



'Improving Quality of Life and Enhancing Sustainable Economic Development'

FINANCE DIVISION	
SUPPLIER DATABASE REGISTRATION FORM	Rev: 10
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COMPANY NAME: _____

The completed supplier database registration form must be submitted
by email to the following address:

Supplier.management@umgeni.co.za

Enquiries: 033 341 1008 or 033 341 1581

Umgeni Water uses its external whistle-blowing hotline service managed by an external service provider as means of fraud detection. This 24 hour - 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 864 463
FREE FAX: 0800 007788
EMAIL: Umgeniwater@tip-offs.com

IMPROTANT NOTES
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		
VAT registration Certificate		
Tax Clearance Certificate		
Letter from the bank with bank a stamp OR a cancelled cheque.		
Original/ certified copy of a B-BBEE rating certificate OR an original Sworn affidavit if you are an EME/QSE		
List shareholders & attach Copies of Identity Documents for all members		
Completed and Signed Declaration of Interest		
The company letter head		

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



TERMS AND CONDITIONS

(PLEASE READ & UNDERSTAND UMGENI'S TERMS & CONDITIONS.)

1. **BBBEE Certificates**

- It is the responsibility of a supplier to ensure that UW with is in possession of a valid BBBEE Certificate .

2. **Banking Details**

- Suppliers must notify UW if the banking details have changed. A cancelled cheque/ letter from the bank / form approved by one the company's Directors will be required prior changing the information.

a. Company Name Change

- Suppliers must notify UW should the company name change, a certificate of Name Change from CIPC, Tax Clearance Certificates of the old and new companies and letter/form approved shall be submitted to UW for the attention of SMS prior to changes being effected on the UW system.

b. Contact Details (Addresses and telephone Number)

- The **ONUS LIES** with suppliers to ensure that UW has updated details at all times. A request to make any amendments to the above information must be submitted to supplier.management@umgeni.co.za

3. **Invoices**

- All invoices must be addressed **Creditors Department, Umgeni Water, P. O Box 9, Pietermaritzburg, 3201** or and delivered to **Umgeni Water, 310 Burger Street, Pietermaritzburg, 3201** for the attention of **Creditor's Department**.

4. **UW OBLIGATIONS**

4.1 **Payment Terms**

UW pays suppliers 30 days from the date of a correct statement issued on a monthly basis.

4.2 **Performance Rating**

- UW will review supplier's performance on delivery, quality, service, administration, problem resolution, technical ability, on going progress reports, administration and any other aspect periodically.

4.3 **Validation of Information.**

- UW reserves the right to use other institutions/bodies to validate information submitted by a supplier. Umgeni Water may from time to time conduct a physical verification of the information submitted by the suppliers the truthfulness of the information provided by suppliers

4.4 **Suspending a Supplier**

- UW may suspend a supplier from UW's database for the following reasons:
 - Supplier that has committed a serious offence such as misrepresentation, fraud, corruption and putting UW into disrepute
 - Non-performance
- UW will also not transact with any owners or directors of companies listed as defaulters in the National Treasury who have formed a new company so as to do business with UW in the new company name.

5. **GENERAL**

- All documentation submitted to UW must be clearly addressed.
- Suppliers are invited to visit the UW website to keep informed of any other information relevant to them.
- The Supply Chain Section is the **ONLY** section authorised to commit Umgeni Water to any expenditure for goods and services. Suppliers who accept orders and supply goods without receiving a valid purchase order number, should note that there is no legal binding contract, and therefore, no obligation on behalf of Umgeni Water to pay for goods or services provided. Suppliers who do not obtain a valid order number will be prejudiced through delays in clearing payments.
- You are strongly advised not to allow any goods to be **COLLECTED** from your premises unless the person collecting the goods can hand you an **ORIGINAL** Umgeni Water purchase order.
- UW uses the following methods for advertising tenders; UW internet, UW Notice Board, Treasury's e-portal, and Newspapers.

By submitting the Umgeni Water Supplier Database Registration, you agree to these terms, conditions as amended from time to time (“Terms & Conditions”) and acknowledge and agree that you have read and understood these Terms and Conditions.



SUPPLIER DATABASE REGISTRATION FORM
(PLEASE COMPLETE ALL THE FOLLOWING PAGES 5-12)

1. COMPANY DETAILS

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			
Company's Local Municipality where your business operates.			
Postal Address			
	Code:		
Physical Address			
	Code:		
Contact Person:			
Telephone No:			
Cellular No:			
Fax Number			
E- mail address			
After Hours numbers			
Core Business <i>(e.g construction ,catering, supply of cleaning material)</i> <i>Please note Umgeni water only accepts one core business.</i>			
CIDB Grading/s if your core business is construction		CRS Number	
Current Major Customers	Customer's 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 (CM 1)
D. Close Co-operation		ID Copies & Company Registration Certificate (CK 1 and CK 2)
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 & Constitution
H. Joint Venture		JV Agreement, Member's ID Copies & Tax Certificates
I. Trust		Copy of Trust Document
J. Section 21 Company e.g NGO's		Registration certificates with CIPRO, a valid constitution
K. Parastatal/Government		Registration certificates if registered
L. Military Veterans		Confirmation of listing on the Military Veterans' Database Of The Department Of Military Veterans.

