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

## Forms may be obtained from:

Nelson Mandela Bay Municipality	Nelson Mandela Bay	www.nelsonmandelabay.gov.za
Supply Chain Management	Municipality	Tel: 041-5063274
Compliance Office	Budget and Treasury Customer Care Office,	Tel: 041-5063266
Corner Harrower Road & Buxton	·	Fax:086-5144305
Street	Town Hall	scmdatabase@mandelametro.gov.za
Kensington	Market Street	Somulatus Comunical Metros Gov. 24
	Uitenhage	

#### Completed forms may be delivered:

By Hand	Post
Database Administrator	Nelson Mandela Bay Municipality
SCM Compliance	Supply Chain Management: Compliance
Cnr Buxton street & Harrower Road	PO Box 3188
	North End
	Port Elizabeth
	6001

Queries may be directed to the above listed contact details.

## NB:

- Attach a certified ID copy of the Section 9 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
Originally Certified BBBEE Rating Certificate	
Identity Document for Certificate of Correctness Signatory (Certified)	
Compensation Fund: Letter of Good Standing	
Billing Clearance Certificate	
Security Officer's Board Certificate	
Contractors Registration (CRS) (Issued by the CIDB)	
Originally Certified National Home Builders Registration Council Certificate	

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

GENERAL INFORMATION	SECTION 1
BUSINESS PARTICULARS	SECTION 2
FINANCIAL DETAILS (BANKING)	SECTION 3
BUSINESS INFORMATION (SMME) STATUS	SECTION 4
OWNERS AND SHAREHOLDERS	SECTION 5
PROFESSIONAL SERVICES	SECTION 6
DECLARATION	SECTION 7
UNDERTAKING	SECTION 8
CERTIFICATE OF CORRECTNESS	SECTION 9

### 2. BUSINESS PARTICULARS

2.1 Na	me of Bu	ısiness	5																				
2.1.1	2.1.1 Business Trading Name																						
2.1.2		I	1	1					I			1	I	I		I		1	I				
Postal a	address																						
		City		1								1							Co	de			
		-		1															CC	l			
0.4.0		Provi	ince																				
2.1.3	-1				1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	ı		
Physica address	al S																						
		City																	Co	ode			
		Prov	ince																				
2.1.4	Telepho	ne No.			1	1	1	•			1		1		1	1						1	
2.1.5	Fax No	0.																					
2.1.6	E-mail A	ddres	s	1				1	1	I	1	1	1	1	1	1	1	1	<u> </u>	1			
2.1.7	Contact	Perso	n for c	orre	spon	dend	e as	s per	2.11		1	1	1	1	1	1	1	1	<u> </u>	1			
Title				st Na																			
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l																							

#### 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. 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 o paid employees	f 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			
Repair 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	Small	11-50	15,0 million			
& other Trade	Micro	0-10	5,0 million			
	Medium	51-250	140,0 million			
Transport, Storage and	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. OWNERS AND SHAREHOLDERS

4.1 Attach a list all persons who are shareholders/owners and managers in the business

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

NB: Declaration form must be completed in full (Section 13).

NB: CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED (Multiple copies of this page may be submitted if required.)

#### 4.2 PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

BLACK COLOURED INDIAN WHITE OTHER DISABLED

MALE										
Permanent	Temporary									

FEMALE										
Permanent	Temporary									

#### 4.3 BBBEE STATUS

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

Valid BEE	Status	EME	Status	Letter / proof	Letter from agency	
Certificate	Level	Certificate	Level	from agency	that the supplier is in	
	of		of	that application	process of BEE	
	Contribution		Contribution	has been	verification (no	
				submitted to	preference points	
				BEE	allocated)	
				verification	,	
				agency (no		
				preference		
				points		
				allocated)		
				anocatoa)		

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.		

## 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 following questionnaire must be completed by company directors, managers, principal shareholders or 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:			
CER	TIFICATION				
	I, THE UNDERSIGNED (NAME)				
	CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.				
	I ACCEPT THAT THE STATE MAY A	CT 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; (ii) (iii)
  - (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

(The Supplier) duly authorised

7.	UNDERTAKING					
	Undertaking					
	Ву:					
	(the 'Supplier')					
	vis a vis the					
	Nelson Mandela Bay Municipality ('NMBM')					
Wh	ereas:					
	(a) the Supplier delivers goods or renders services to NMBM;					
	(b) NMBM is liable to pay the Supplier for goods delivered or services rendered; and					
	(c) the Supplier is liable pay NMBM for any due municipal rates and taxes or municipal service charges and any of indebtedness owed by the Supplier to the NMBM	her				
No	w therefore the Supplier undertakes the following:					
1.	In the event of the Supplier being in arrears in respect of any municipal rates and taxes or municipal service charges and any other indebtedness owed by the Supplier to the NMBM; which is / are due:					
	1.1 the Supplier shall make satisfactory and reasonable written settlement arrangements with the NMBM for the payment them.	eof; and				
	1.2 failing which, the NMBM may set-off any such due Municipal rates and taxes or Municipal service charges and indebtedness owed by the Supplier to the NMBM, from any amount owed by the NMBM to the Supplier;	any other				
2.	To co-operate with the NMBM and to do all things and sign all such documents (and/or procure same to be done) as may be necessary or requisite in order to give proper and due effect to the terms of this undertaking or any matter arising there from in accordance with its intenand purpose;					
3.	No extension of time or indulgence granted by the NMBM shall be deemed in any way to affect, prejudice or derogate from its riespect in terms of this undertaking, nor shall it in any way be regarded as a waiver of any of the NMBM's rights hereunder; and	ghts in any				
4.	The Supplier shall not be entitled to cede any of its right's nor delegate any of its obligations in terms of this undertaking to person without the prior written consent of the NMBM.	any other				
Thu	us done and signed by the Supplier aton201					

#### 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	201	_ AT
(AUTHORISED SIGNATU			IN HIS /HER CAPACITY AS
(PLEASE PRINT NAME O		IATURE)	
ON BEHALF OF THE (SU	PPLIER'S NAME)		

#### 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.