

Enquiries: Ms S. Marule  
Tel : 014 555 1437/1313  
Fax: 014 555 6368  
E-mail: [SLetsholo@moseskotane.gov.za](mailto:SLetsholo@moseskotane.gov.za)  
[TPitse@moseskotane.gov.za/](mailto:TPitse@moseskotane.gov.za/)



**MOSES KOTANE**  
LOCAL MUNICIPALITY

Database Registration number	
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## SUPPLIER DATABASE REGISTRATION FORM 2024/2025

### PLEASE FILL IN THE INFORMATION

Registered business  
name:

Contact person:

Contact  
number:

CSD  
NUMBER

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Supplier registration number: \_\_\_\_\_

Captured by: \_\_\_\_\_

Stamp :

Checked by: Database capture

Signature : \_\_\_\_\_



Stand No.933 , Station Road, Unit 3, Mogwase Shopping Complex, Mogwase

Tel: 014 555 1300 | Fax: 014 555 6368

Website: [www.moseskotane.gov.za](http://www.moseskotane.gov.za)

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**POINTS TO REMEMBER**  
**COMPLETING THE MKLM SUPPLIER DATABASE REGISTRATION FORM**

- Completion of Questions – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.
- Certified Documents – Please ensure that a Commissioner of Oaths has certified your Company Registration Document,
- Shareholding Certificates, VAT Registration, PAYE, UIF, Workman's Compensation, Security Officers Board Certificate (if applicable).
- Owners, Shareholders – Please ensure that the percentages of ownership of the individual shareholders amount to 100%.  
 Proof of the individual shareholding is to be submitted.
- Declaration of interest form (MBD 4) is attached, kindly ensure that it is fully completed, signed and submitted with the forms.

These forms must be completed and submitted to:

**Postal Address**

Moses Kotane Local Municipality  
 Private bag X1011  
 Mogwase  
 0314  
 For attention: Manager: Demand and Acquisition

**Residential Address**

Stand no 933  
 Railway Road  
 Unit 3  
 Mogwase

Direct enquiries to the Moses Kotane Local Municipality Budget and Treasury Department: Supply Chain Management Office

Tel: (014) 555 1313/1463/1391/1437

Email : [TPitse@moseskotane.gov.za](mailto:TPitse@moseskotane.gov.za) or [SLetsholo@moseskotane.gov.za](mailto:SLetsholo@moseskotane.gov.za)

Registered Business Name

Trading Name

Registration no.


Company Registration Document (Certified)

Proof of Ownership / Shareholder certificate (Certified)

Municipal Rates and Taxes /Proof of residence

Proof of Banking Document

VAT Registration Document

Security Officer's Board Certificate

Disability Documents

Tax Clearance Certificate/ Tax pin

Proof of identity CERTIFIED  
 (owner/directors/members)

Y	N	N/A

**NB: Please note: Proof of documents for all of the above are required to ensure successful registration on the supplier database. In the event of a document not being required please tick the No or N/A box.**



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**MOSES KOTANE**  
LOCAL MUNICIPALITY

## ABBREVIATIONS

MKLM – Moses Kotane Local Municipality

SARS – South Africa Revenue Service

CIDB – Construction Industry Development Board

BBE – Black Economic Empowerment

VAT – Value Added tax

UIF – Unemployment Insurance Fund

CSD- Central Supplier Database



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## LIST OF RETURNABLE DOCUMENTS

DOCUMENTS REQUIRED	WHERE TO GET THE DOCUMENTS?
Company registration Certificates (Certified copies )	Register of close corporations & Companies
Proof of ownership (Certified copies)	Register of close corporations & Companies
Municipal Rates and taxes clearance certificates)/proof of residence	Relevant municipality
Proof of banking	Branch of bank where account is held
Income Tax	Receiver of revenue ( SARS)
Tax Clearance Certificate	Receiver of revenue ( SARS)
Vat registration	Receiver of revenue ( SARS)
CIDB Grading Certificate	Construction of industry
Certified ID copy (owner/ directors)	Home Affairs
CSD Report	Central suppliers database <a href="http://www.csd.gov.za">www.csd.gov.za</a>







