DATABASE REGISTRATION FORM

VAT/BTW REG. NO: 4140106396

www.overstrand.gov.za

OM-C1

HERMANUS Magnoliastraat 1 Magnolia Street 20 7200 Tel. 028 313 8152 Faks/Fax. 028 313 8182	HANGK 5de Laan (Privaatsal Tel. 028 Faks/Fax	39 5th A k X3 F 3 271 81	venue rivate 00	Bag 71	95	ÖM	ERST	RAN	D	Quee ⊠ 8- Tel.	4 72 028	oriastra 210 341 0	nat 15 Qu 0640 341 04		ictoria S	Street		GAN Hoofstr ⊠ 26 Tel. Faks/l	7220 728 3	<i>M</i> ain R) 884 0°	111	41	
KREDITEURE: Registrasie op databasis ingevolge:	2. Voorke	die Raar eurverkryg p Plaaslik	ingsreg	ulasies (N	lo. R.72	25 van 1	0 Augus	tus 200	1) uitge	evaardi									2000 –	Staats	koeran	t No. 20	0854)
CREDITORS: Registration on data base in terms of:	Prefere	2. Preferential Procurement Regulations (No. R.725 of 10 August 2001) promulgated in terms of abovementioned Act (Government Gazette No. 22549)																					
ABANTU ENINAMATYALA KUBO: Ubhaliso kwindawo ekugcinwa kuyo iindawo ezaziwa ngento ngokuphathelele	2. Imithet lombus	e benkqub so likaRhu ho yenkq so likaRhu pala weng	ilumente ubo ekl ilumente	unombo nethekiuk elinguno	ilo 2085 eyo yol ombolo	54) kufumar 22549)	a (Non	nbolo R	725 ka	a-Agast	i 2001) umth	hetho ov		`						·		
Handelsnaam van onderneming Trade name of enterprise Igama lokushishina loshishino																							
Posadres / Postal address Idilesi yeposi																	Pos	stal Co	ode				
Plaasnaam/Besigheid straat adres / Name of Farm/Business street address / Igama lefama/idilesi yesitrato soshishino																	Pos	stal Co	ode				
Aard van bedrywigheid wat beoefen word / Nature of activities conducted / Uhlobo lwemisebenzi eyenziwayo necandelo																							
Tipe ondememing (Merk met X) / Type of enterprise (Mark with X) / Uhlobo loshishino (Phawula ngo-X)	se (Mark with X) / 1 Proprietor/ Ushishino 2 Partnership/ 3 Public Sector 4 Corporation / 5 ens. of Legadelo lompty 4 Corporation / 5 Trust etc. / Frainy								lub, nye:														
CIDB nommer / CIDB number / inom BTW nommer / VAT number/ inom	•	•	nstruc	tion Ind	ustry	Develo	pmen	t Boar	d)														
Inkomstebelastingverwysingsnomi	mer van pe	ersoon/o										r of											
person/enterprise in 1. / Inombolo Indien u nie vir enige van bogenointo engaphezulu, nika izizathu:	•											ny of	the al	bove,	furnis	sh rea	isons	: / Xa	unga	azibh	aleli r	ayiph	ni na
December de von verent verent	alika mawaa	of a		/ Dowl	la vila i			ماداد				/ I:	اردمادا	ra a b a		nt. at	مائده ماد		s 10 al 1 1	اء ما			alal
Besonderhede van verantwoorde Van / Surname / Ifani		on or er													ZOIII	ntu oi	maun	a uxa	andu	va or	anye	ZOIIII	nini
Voornaam / First name / Amagama	2																						
Hoedanigheid / Designation / Ubui		nzini							-		-						-	+	-				
Besonderhede van skakelbe			icula	rs of I	iaso	n offi	cer	/ link	cuk	acha	70r	nntı	ı wor	nany	/ano	/Um	ntu	onik	a iin	nhu	visel	o)	
Voorletters en van / Initial Oonobumba bokuqala bama	ls and s	urnam			iuso						120.		1 1101	nan,	yano	(0					yioci	<u> </u>	
Hoedanigheid/Designation/L	Jbume on	nsebe	nzi																				
Selfoon / Cell phone / Iselfor	ni																						
Telefoon nr./Telephone no.	/inombolo	yefor	ni																				
Faksnr. / Fax no. / Inombolo	yeFeksi																						
e-pos adres / e-mail address	s / I-imeyi	le																					
Meld taalvoorkeur / Indicat rence	e langua	ge pre	efe-			A	frikaa	ans								ı	≣ngl	ish					
Ek verklaar dat die inligting Ndixela ukuba ulwazi oluniki	iweyo apl	na luyi	nyan	iso kv	vaye	lulur	ngile.																
Handtekening van persoon verant	woordelik v	ir hierdi	e verk	laring /	Sign	ature	of per	son re	spon	sible	tor th	is de	clarati	on / L	Jsayir	no lom	intu c	othath	ela u	xand	uva le	ngxe	elo.
Naam / Name / Igai	ma		Н	oedani	ghei	d / Des	signa	tion /	Ubur	ne en	nseb	enzii	ni			D	atun	ı / Da	te / U	lmhla	3		
PLEASE ATTACH A LIST OF SERVICES / COMMODITIES THAT YOU CAN SUPPLY																							

