

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

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

DISCIPLINE: SOCIAL FACILITATION SERVICE PROVIDERS

The completed Enterprise & Supplier Development database registration form must be submitted by email to the following address: esd.databasel@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 | | |
| 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

| 1. COMPANY DETAILS | | | |
|--|---------------|-----------------------|-----------------|
| Company Name as registered | | | |
| with the Registrar of | | | |
| Companies Trading As | | | |
| 8 | | | |
| Company Registration number | | | |
| VAT Registration number (if applicable) | | | |
| (if applicable) National Treasury Central Supplier | | | |
| Postal Address | | | |
| | | | |
| | Code: | | |
| Physical Address | | | |
| | G 1 | | |
| District Maniel alite | Code: | | |
| District Municipality Local Municipality | | | |
| Ward No. | | | |
| Contact Person: | | | |
| Telephone No: | | | |
| Telephone No: Cellular No: | | | |
| Fax Number | | | |
| E- mail address | | | |
| | Clients' Name | Contact Person | Contact Details |
| | | | Tel: |
| | | | Fax: |
| | | | Email: |
| Current Major Clients | | | Tel: |
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| $\Lambda_{\mathbf{a}}$ | | | Email: |
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| | | | 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.

| | PERCENTAGE OF TO GROUPS | TAL SHARES | S OWNED B | Y EACH OF | THE FOL | LOWING |
|-------------------------|--|------------|--------------------|------------|----------------------|------------|
| | 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 the 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 | ESTA | RI | THAT | TENT |
|---|-------|------|----|------|-------------|
| | | | | | |

| Full name | Designation | Race | ID Number | |
|-----------|-------------|------|-----------|--|
| | | | | |
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| | | | | |

| 7 E-COMMERCE | 7 |
|--------------|---|

| /. E-COMMERCE | |
|---|--------------------------------|
| uMngeni-uThukela Water conducts i | ts 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. | |

9. KEY PERSONNEL QUALIFICATIONS AND EXPERIENCE

Qualifications for the key personnel of the service providers supporting infrastructure projects, mobilizing communities, and establishing relationships with stakeholders. Must have a BA Social /Communication Science degree (NQF Level 7) with years of Experience,

- <3 years 0 points
- 3 years 7 points
- 4 years 14 points
- 5 years 21 points
- 3 points for each additional year to a maximum of 30 points.

Experience for the key personnel of the service providers leading infrastructure projects, mobilizing communities, and establishing stakeholders.

- 1 project 30 points
- 2 projects 50 points

11. DECLARATION

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

10. COMPANIES' EXPERIENCE

| Framework Agreement Category | Completed projects in Construction Cost Range (Excl. VAT) | Selection |
|---------------------------------|---|-----------|
| 1 | R50.01m and above | |
| 2 | R50 million Rand and below R10million | |
| 3 | ≤ R 10million | |

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

| I, THE UNDERSIGNED | | |
|---|------------------|--|
| (FULL NAMES) | CERTIFY THAT THE | |
| INFORMATION FURNISHED TO UMNGENI-UTHUKELA WATER IS CORRECT. | | |

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: | |

Add the POPIA disclaimer. I have asked Legal to provide us a sample but I am sure we can find it on the internet. Put it here at the end as a footer or on the front page.