



“Improving Quality of Life and Enhancing Sustainable Economic Development”

CHIEF PROCUREMENT OFFICE	CPO
ENTERPRISE & SUPPLIER DEVELOPMENT SUPPLIER	
DATABASE REGISTRATION FORM	

DISCIPLINE: SAFETY, HEALTH, ENVIRONMENT, AND RISKS SERVICES

COMPANY NAME: _____

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: Umgeniwater@tip-offs.com

**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.

CHECKLIST	Submitted	
	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		
List of shareholders & certified ID copies		
The company letter head		
Proof of business address (within uMngeni-uThukela Water's area of operation)		
Financial statements for the last three years		
Central Supplier Database report (CSD)		
Experience of Key Personnel		
Company's Key Experience		

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 enterprises 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 non-responsive.
- 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

Company Name 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			
Current Major Clients	Clients' Name	Contact Person	Contact Details
			Tel:
			Fax:
			Email:
			Tel:
			Fax:
			Email:
			Tel:
			Fax:
			Email:
			Tel:
			Fax:
		Email:	

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

3. OWNERSHIP GROUPS

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

BEE EQUITY OWNERSHIP	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	%
	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

5. BOARD MEMBERS, IF ANY

Please indicate the percentage BEE control at board level if any.

Additional Documentation to be attached.

Full name	Designation	Exec/ Non Exec	Race	ID Number

6. STAFF ESTABLISHMENT

Full name	Designation	Race	ID Number

7. E-COMMERCE

uMngeni-uThukela Water conducts its business by means of email.	
Would your company be able to receive communication electronically?	
If yes, Provide the email address	

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.	
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9. KEY PERSONNEL EXPERIENCE

HEALTH AND SAFETY MANAGER

The leading Manager must have experience in the implementation of Health and Safety projects within the Construction industry and the implementation and Monitoring of ISO 45001. The manager must have an NQF Level 7 Qualification and be registered with SACPCMP

Manager working experience

- 1-2 years – 0 points
- 3 years – 20 points
- 4 years – 21 points
- 5 years – 24 points

10 points for each additional project to a maximum of 70 points.

HEALTH AND SAFETY OFFICER

The safety officer must have experience in the implementation of Health and Safety projects within the Construction industry and the implementation and Monitoring of ISO 45001. The officer must have an NQF Level 6 Qualification and be registered with SACPCMP

SHE working experience

- 1-2 years – 0 points
- 3 years – 20 points
- 4 years – 21 points
- 5 years – 24 points

3 points for each additional year to a maximum of 30 points.

10. COMPANIES' EXPERIENCE

EXPERIENCE

The enterprise should have knowledge/ undertaken work in the following areas (Reference letters must include the final value of the Construction)

- **SHE Management Systems** Development and Implementation of Health and Safety Management Systems to ensure compliance
- **Legal Compliance** - Health and Safety Compliance Consulting Services
- **Auditing SHER** (Safety Health Environment and Risks Management Systems)
- **Safety Files**- Developing and Maintaining Construction Project SHE Files
- **In-house awareness training** - Developing and conducting SHE related in-house awareness training
- **Internal Audits** - Implementation, monitoring and evaluation of SHE Management Systems during Projects
- **Documentation** – Be able to generate, maintain documentation required (e.g. templates, risk registers and safe work procedures)
- 2 project – 50 points
- 3 projects – 70 points,
- 10 points for every additional project to a maximum of 100 points.

Note: A company will be considered on the condition that they meet a minimum functionality score of seventy (70) points.

11. DECLARATION

I, THE UNDERSIGNED

**(FULL NAMES) _____ CERTIFY THAT THE
INFORMATION FURNISHED TO UMNGENI-UTHUKELA WATER IS CORRECT.
I ACCEPT THAT UMNGENI-UTHUKELA WATER MAY REJECT THE DATABASE
APPLICATION FORM OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE
TO BE FALSE.**

Signature _____

Date _____

Name of supplier _____

Position _____