PREFERENTIAL PROCUREMENT REGULATIONS 2011

1. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTION

1.1 In terms of Regulation 5 (2) and 6 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (90/10 system)	Number of points (80/20 system)
1	10	20
2	9	18
3	8	16
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

- 1.2 Bidders who qualify as EMEs in terms of the B-BBEE Act must submit a certificate issued by an Accounting Officer as contemplated in the CCA or a Verification Agency accredited by SANAS or a Registered Auditor. Registered auditors do not need to meet the prerequisite for IRBA's approval for the purpose of conducting verification and issuing EMEs with B-BBEE Status Level Certificates.
- 1.3 Bidders other than EMEs must submit their original and valid B-BBEE status level verification certificate or a certified copy thereof, substantiating their B-BBEE rating issued by a Registered Auditor approved by IRBA or a Verification Agency accredited by SANAS.
- 1.4 A trust, consortium or joint venture, will qualify for points for their B-BBEE status level as a legal entity, provided that the entity submits their B-BBEE status level certificate.
- 1.5 A trust, consortium or joint venture will qualify for points for their B-BBEE status level as an unincorporated entity, provided that the entity submits their consolidated B-BBEE scorecard as if they were a group structure and that such a consolidated B-BBEE scorecard is prepared for every separate bid.
- 1.6 Tertiary institutions and public entities will be required to submit their B-BBEE status level certificates in terms of the specialized scorecard contained in the B-BBEE Codes of Good Practice.
- 1.7 A person will not be awarded points for B-BBEE status level if it is indicated in the bid documents that such a bidder intends sub-contracting more than 25% of the value of the contract to any other enterprise that does not qualify for at least the points that such a bidder qualifies for, unless the intended sub-contractor is an EME that has the capability and ability to execute the sub-contract.
- 1.8 A person awarded a contract may not sub-contract more than 25% of the value of the contract to any other enterprise that does not have an equal or higher B-BBEE status level than the person concerned, unless the contract is sub-contracted to an EME that has the capability and ability to execute the sub-contract.

2 BID DECLARATION

2.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

2.1.1	B-BBEE STATUS LEVEL OF CONTRIBUTION CLAIMED IN TERMS OF PARAGRAI	PHS 1.3.1.2 AND 5.1
2.1.1.1	B-BBEE Status Level of Contribution as reflected on the B-BBEE Certificate	
2.1.1.2	Points claimed in respect of Level of Contribution (maximum of 10 or 20 points)	

(Points claimed in respect of paragraph 6.1 must be in accordance with the table reflected in paragraph 5.1 and must be substantiated by means of a B-BBEE certificate issued by a Verification Agency accredited by SANAS or a Registered Auditor approved by IRBA or an Accounting Officer as contemplated in the CCA).

