

WATER · AMANZI "Improving Quality of Life and Enhancing Sustainable Economic Development"

| CHIEF PROCUREMENT OFFICE | СРО |
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| ENTERPRISE & SUPPLIER DEVELOPMENT SUPPLIER | |
| DATABASE REGISTRATION FORM | |

| COMPANY NAME: | |
|----------------------|---|
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The completed Enterprise & Supplier Development database registration form must be submitted by email to the following address: esd.database1@uuw.co.za

Enquiries: 033 341 1509

uMngeni-uThukela Water uses its external whistle-blowing hotline service managed by an external service provider as a means of fraud detection. This 24 hrs.

365-day facility provides an anonymous and confidential communication channel for all stakeholders to report suspicions of fraud or otherwise unethical conduct.

Deloitte Tip-offs Anonymous Contact Details

TIP-OFFS ANONYMOUS FREE CALL: 0800 029 999 FREE FAX: 0800 007788

EMAIL: <u>Umgeniwater@tip-offs.com</u>

IMPORTANT NOTE Kindly read carefully before completion

- 1. Form to be completed in full (Incomplete documents will NOT be considered)
- 2. Please print, complete and attach the supporting documents.

| | Subr | nitted |
|---|------|--------|
| CHECKLIST | YES | NO |
| Company Registration Certificate (Strictly 51% Black ownership or more) | | |
| VAT registration Certificate | | |
| Valid Tax Clearance Certificate | | |
| Stamped bank letter | | |
| Original/ certified copy of a B-BBEE rating certificate OR an original Sworn affidavit if you are an EME/QSE | | |
| CIDB Grading | | |
| List of shareholders & certified ID copies | | |
| The company letter head | | |
| Proof of business address (within uMngeni-uThukela Water's area of operation) | | |
| Audited annual financial statements for the last three years | | |
| Central Supplier Database report (CSD) | | |
| Copy of three months' Payroll | | |

3. PLEASE NOTE

- 3.1 The document must be completed in full. Non submission of valid pre-requisite documents and incomplete forms will not be considered.
- 3.2 No registered mail will be accepted.
- 3.3 Only successful suppliers will be notified in writing of the status of their application.
- 3.4 Enterprises that fail to provide proof of address corresponding to the CSD will be deemed Nonresponsive.
- 3.5 When more than one Enterprise shares a director; only one of the Enterprises will be considered.



ENTERPRISE & SUPPLIER DEVELOPMENT DATABASE REGISTRATION FORM

1. COMPANY DETAILS

| 1. COMI MILI DE IMES | | | | | |
|---|------------|---------|--------|--------------|---------|
| Company Name of Business as | | | | | |
| registered with the Registrar of | | | | | |
| Companies | | | | | |
| Trading As | | | | | |
| Company Registration number | | | | | |
| VAT Registration number (if applicable) | | | | | |
| National Treasury Central Supplier Database (CSD) Number | | | | | |
| Postal Address | | | | | |
| | | | | | |
| | Code: | | | | |
| Physical Address | | | | | |
| | | | | | |
| | Code: | | | | |
| District Municipality | | | | | |
| Local Municipality | | | | | |
| Ward No. | | | | | |
| Contact Person: | | | | | |
| Telephone No: | | | | | |
| Cellular No: | | | | | |
| Fax Number | | | | | |
| E- mail address | | | | | |
| Core Business | | | | | |
| (e.g. Construction, Electrical, | | | | | |
| Mechanical, Civil, Specialty Works SQ, | | | | | |
| Cathodic protection) | | | | | |
| CIDB Grading/s if your core | | | CRS Nu | mber | |
| business is in Construction | | | | | |
| SAIOSH, if your core | | | Member | ship | |
| business is in Health & Safety | | | number | | |
| SAIEE, if your core business | | | Member | ship | |
| is in Electrical Engineering | C | Cantast | number | C44 | D.4.1. |
| | Customer's | Contact | Person | Contact Tel: | Details |
| | | | | Fax: | |
| | | | | Email: | |
| | | | | Tel: | |
| ž | | | | Fax: | |
| la jor rrs | | | | Email: | |
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| Current M Custome | | | | Tel: | |
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| | | | | Email: | |
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2. TYPE OF BUSINESS (PLEASE TICK ONE (1)

| TYPE OF BUSINESS | 'X' | DOCUMENTS REQUIRED |
|--|-----|---|
| A. Sole Proprietor (One-Person Business) | | ID Copy |
| B. Public Company LTD | | Copy of certificate of Incorporation (CM 1) |
| C. Private Company (PTY) Ltd | | ID Copies & Company Registration Certificate |
| D. Close Co-operation | | ID Copies & Company Registration Certificate |
| E. Incorporated | | Copy of certificate of Incorporation (CM 1 and CM 19) |
| F. Partnership | | Partnership Agreement, ID Copies and Tax Certificates of members |
| G. Co-operatives | | Co-operative Registration Certificate, ID Copies |
| H. Joint Venture | | JV Agreement, Member's ID Copies & Tax Certificates |

3. OWNERSHIP GROUPS

uMngeni-uThukela Water is committed to develop and provide people from the previously disadvantaged communities with business opportunities. Please indicate the number of shares held by people from the previously disadvantaged group.

| | PERCENTAGE OF TOTAL SHARES OWNED BY EACH OF THE FOLLOWING GROUPS | | | | | | | |
|-------------------------|--|------------|--------------------|------------|----------------------|------------|--|--|
| | Group (this must add-up to 100% of ownership | Percentage | Group | Percentage | Group | Percentage | | |
| | African Ownership of the whole company | % | African Female | % | African Disabled | % | | |
| BEE EQUITY OWNERSHIP | Coloured Ownership of the whole company | % | Coloured Female | % | Coloured Disabled | % | | |
| | Indian Ownership of the whole company | % | Indian Female | % | Indian Disabled | % | | |
| | White Ownership of the whole company | % | White Female | % | White Disabled | % | | |
| | Foreign Ownership of the whole company | % | Foreign Female | % | Foreign Disabled | % | | |

4. OWNERSHIP INFORMATION

List ALL persons/entities who are owners in the business. (Compulsory)

| Full name | Designation | Exec/ Non Exec | Race | ID Number |
|-----------|-------------|-------------------|------|-----------|
| | | | | |
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5. BOARD MEMBERS IF ANYPlease indicate percentage BEE control at board level if any. **Additional Documentation to be attached**

| Full name | Designation | Exec/ Non Exec | Race | ID Number |
|-----------|-------------|-------------------|------|-----------|
| | | | | |
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| 6. STAFF ESTABLISHMEN |
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| Full name | Designation | Race | ID Number |
|-----------|-------------|------|-----------|
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8. VESTED INTEREST

| Any financial interest in your | |
|-------------------------------------|--|
| company by an uMngeni –uThukela | |
| Water employee and/or its family | |
| must be declared in detail, failing | |
| which will result in the immediate | |
| termination of the business | |
| relationship. | |

| 9. DECLARATION | | |
|-----------------------------------|-------------------------------|--|
| I, THE UNDERSIGNED | | |
| (FULL NAMES) | | |
| CERTIFY THAT THE INFORMATION FUI | RNISHED TO UMNGENI-UTHUKELA | |
| WATER IS CORRECT. | | |
| I ACCEPT THAT UMNGENI-UTHUKELA V | VATER MAY REJECT THE DATABASE | |
| APPLICATION FORM OR ACT AGAINST I | ME SHOULD THIS DECLARATION | |
| PROVE TO BE FALSE. | | |
| Signature | Date | |
| Name of supplier | | |
| Position | | |