



Sarah Baartman

DISTRICT MUNICIPALITY

Province of the Eastern Cape

progress through development

**APPLICATION FOR REGISTRATION
SARAH BAARTMAN DISTRICT MUNICIPALITY
SUPPLIER DATABASE (SBDMSD)**

THE PROSPECTIVE SERVICE PROVIDER MUST COMPLETE THE FOLLOWING SECTION:

NAME OF SUPPLIER:	_____
CENTRAL SUPPLIER DATABASE REGISTRATION NUMBER:	_____
CONTACT NAME:	_____
CONTACT NUMBER:	_____

THE COMPLETED ORIGINAL DECLARATION OF INTEREST FORM MUST BE MAILED OR DELIVERED TO THE FOLLOWING ADDRESS, FOR THE ATTENTION OF THE SCM UNIT:

POSTAL ADDRESS:

PO BOX 318
PORT ELIZABETH
6000

PHYSICAL ADDRESS:

32 GOVAN MBEKI AVENUE
STANDARD BANK BUILDING
PORT ELIZABETH

ENQUIRIES:

TELEPHONE:

(041) 508 7149/7071 (041) 508 7111

FOR OFFICIAL USE

SBDM SUPPLIER NUMBER: _____

CSD NUMBER CONFIRMED: _____

DATE: _____

DECLARATION OF INTEREST

NAME OF SUPPLIER: _____

CENTRAL SUPPLIER
DATABASE NUMBER: MAAA _____

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 register. In view of possible allegations of favouritism, it is required that the supplier or their authorised representative declare their position in relation to the municipality and 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 registration.

3.1 Full Name:

3.2 Identity Number:

3.3 Are you presently in the service of the state* **YES / NO**

3.3.1 If “YES”, furnish particulars.

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3.4 Have you been in the service of the state for the past twelve months? **YES / NO**

3.4.1 If “YES”, furnish particulars.

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* 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.

3.5 Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state? **YES / NO**

3.5.1 If "YES", furnish particulars.

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3.5 Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the *state? **YES / NO**

3.6.1 If "YES", furnish particulars.

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DECLARATION

I, THE UNDERSIGNED (NAME)

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DECLARE 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.

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Signature of Deponent

Date

.....

Position

Name of institution

TO BE COMPLETED AND STAMPED BY COMMISSIONER OF OATHS

I certify that the Deponent has acknowledged that he/she knows and understands the contents of this Affidavit, which was signed and sworn to before me at

.....
on this day of 20.....

.....

COMMISSIONER OF OATHS