3	3	Persentasie aandeelhouding van persone geklassifiseer as jeug . (18 – 35 Jaar oud) / Percentage of shareholding of persons in the business classified as youth . (18 – 35 Yea Ipersenti labantu abanezabelo kwinkonzo zoshishino ababizwa ngokuba lulutsha (18 – 3	%
١,		Is u besigheid geleë binne die jurisdiksie van die munisipaliteit ? Is your business established within the area of jurisdiction of the Municipality?	In/Ngaphakathi
	•	Ingaba ishishini lakho limi kwingingqi elawulwa nguMasipala wesithili?	Uit/Out/Ngaphandle

Hiermee sertifiseer ek/ons die ondergetekende en die getuienisse dat bogenoemde inligting korrek is. / I/We hereby certify that the
abovementioned information is correct signed by myself/ourselves and the witnesses. / Mna/Thina siqinisekisa ukuba ezi nkcukacha
zingasentla zilungile kwaye zisayinwe ndim/sithi kunye namangqina

Handtekening / Signature / Osayinileyo	Getuie / As Witness / Njengengqina

DECLARATION BY SUPPLIER

- 1. This document serves as a declaration to be used by the municipality in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system. No Registration will be accepted from persons in the service of the state*.
- 2.(a) Any prospective supplier, having a kinship with persons in the service of the state, including a blood relationship, may in terms of current legislation register on the Municipality's Database. In view of possible allegations of favouritism, should a resulting bid, or part thereof, be awarded to suppliers connected with or related to persons in the service of the state, it is required that the supplier or his/her authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.
- **2.(b)** The request for registration on the Municipality's database may be rejected if the supplier, or any of its directors/members/partners have:
 - abused the municipality's supply chain management system or committed any improper conduct in relation to such system.
 - (ii) been convicted for fraud or corruption during the past five years;
 - (iii) willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years;
 - (iv) being a person whose tax matters are not cleared by the South African Revenue Services; or
 - (v) been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).

	ties Act (No 12 of 2004).				
3.	In order to give effect to the above, the following quest Oaths.	tionnaire must be completed and signed be	fore a (Commissioner	of
3.1	Print full Name:				
3.2	Company/CC Registration or ID Number:				
3.3	Are you presently in the service of the state? *		YES	NO	
3.3.1	If so, furnish particulars.				
3.4	Have you been in the service of the state for the past	twelve months?	YES	NO	
3.4.1	If so, furnish particulars.				
3.5	Do you, have any relationship (family, friend, other) who may be involved with the evaluation and or adjud		YES	NO	
3.5.1	If so, furnish particulars.				
3.6	Are you, aware of any relationship (family, friend, othe the service of the state who may be involved with the		YES	NO	
3.6.1	If so, furnish particulars.				
3.7	Are any of your company's directors, managers, prin service of the state?	nciple shareholders or stakeholders in the	YES	NO	
3.7.1	If so, furnish particulars.				
3.8	Is any spouse, child or parent of your company's direct stakeholders in the service of the state?	ctors, managers, principle shareholders or	YES	NO	
3.8.1	If so, furnish particulars.				
3.9	Is the supplier or any of its directors/partners listed of company or person prohibited from doing business with the supplier of the supplier of the supplier of the supplier of the supplier or any of its directors/partners listed of the supplier or any of its directors/partners listed or company or person prohibited from doing business with the supplier or any of its directors/partners listed or company or person prohibited from doing business with the supplier or any of its directors/partners listed or company or person prohibited from doing business with the supplier or any of its directors/partners listed or company or person prohibited from doing business with the supplier of the supplier or any of its directors/partners listed or company or person prohibited from doing business with the supplier of the supplier of the supplier or any or person prohibited from doing business with the supplier of the supplier or any or supplier or any or supplier or any or supplier or supplier or any or supplier		YES	NO	
3.9.1	If so, furnish particulars.				