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## 8. CORE BUSINESS OPERATION

Mark with X in applicable fields

Prime Contractor	<input type="checkbox"/>	Sub-contractor (less than 25% generated turnover)	<input type="checkbox"/>	Labour only contractor	<input type="checkbox"/>
Supplier	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Legal Entity	<input type="checkbox"/>
Professional service built	<input type="checkbox"/>	Education, Training and development service providers	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other, Specify: \_\_\_\_\_

**Please indicate the nature of the operations, products or services to your business by ticking the appropriate box/boxes:**

## 9. CATEGORIES OF GOODS AND SERVICES ( SELECT ONLY FOUR (4) PRODUCTS)

		Mark with X
1	Furniture , office design, interior decorating, art work	<input type="checkbox"/>
2	Advertising, publication and market research, promotion and printing services	<input type="checkbox"/>
3	Cleaning equipment, supplies, cleaning chemicals, disinfecting and similar services	<input type="checkbox"/>
4	Catering , accommodation and entertainment services	<input type="checkbox"/>
5	Material textile, (overalls, uniforms, shoes, etc.) and protective clothing and foot wear	<input type="checkbox"/>
6	Mail services, courier services	<input type="checkbox"/>
7	Event management, business professionals, administrative services	<input type="checkbox"/>
8	Financial, insurance services, auditing, performance audits and business services	<input type="checkbox"/>
9	Education, training services, recruitment, counselling	<input type="checkbox"/>
10	Information technology, telecommunications, hardware, software, networks, maintenance	<input type="checkbox"/>
11	Legal services	<input type="checkbox"/>
12	Faxes, photocopiers, photographic, audio, visual, electronic equipment and maintenance	<input type="checkbox"/>
13	Maintenance services for the building industry	<input type="checkbox"/>
14	Security, safety services, etc.	<input type="checkbox"/>
15	Stationary, paper, printing, books and publishing	<input type="checkbox"/>
16	Travel agencies, lodging, air travel, accommodation, car rentals	<input type="checkbox"/>
17	Consultants	<input type="checkbox"/>
18	Pipes, fittings, galvanised PVC, uPVC, mPVC, Polyethylene for all types and sizes including	<input type="checkbox"/>
19	Water meters	<input type="checkbox"/>
20	Machinery and accessories for building and construction	<input type="checkbox"/>
21	Industrial manufacturing, processing machinery, accessories	<input type="checkbox"/>



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# MOSES KOTANE

## LOCAL MUNICIPALITY

22	Service industry, machinery, equipment, supplies, accessories	
23	Power generation, distribution machinery, accessories, etc.	
24	Electrical distribution, maintenance, installation material and goods including transformers, sub	
25	station, meters, etc.	
26	Building material (bricks, paint, stone, sand, cement, fencing material, etc.)	
27	Fuels, fuel additives, lubricants, anti-corrosive materials and gas	
28	Tyres, tubes, batteries and parts	
29	Fire protection equipment and materials and maintenance	
30	Office equipment, accessories, supplies	
31	Editorial, design, graphic, fine arts services	
32	Rubber-, foam-, timber-, steel-, glass products	
33	Tools and general machinery and hardware products	
34	Prefabricated products (cement, fibre, cast iron, plastic, timber, steel, etc.)	
35	Laboratory, measuring, testing, observing equipment and services	
36	Medical equipment, accessories, supplies	
37	Healthcare services (medical, dental and other health and veterinary services)	
38	Drugs, pharmaceutical products	
39	Domestic and industrial appliances, supplies, etc.	
40	Vehicles, equipment and machinery including maintenance and repairs thereto	
41	Cleaning Services	
42	Water-chemicals and wastewater treatment	
43	Chemicals for weed and pest control, exterminating, fumigating and similar services	
44	Law enforcement, security, safety equipment, supplies	
45	Structure, building, construction, manufacturing component and material	
46	Professional engineering services (consulting and constructional engineers), technology based	
47	General supply	
48	Sports, recreational equipment, accessories, supplies	
49	Environmental services and waste management	
50	Plants, compost and nursery accessories	
51	Vehicle towing services, vehicle storage	
52	Hiring of equipment, machinery and trucks	
53	Auctioneering services	
54	Civil, building, electrical, mechanical contractors	
55	Funeral undertaking services (undertakers and crematoriums)	
56	Road building materials	
57	Disaster material including emergency tents and blankets	
58	Cell phones and vouchers	
59	Groceries and other foodstuff	
60	Repair, installation, supply and maintenance services for mechanical equipment electrical	





