.

SIGNED ON THIS	DAY OF	_ 20	_AT
(AUTHORISED SIGNATURI			IN HIS /HER CAPACITY AS
(PI FASE PRINT NAME OF	AUTHORISED SIGNATURE)		
ON BEHALF OF THE (SUP	,		

#### PLEASE PROVIDE A CERTIFIED COPY OF THE IDENTITY DOCUMENT FOR THE SIGNATORY.

#### NB:

- Section 43 of SCM regulations prohibits the award of tenders to persons whose tax matters are not in order.
- Section 44 of SCM regulations prohibits the award to persons in the service of the state.
- Section 45 of SCM regulations requires NMBM to disclose particulars of any award of more than R2000 to close family members of persons in the service of the state.
- B-BBEE certificate or EME Affidavit / letter is valid for twelve months, it is therefore imperative for service providers to regularly update their BEE status in order to be eligible for BEE preference points.