3.10	Is the supplier or any of its direction 29 of the Prevention and				YES	NO				
3.10.1	If so, furnish particulars.									
3.11	Was the supplier or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?									
3.11.1	If so, furnish particulars.									
3.12	charges to the municipality / mun	Does the supplier or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?								
3.12.1	If so, furnish particulars.									
3.13	Was any contract between the sigan of state terminated during the with the contract?				YES	NO				
3.13.1	If so, furnish particulars.									
CERTIFICATION I, THE UNDERSIGNED,, CERTIFY 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.										
	3 THIS BESEARCH TON THOSE TO	DETALUE.								
	STITIC BEGENVITION TROVE TO	DETAISE.								
	Signature	Position			Dat	te				
* MSCM (a) a (b) a (c) a (d) a (e) a (e)	Signature Regulations: "in the service of the state" me a member of – (i) any municipal council; any provincial legislature; or	Position ans to be — national Council of provinces; unicipal entity; partment, national or provincial public en	ntityor constitut	ional institution within			Finance			
* MSCM (a) a (b) a (c) a (d) a (e) a (e)	Signature Regulations: "in the service of the state" me a member of — (i) any municipal council; (ii) any provincial legislature; or (iii) the national Assembly or the a member of the board of directors of any man official of any municipality or municipal el an employee of any national or provincial de Management Act, 1999 (Act No.1 of 1999); a member of the accounting authority of any	Position ans to be — national Council of provinces; unicipal entity; nitiy; partment, national or provincial public en		onal institution within	the mean	ning of the Public				

Please provide the following information on ALL directors/shareholders/trustees/members below:									
Full Name and Surname Identity Number Personal Income Tax Number State Employee Nu									

MBD 15 - CERTIFICATE FOR PAYMENT OF MUNICIPAL SERVICES

DECLARATION IN TERMS OF CLAUSE 112(1) OF THE MUNICIPAL FINANCE MANAGEMENT ACT (NO.56 OF 2003) - (To be signed in the presence of a Commissioner of Oaths)

I,SCM Regulation 38(1)(d)(i), charges owed by the Tende municipal entity, are in arrear	rer or any of it	s directors/n n 3 (three) m	the tender of the tender of the tenders/partners to the tenders.	tenderer	r if any	municipal rates a	or to any other munic	l service ipality or
I declare that I am duly authoreby declare, that to the beany of its municipal accounts	est of my perso	onal knowled	dge, neither the firm					
I further hereby certify that t knowledges that failure to pr that the tenderer is successfu	operly and trut	hfully compl	ete this schedule r					
PHYSICAL BUSI	NESS ADDRE	SS(ES) OF			MUNICIPAL AC	COUNT NUMBER		
FURTHER DETAILS OF TH	E BIDDER'S D	irector / Sh	areholder / Partne	ers, etc.	.:			1
Director / Shareholder / partner	Physical ac		Municipal Acco		addres tor / s	cal residential s of the Direc- shareholder /	Municipal Account number(s)	
						partner		
NB: Please attach cert	ified copy(ies)	of ID docum	ent(s)				l	_
North			ha tandana ta th'a		l = /// '	L satas NIII V		
Numb	er of sneets ap	penaea by t	he tenderer to this	scneaui	ie (it nii	i, enter NIL)		
Signature			Position				Date	
СОММІ	SSIONER OF	OATHS		Annly	v offici	al stamp of auth	ority on this page:	
Signed and sworn to before r			<u> </u>	, 4pp.,	,		ionity on the page.	
by the Deponent, who has astands the contents of this A his/her knowledge and that scribed oath, and that the conscience.	cknowledged the structure of the structu	nat he/she k ue and corre objection t	nows and under- ect to the best of o taking the pre-					
COMMISSIONER OF OATH	S:-							
Position:								
Address: Tel:								
1 Ci.]