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# MOSES KOTANE

## LOCAL MUNICIPALITY

61	switchgear and electronic switchgear	
62	Air-conditioning, Ventilation, Fans (Repairs and maintenance)	
63	Animal Feed	
64	Carpets, curtains, blinds and soft furnishing	
65	Containers and packaging	
66	Locksmith (Locks, latches and hinges)	
67	Real estate, property leasing and services	
68	Radio communication and equipment	
69	Removal Services (Furniture)	
70	Signs, name plates and number plates	
71	Refuse bags, bins and plastics	
72	Banks and financial institutions	
73	Florists	
74	Hire, leasing services (Vehicles, office equipment, telephone systems)	
75	Transport and shuttle services	
76	Gardening services	
77	Plumbing	
	Other: ..... ..... .....	
	(Please provide brief description of goods / service provided)	



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## 10. BUSINESS CLASSIFICATION

In order to be identified / sourced as a potential service provider, your business needs to be classified correctly.

**Tick the correct block (X) to indicate the correct classification of your company as a service provider.**

Goods and services	<input type="checkbox"/>
Engineering and construction	<input type="checkbox"/>
Build Environment, consultants, professional services provider	<input type="checkbox"/>
Education, training and development	<input type="checkbox"/>
Legal services	<input type="checkbox"/>

To assist the municipality in the categorization process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specializations

**Our core business is:** \_\_\_\_\_

**Specializations :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplier comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## 11. CERTIFICATION 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 client may, in addition to any remedies it may have:
  - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
  - ii. Cancel the contract and claim any damages which the client 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 organisation's regulations.

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

\_\_\_\_\_  
Authorised signature

\_\_\_\_\_  
In his/her capacity as

\_\_\_\_\_  
Please print name of authorised signature



### DECLARATION OF INTEREST (MBD 4)

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	<b>Full name</b>	
3.2	<b>Identity number</b>	
3.3	<b>Company registration number</b>	
3.4	<b>Tax reference number</b>	
3.5	<b>Vat registration number</b>	

3.6	<b>Are you presently in the service of the state*</b>	<b>YES</b>	<b>NO</b>
3.6.1	<b>If so, furnish particulars.</b>		
3.7	<b>Have you been in the service of the state for the past twelve months?</b>	<b>YES</b>	<b>NO</b>
3.7.1	<b>If so, furnish particulars.</b>		

\* 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.

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# MOSES KOTANE

## LOCAL MUNICIPALITY

<b>3.8</b>	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
<b>3.8.1</b>	If so, furnish particulars.		

<b>3.9</b>	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
<b>3.9.1</b>	If so, furnish particulars		

<b>3.10</b>	Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state?	YES	NO
<b>3.10.1</b>	If so, furnish particulars		

<b>3.11</b>	Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state?	YES	NO
<b>3.11.1</b>	If so, furnish particulars		



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**4. 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.

Full Name	Identity Number	Personal Income Tax Reference Number	State Employee Number / Peral Number

<b>SIGNATURE</b>		<b>DATE</b>	
<b>NAME OF SIGNATORY</b>			
<b>POSITION</b>			
<b>NAME OF COMPANY</b>			