3. Indicate one (1) applicable sector related to the goods and services that you supply

SECTOR	TICK only 1 (X)	SECTOR	TICK (X) only 1 (X)
ADMINISTRATION		INFORMATION & COMMUNICATION	
CHEMICAL INDUSTRY		PETROLEUM & LIQUID FUELS	
CONSTRUCTION		PROFESSIONAL SERVICES-ENGINEER	
ELECTRICAL		PROFESSIONAL SERVICES-LEGAL	
GENERAL CONSUMABLES		PROFESSIONAL SERVICES-ACCOUNTING	
GENERAL EQUIPMENT		PROFESSIONAL SERVICES-OTHER	
ENVIRONMENTAL SERVICES		PIPES	
EQUIPMENT		RETAIL	
FINANCIAL SERVICES & INSURANCE		SAFETY & SECURITY	
HEALTHCARE		TRAINING	
HOSPITALITY		TRANSPORT, FREIGHT & LOGISTICS	

4. BANKING DETAILS (Attach bank stamped proof/copy of cancelled cheque)

Name of Bank:	
Branch Name:	
Account Number:	
Type of Bank Account:	
Accounts Manager's Name	

5. BBBEE RATING DETAILS (Attach a certified BBBEE /Sworn Affidavit.)

Has your company been rated as per BBBEE by SANAS ? If YES, attach a BBBEE Certificate.	
Is your company an Exempted Micro Enterprise (EME)? If YES, please submit a Sworn Affidavit .	
Is your company a Qualified Small Enterprise (QSE)?	
Is your company a Large Enterprise?	

6. OWNERSHIP GROUPS

Umgeni 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
BEE EQUITY OWNERSHIP	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	%

7 OWNERSHIP INFORMATION

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

Full name	Designation	Exec/ Non Exec	Race	ID Number

8. BOARD MEMBERS IF ANY

Please indicate percentage BEE control at board level if any.

Additional Documentation to be attached

Full name	Designation	Exec/ Non Exec	Race	ID Number

9. E-COMMERCE

Umgeni Water conducts its business by means of email .	
Would your company be able to receive quotations and accept orders electronically?	
If yes, what is the email address for receiving the quotations and orders	

10. VESTED INTEREST

Any financial interest in your company by an Umgeni 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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CONFIRMATION

I hereby warrant that I,..... am duly authorised to submit information on my company, and certify to the best of my Company knowledge that the information detailed above is correct.

Signed on behalf of the supplier at on theday of.....

Full name and surname:

Capacity:

Signature:

17. SUPPLIER'S DECLARATION OF INTEREST (COMPULSORY)

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to tender (includes a price quotation, advertised competitive tender, limited tender or proposal). In view of possible allegations of favouritism, should the resulting tender, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the supplier or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the supplier is employed by the state; and/or
- the legal person on whose behalf the tender document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the tender(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the tender.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the tender.**

2.1 Full Name of supplier or his or her representative: _____

2.2 Identity Number: _____

2.3 Position occupied in the Company (director, trustee, shareholder²): _____

2.4 Company Registration Number: _____

2.5 Tax Reference Number: _____

2.6 VAT Registration Number: _____

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹“State” means –

- (a) 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);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

²“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

PLEASE TICK WHAT IS APPLICABLE

2.7 Are you or any person connected with the employee presently employed by Umgeni Water ?

YES	NO
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2.7.1 If so, furnish the following particulars:
Name of person / director / trustee / shareholder/ member:
Name of the station/site/section at which you or the person connected to the supplier is employed:
.....
Position occupied in Umgeni Water:

Any other particulars:
.....
.....
.....

2.7.2 Are you currently employed by the state?

YES	NO
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2.7.2.1 If you are presently employed by the state/Umgeni Water, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES	NO
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2.7.2.2 If yes, did you attach proof of such authority to the tender document?

YES	NO
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(Note: Failure to submit proof of such authority, where applicable, may result in the non-acceptance of the Database application form.

2.7.2.3 If no, furnish reasons for non-submission of such proof:
.....
.....
.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state/Umgeni Water in the previous twelve months?

YES	NO
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2.8.1 If so, furnish particulars:
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.....
.....

2.9 Do you, or any person connected with the supplier, have any relationship (family, friend, other) with a person employed by Umgeni Water and who may be involved with the processing of your database application form?

YES	NO
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2.9.1 If so, furnish particulars:
.....
.....
.....

2.10 Are you as a supplier, aware of any relationship (family, friend, other) between any other supplier and any person employed by the state.

YES	NO
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2.10.1 If so, furnish particulars:
.....
.....
.....

3. Full details of directors / trustees / members / shareholders

Full Name	Identity Number	Personal Tax Reference Number	State Employee / Persal /Salary Number

4. DECLARATION

**I, THE UNDERSIGNED (NAME)
CERTIFY THAT THE INFORMATION FURNISHED TO UMGENI WATER IS CORRECT.
I ACCEPT THAT UMGENI WATER MAY REJECT THE DATABASE APPLICATION FORM
OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....
Signature

.....
Date

.....
Position

.....
Name of supplier