National Small Business Act No. 102 of 1996 Classification

1. Indicate your Economic Sector - Give full description in 1.4 on page 1

2. Indicate the size of your Business if the National Small Business Act applies to your enterprise.

Sector or sub-sectors in accordance the Standard Industrial Classification		Size of class	Total full- time equivalent of paid employees	Total annual turnover	Total gross asset value (fixed property excluded)	Indicate the category of your business
Please indicate your Sector	"X"		Less than:	Less than:	Less than:	"X"
All Tiers of Government 00001 - 09999		Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
		Medium	100	R 5 m	R 5 m	
Agriculture		Small	50	R 3 m	R 3 m	
		Very small	10	R 0.50 m	R 0.50 m	
11001 - 14999		Micro	5	R 0.20 m	R 0.10 m	
		Medium	200	R 39 m	R 23 m	
Mining and Quarrying		Small	50	R 10 m	R6m	
		Very small	20	R 4 m	R 2 m	
21001 - 29999		Micro	5	R 0.20 m	R 0.10 m	
		Medium	200	R 51 m	R 19 m	
Manufacturing		Small	50	R 13 m	R5m	
		Very small	20	R5m	R2m	
30001 - 39999		Micro	5	R 0.20 m	R 0.10 m	
		Medium	200	R 51 m	R 19 m	
Electricity, Gas and Water		Small	50	R 13 m	R 5 m	
		Very small	20	R 5.10 m	R 1.90 m	
41001 - 42999		Micro	5	R 0.20 m	R 0.10 m	
		Medium	200	R 26 m	R5m	
Construction		Small	50	R 6 m	R1m	
		Very small	20	R 3 m	R 0.50 m	
50001 - 50999		Micro	5	R 0.20 m	R 0.10 m	
Wholesale Trade, Commercial		Medium	200	R 64 m	R 10 m	
Agents and Allied Services		Small	50	R 32 m	R 5 m	
_		Very small	20	R 6 m	R 0.60 m	
58001 - 61999		Micro	5	R 0.20 m	R 0.10 m	
Retail and Motor Trade and Repair		Medium	200	R 39 m	R 6 m	
Services		Small	50	R 19 m	R 3 m	
		Very small	20	R 4 m	R 0.60 m	
62101 - 63500		Micro	5	R 0.20 m	R 0.10 m	
Catering, Accommodation and		Medium	200	R13 m	R 3 m	
other Trade		Small	50	R 6 m	R 1 m	
		Very small	20	R 1.50 m	R 0.90 m	
64101 - 64299		Micro	5	R 0.20 m	R 0.10 m	
Transport, Storage and		Medium	200	R26 m	R6m	
Communications		Small	50	R13 m	R 3 m	
		Very small	20	R 3 m	R 0.60 m	
71001 - 75999		Micro	5	R 0.20 m	R 0.10 m	
.		Medium	200	R 26 m	R 5 m	
Finance and Business Services		Small	50	R 13 m	R 3 m	
		Very small	20	R 3 m	R 0.50 m	
81001 - 88999		Micro	5	R 0.20 m	R 0.10 m	
Community, Social and Personal		Medium	200	R 13 m	R 6 m	
Services		Small	50	R 6 m	R3m	
		Very small	20	R1m	R 0.60 m	
91001 - 99999		Micro	5	R 0.20 m	R 0.10 m	

NATURE OF OPERATIONS, PRODUCTS OR SERVICES

Please list the products/services provided by your enterprise under the appropriate headings. Indicate the PRIMARY and/or SECONDARY function applicable to your business by ticking the appropriate box $\sqrt{}$ and (i.e. nature of operations, products or services):

