

	<h1 style="text-align: center;">EMALAHLENI</h1> <h2 style="text-align: center;">Local Municipality</h2>		P.O. BOX 3
			EMALAHLENI
			MPUMALANGA
			1035
			TEL.: (013) 690 6911
	FAX: (013) 690 6207		
	E-mail: <a href="mailto:admin@emalahleni.gov.za">admin@emalahleni.gov.za</a>		
eMalahleni, Mandela Avenue Tel.: (013) 690 6911	Kriel, Quintin Street Tel.: (017) 648 2241	Ogies, Hoofweg Tel.: (013) 643 1027	

### REGISTRATION FORM

***Section 112 of the Municipal Finance Management Act, (act 56 of 2003) requires that a Municipality must have measures in place to comply with the prescribed regulatory framework for municipal supply chain management.***

You are kindly requested to complete this document accurately and in full, as the information contained herein is required for the following purposes: To enable Emalahleni Local Municipality to compile an attendance data of registered suppliers;  
To support Emalahleni Local Municipality with the implementation of a online procurement system of preferences  
as required by the Preferential Procurement Policy Framework Act (No 5 of 2000);

NB: Failure to complete the form in full may result in the supplier/s not being considered for the attendance.

Should you require any assistance with regard to this form please contact Ms CN Mashego at Call: (013)690-6484 Email: [shillycn@emalahleni.gov.za](mailto:shillycn@emalahleni.gov.za) , or Ms NZ Moroku call: 013 690-6497 email: [masangonz@emalahleni.gov.za](mailto:masangonz@emalahleni.gov.za) during office hours Monday to Thursday 08:00 – 16:00.

1.1 Name of Business as registered with the Registrar of Companies/Close Corporations

\_\_\_\_\_

1.2 Name of business used for TRADING purposes, if different \_\_\_\_\_

\_\_\_\_\_

1.3 Registration Number as registered with the Registrar of companies/close corporations (if Applicable ): \_\_\_\_\_

1.4 Postal Address

\_\_\_\_\_

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

Physical Address (**Please attached copy of municipal rates**)

\_\_\_\_\_

\_\_\_\_\_

Telephone number ( ) \_\_\_\_\_ Cell no. \_\_\_\_\_

Email \_\_\_\_\_

1.5 Contact person: \_\_\_\_\_

1.6 Physical location of Head Office (if applicable) **NB Attach copy of municipal rates and taxes**

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1.7 CSD registration number \_\_\_\_\_ (Please attach a copy of CSD Report)

## 2. Type of Business

Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

Type of Business	Tick were applicable
Public Company Ltd Certified copy of Certificate of Incorporation (CM 3)	
Private Company (Pty) Ltd Certified copy of Certificate of Incorporation (CM 3)	
Close Corporation cc Copy of CK 1 Document and CK 2 if applicable	
Sole Proprietor Certified copy of I.D. document	
Partnership Certified copy of Partnership Agreement	
Trust Certified copy of Trust Document	
Co-operative Certified copy of Proof of Registration with the Directorate Co-operatives	
Voluntary Associations Certified copy of Constitution	
Other (specify)	

## 3. 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 ANNEXURE/S WITH ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGE 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 Emalahleni Local Municipality may, in addition to any remedies it may have:

- (i) Disqualify the supplier/contractor;
- (ii) Recover from the supplier/contractor all costs, losses or damages incurred or sustained by the Emalahleni Local Municipality as a result of breach of the contract; and
- (iii) Cancel the attendance and claim any damages which Emalahleni Local Municipality may suffer by having to make less favourable arrangements after such cancelation.

SIGNED ON THIS \_\_\_\_ DAY OF \_\_\_\_\_ 2020 AT \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE IN HIS/HER CAPACITY AS \_\_\_\_\_

NAME IN BLOCK LETTERS ON BEHALF OF THE (SUPPLIER'NAME): \_\_\_\_\_