

# **AMAHLATHI MUNICIPALITY**

## **APPLICATION FORM FOR PROFESSIONAL SERVICE PROVIDERS (CONSULTANTS) TO BE INCLUDED ON THE AMAHLATHI MUNICIPALITY PROFESSIONAL SERVICE PROVIDER DATABASE**

### Please Note:

This form must be completed by all applicants to register as a professional service provider with the Amahlathi Municipality. Curriculum vitae for each project staff member / consultants should be attached to the application form. Other relevant additional documentation may also be attached. The municipality will determine the suitability of firms for entry into its database, based on the information provided.

All sections of the application form must be completed in full.

The application form is to be completed by the duly authorised official of the professional service provider firm.

- New Application                       Updated Application

Date: .....

**PARTICULARS OF FIRM**

1. **Name of Firm:** .....
2. **Name of Managing Principal:** .....
3. **Type of Firm (tick relevant box)**
  - Partnership
  - One person business / sole proprietor
  - Close corporation
  - Company
  - {Pty} Limited
  - Consortium
  - Other (specify)
4. **Co. / CC Registration Number:** .....
5. **Vat. Registration number:** .....
6. **ADM Levy Reference Number:** .....
7. **Company income tax reference number:** .....  
 Note: Insert personal income tax reference number if one man business and personal income tax reference numbers of all parties if a partnership.
8. **Membership with professional bodies:** .....  
 [Include membership number] .....  
 .....
9. **Complete the following table and provide supporting documents to confirm information.**

INFORMATION REQUIRED	PERCENTAGE
Percentage HDI ownership	
Percentage of HDI' s in management positions	
Percentage of HDI' s employed	
Percentage of HDI' s receiving bursaries	
Percentage of HDI' s in mentorship programs	
Total permanent staff complement (% not applicable)	
Percentage female ownership	
Percentage disability ownership	

## **REGISTRATION PREREQUISITES:**

### **NOTE: PROFESSIONAL SERVICE PROVIDERS WILL NOT BE REGISTERED IF THE FOLLOWING PREREQUISITES ARE NOT MET.**

1. Proof of company registration and / or any other form of legal standing must be submitted.
2. A current original Certificate of Good Standing in respect of ADM levies, obtainable from the ADM Finance Department, must be attached to the application.
3. A current and original Tax Clearance certificate from South African Receiver of Revenue Services [SARS] certifying that the taxes of the tenderer are in order or that suitable arrangements have been made with SARS to bring them in order. The Tax Certificate will be reworded at the allocated space for the VAT number with the words "compulsory if turnover is more than R300 000". Where the person is not required to be registered for VAT, the Receiver of Revenue will write "not required to register" next to the allocated space for the VAT registration number.
4. The Declaration of Interest form must be completed.
5. The application form must be completed in all respects in blank ink.
6. Submit proof of Professional Registration with the relevant Professional Body.
7. Submit Professional indemnity and type of cover where applicable.
8. Submit Company composition on the form attached as Annexure "H".
9. Complete Annexure "C1", "C2", "D", "K" and "F".
10. Black Economic Empowerment (BEE) Strategy / Transformation Strategies / strategies to empower the Disabled / physically challenged.

**CONTACT DETAILS**

1. Contact person: .....

Phone No: .....

Cell No: .....

Fax No: .....

E-mail: .....

2. Postal Address: .....

Postal Code: .....

3. Physical Address: .....

Postal Code: .....

4. Eastern Cape Offices: .....

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5. National Offices: .....

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**PLEASE INDICATE THE FIELD OF COMPETENCE YOUR FIRM WILL BE REGISTERING IN**

- Social Facilitation**
- Legal**
- Human Resource**
- Training**
- Project Management**
- Occupational Health and Safety**
- Audit**
- Environmental**
- Health**
- Electrical**
- Mechanical**
- Quantity / Land Surveyors**
- Roads**
- Structural**
- Water and Sanitation**
- Other (specify)**

**More than one (1) field of competence may be selected**





**ANNEXURE D**  
**COMPANY DETAILS**

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The following company details schedule must be completed in full. **Attach a copy of Founding Statement / Business Registration.**

Registered Company Name: .....

Company registration number: .....

VAT Number: .....

Bank Name and Branch: .....

Bank Account Number: .....

Professional Registration Details: .....

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Professional Indemnity Details: .....

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## ANNEXURE F DECLARATION OF INTERESTS

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The municipality may not make any award to a person –

- who is in the service of the state;
- if that person is not a natural person, of which any director, manager, principal shareholder or stakeholder is a person in the state; or
- who is an advisor or consultant contracted with the municipality.

“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 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

In order to give effect to the above the following questionnaire must be completed and submitted with the application –

1. Is the person (either a natural or juristic person) submitting the application –

1.1. in the service of the state **YES / NO**

1.2. owned , controlled or managed by any director, manager, principal shareholder or stakeholder who is in the service of the state **YES / NO**

1.3. an advisor or consultant with the municipality **YES / NO**

2. If the afore stated person answered **YES** to any of the afore going then further details must be submitted.

- 3. is the person
- 3.1. a spouse of a person in the service of the state **YES / NO**
- 3.2. a child of a person in the state: **YES / NO**
- 3.3. a parent of a person in the service of the state: **YES / NO**
- 3.4. Been in the service of the state in the previous 12 months **YES / NO**
- 4. If the afore stated person answered **YES** to any of the afore going then:
  - 4.1. Further details must be stipulated

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4.2. The capacity in which that person is in the service of the state must be described

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I the undersigned, certify that the above information is correct.

\_\_\_\_\_  
**Signature of declarer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**