PRIMARY FUNCTION:		SECONDARY FUNCTION:	
PRODUCTS		PRODUCTS	
	•		
SERVICES		SERVICES	
LABOUR		LABOUR	
EQUIPMENT		EQUIPMENT	

KREDIETBEVEL INSTRUKSIE / CREDIT ORDER INSTRUCTION / UMYALELO NGOTYALO MALI

om alle krediteure deur middel van direkte p bankoorplasings te vereffen. Verskaf d meegaande inligting en verkry asb. U ti					It is the policy of the Overstrand Municipality to pay all creditors by means of direct bank transfers. Please complete this information and acquire your banker's confirmation.							of e ur	Yinkqubo kaMasipala wesithili saseOverstrand ukuhlawula abo kufuneka bebahlawule ngokufaka imali ebhankini.Nceda ke ngoko uzalise olu xwebhu lungezantsi ngeenkcukacha zakho ucele ibhanki yakho ukuba yenze isiqinisekiso sezi nkcukacha.												
BESO	BESONDERHEDE VAN FIRMA/INSTANSIE / DETAILS OF FIRM/INSTITUTION / IINKCUKACHA ZEFEMU/IZIKO:																								
Naam	/ Name / Igama							T	T													T	T	T	
Adres Idilesi	/ Address /						+	+		1													+	+	+
	BESONDERHEDE VAN MY/ONS BANKREKENING IS AS VOLG / DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS / IINKCU-KACHA ZEBHANKI YAM ZIMI NGOLU HLOBO:																								
NAAM '	NAAM VAN BANK / NAME OF BANK / IGAMA LEBHANKI																								
NAAM '	VAN TAK / NAME OI	F BRA	ANCH / IG <i>F</i>	MA LE	ESEE	3E LEB	HANKI																		
REKEN	NING NR / ACCOUN	T NO	/ INOMBO	LO YE	_AK	IUWAH.	1TI																		
TAKKO	DDE / BRANCH COD	E/IK	HOWUDI Y	'ESEB	3E																				
TIPE R	EKENING / TYPE OI	F AC	COUNT / U	HLOB	O LV	VE_AKH	IAWUN	1TI																	
		ekeni	-					Tra	nsmi	issie	ereken	inq								Spa	aarreke	ning			
1 =	Cheque I-akhawui				2 =	=	Transmission Account 3 =								Savings Account										
	Verban						I-akhawunti yokuqqithisela (Nie in gebruik)													i <u>vema</u> ieaand					
4 = Bond Account 5 =					(Not in use) 6 =								=	Subskripsieaandeelrekening Subscription Share Account											
I-akhawunti yebhondi Ayisetyenziswai I-akhawunti yomrhumo wezabelo																									
Munisip my/ons Ek/ons Overstrr word w beskikb betaling Ek/ons Munisip verande hierdie gekanse geregis	Ek/ons versoek en magtig hiermee die Overstrand Munisipaliteit om enige bedrae wat my/ons mag toeval, in my/ons bankrekening te krediteer. Ek/ons verstaan dat 'n betalingsadvies deur die Overstrand Munisipaliteit in die normale wyse verskaf sal word wat die datum sal aantoon wanneer die fondse betaling. Ek/ons onderneem verder om die Overstrand Munisipaliteit vroegtydig in kennis te stel van enige verandering in my/ons bankbesonderhede en erken dat hierdie magtiging slegs deur my/ons met dertig dae kennis gekanselleer kan word deur middel van voorafbetaalde geregistreerde pos. I/we hereby request and authorise the Overstrand Municipality to pay any amounts that may accrue to me/us to the credit of my/our bank account. I/we understand that a payment advice will be supplied by the Overstrand Municipality in the normal way that will indicate the date on which funds will be available in my/our bank account and details of payment. I/we further undertake to inform the Overstrand Municipality in advance of any change in my/our bank account. I/we further undertake to inform the Overstrand Municipality in the normal way that will indicate the date on which funds will be available in my/our bank account. I/we further undertake to inform the Overstrand Municipality in akhawunti yebhanki yam/yethu. Ndi/Siyaqonda ukuba isiqinisekiso semali ehlawulwe ngumasipala siza kufumaneka kwaye eso siqinisekiso siza kubonisa umhla details of payment. I/we further undertake to inform the Overstrand Municipality in akhawunti yebhanki yam/yethu. Ndi/Siyakumazisa umasipala xa iinkcukacha zebhanki yam zitshintshile kwaye ndiza kubanika isaziso seentsuku ezingama-30 ndisithumele ngeleta erejistarishiweyo.									awule kwi- semali aneka umhla inkcu- kacha ndiza															
GEMAGTIGDE HANDTEKENING / AUTHORISED SIGNATURE / USAYINO OLUGUNYAZISIWEYO																									
VOORLETTERS EN VAN / INITIALS AND SUR- NAME / OONOBUMBA BOKUQALA BEGAMA KUNYE NEFANI																									
	TELEFOONNOMMER / TELEPHONE NUMBER / DATUM / DATE/ UMHLA																								
V	/IR BANKGEE	3RU	IK ALL	EEN	LIK	/ FC)R B	AN	λ ι	JSE	E O	NL	Y / I	KUS	ETY	ENZ	ZISV	VA`	YIBH	ΗA	NKI	KUI	PHE	LA	
se bar korrek I/we h indicat -Ndi/S	s sertifiseer hierr nkrekening soos c is: nereby certify that ted on the credit Siginisekisa ukuba yalelo yokudiphoz	the orde	ngedui op details of r instructi kcukacha	o die f our ion is r zaba	kred clier corr	diet be nts bar rect:	vel in	struk	ksie t as	ı	AMP'				_	_		_	_	FIC	IAL [DAT	E S	Γ AM	P/-
GEMAGTIGDE HANDTEKENING / AUTHORISED SIGNATURE / -Usayino olugunyazisiweyo																									

DOCUMENTS REQUIRED

DOCUMENTS REQUIRED	SOLE PROPRIETOR	CC'S AND PRIVATE COMPANIES	PARTNER-SHIPS	PUBLIC COMPANY	BUSINESS TRUST	NON PROFIT ORGANIZATIONS (NPO)	WHERE TO GET DOCUMENTS	
COMPANY REGISTRATION CERTIFIED COPIES	N/A	Certificate of incorporation CK1/CK2	Partnership agreement	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of CC's & Compa- nies	
PROOF OF OWNERSHIP CERTIFIED COPIES	N/A	Shareholding CK1/CK2	Partnership agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter no shareholding	Registrar of CC'S & Companies	
PROOF OF BANKING	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Branch of bank at which Account is.	
TAX For the Owner or the CLEARANCE CERTIFICATE business		For the company / cc	For each individual shareholder	For the company	For the trust	For the NPO	SARS	
P.A.Y.E	If staff are employed	If staff are employed	SARS					
VAT REGISTRA- TION	Yes	Yes	Yes	Yes	Yes	Yes	SARS	
U.I.F Certificate	YES	YES, if staff remuneration	YES, if staff remuneration	Department of Labour				
Workman's Compensation	YES, if staff remuneration	YES, if staff remuneration	YES ,if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Department of Labour	
Security Officer's Board	If applicable –for security industry	If applicable – For security industry	Security Service Regulatory Authority					
Proof of Disability	If owner is disabled	If Shareholder is disable	If Shareholder is disabled	If Is Shareholder is disable	If Shareholder is disable	If Shareholder is disabled		
Proof of Identity CERTIFIED	Owner	Directors / Members	Partners	Directors	Trustees	Directors		

FOR OFFICE USE ONLY:										
BUSINESS NAME										
DATE RECEIVED		DATE CAPTURED								
ACCEPTED										
DATABASE REGISTRA- TION NUMBER										