

REQUEST FOR QUOTATION NO.: 69764

HIRING OF 36 CONFERENCE MICROPHONES FOR A COUNCIL MEETING AT BANQUET HALL, HERMANUS

			SUP	PLIER			
NAME of Company/Close Corporation or Partnership / Joint Venture/ Consortium or Sole Proprietor /Individual							
TRADING AS (if different from above)							
LEAD TIME / DELIVER P WORKING DAYS)	IN			-	ION MUST BE AM TILL 14:00PI		
KLEINMOND Private Bag X3 Kleinmond; 7195 Tel: 028 271 8400				STANFORD PO Box 84 Stanford; 7210 Tel: 028 341 8500		GANSBAAI PO Box 26 Gansbaai; 7220 Tel: 028 384 830	0
QUOTATION DETAILS							
QUOTATION NUMBER:	RFQ 69	9764					
QUOTATION TITLE:	HIRING MEETI			IFERENCE T HALL, HEF		ONES FOR A	COUNCIL
CLOSING DATE:	23	/09/2016	C	CLOSING TIME:		10H30	
SITE MEETING:	DATE:	N/A	Г	IME:	N/A	COMPULSORY:	N/A
SITE MEETING ADDRESS:	N/A						
DELIVERY ADDRESS:	OVERST	RAND MUN	IICIPALIT	Y BANQUET H	ALL, NO 1 MA	GNOLIA AVENUE, I	HERMANUS.
QUOTATION RETURN ADDRESS	:	Overstrand	Municipal	Building, Magnolia	a Avenue, Herm	anus. Supply Chain M	lanagement
OFFER TO BE VALID FOR:	30	DAYS FRO	M THE CI	OSING DATE OF	QUOTATION.		

21 SEPTEMBER 2016

CONTACT Purchasing Manager:

Ayanda Mili Manager: Purchases Tel: 028 313 8976 e-mail: amilli@overstrand.gov.za Fax: 086 533 9191 CONTACT FOR ENQUIRIES REGARDING SPECIFICATIONS:

Dane Laing

Coordinator: Banquet Hall

Tel. Number: 079 396 7239

SPECIFICATIONS& PRICING SCHEDULE FOR QUOTATION NO 69764

Introduction

- Overstrand Municipality requires a service provider for the Hiring of 36 conference microphones.
- The system must have a Receiver and Mixer for recording
- The system must have PSU with 2 speakers
- The system must be delivered, Installed and be operated at Overstrand Municipality, Banquet Hall, Hermanus on the 26 September 2016 from 08:00am till 14:00pm (*Price quotation to be completed by the supplier on this form*)

Item	Description	escription Quantity Unit Price (Vat Exclusive)		Total Price			
1.	Conference Microphones	36					
2.	PSU with 2 Speakers	2 Speakers					
3.	Mixer for Recording	1					
4.	Receiver	1					
	TOTAL (VAT EXCLUSIVE)						
	DELIVERY COSTS						
	VAT 14% (IF APPLICABLE)						
	TOTAL PRICE (VAT INCLU	SIVE)		R			

SIGNATURE	NAME (PRINT)	
CAPACITY	DATE	
NAME OF FIRM		
TELEPHONE #:	FAX NO.	
E-MAIL ADDRESS		

- The quotation, originally completed in ink MUST be done on the attached "Pricing Schedule" form and suppliers may additionally add a quotation on their business' letterhead
- The quotation endorsed with the relevant quotation number, must be submitted to the abovementioned "Quotation Return" address and can either be e-mailed, faxed, posted, hand-delivered or couriered. It is the supplier's responsibility to make sure that the quote with all relevant documents reaches the office of the SCM Buyer.
- Goods and services may only be provided after and according to the official order issued.
- The use of correction fluid (TIPPEX) on the price schedule is prohibited and quotations will be found nonresponsive
- The municipality does not bind itself to accept the lowest or any quotation.
- No feedback or response from our office after 5 working days means your quote was unsuccessful.
- The purchaser shall not be liable for any expense incurred in the preparation and submission of a Quote.
- Creditors will be paid within 30 days after receipt of an invoice and statement for the month in question, detailing all invoices during that month and reflecting the total amount due by the Municipality.
- It is the policy of the Overstrand Municipality to pay all creditors by means of electronic bank transfers.
- It is compulsory for all Suppliers to be registered at Overstrand Municipality's Database of Suppliers.
- All prices shall be quoted in South African currency and be inclusive of VAT.

If you are a bidder, NOT DULY REGISTERED as a Preferred Supplier on the Supply Chain Management Database of the Overstrand Municipality, it is compulsory to complete and Β attach the following forms: С Bidders will be given 3 days after the closing date of the quotation to complete the forms 1 **Database Registration Form** Vraelys Vir Voorkeurverkrygingsbeleid / Questionnaire For Preferential Procurement Policy / 2 IphephaLemibuzoYenkqubo Ekhethekileyo Yokufumana 3 **Declaration By Supplier** National Small Business Act No. 102 Of 1996 Classification 4 5 **Documents Required** Nature Of Operations, Products Or Services 6 7 Credit Order Instruction

DATABASE REGISTRATION FORM

VAT/BTW REG. NO: 4140106396 www.overstrand.gov.za OM-C1																								
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Registration on data base in		Preferential Procurement Regulations (No. R.502 of 8 June 2011) promulgated in terms of abovementioned Act (Government Gazette No. 34350); Local Government: Municipal Finance Management Act No. 56 of 2003; Municipal Supply Chain Management Regulations (No. 868 of 30 May 2005 –						ocal																
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PLEA	PLEASE ATTACH A LIST OF SERVICES / COMMODITIES THAT YOU CAN SUPPLY																							

PREFERENTIAL PROCUREMENT REGULATIONS 2011

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int lea ar .8. A tha co	atends sub-contractine east the points that s and ability to execute	ng more than 25% of the valu			cuments th	المالية المراجع المراجع
th: co						not qualify for
. BID	hat does not have a	contract may not sub-contrac n equal or higher B-BBEE s that has the capability and a	tatus level than the	person concerned,		
	DECLARATION					
.1. Bi	idders who claim po	ints in respect of B-BBEE Sta	atus Level of Contrib	oution must complete	the follow	ing:
2	2.1.1. B-BBEE STA	TUS LEVEL OF CONTRIBUT	ION CLAIMED IN TE	RMS OF PARAGRAF	PHS 1.3.1.2	2 AND 5.1
2	2.1.1.1. B-BBEE Sta	tus Level of Contribution as ref	lected on the B-BBEE	E Certificate		
		ed in respect of Level of Contril				
an SA	nd must be substai ANAS or a Registe	espect of paragraph 6.1 must ntiated by means of a B-BB red Auditor approved by IR	EE certificate issue BA or an Accounti	ed by a Verification ing Officer as conte	Agency a	accredited by
Pe	ercentage of sharehol	uding van persone geklassifise Iding of persons in the business ezabelo kwinkonzo zoshishino a	s classified as youth.	(18 - 35 Years old) /		%
		nne die jurisdiksie van die muni		2	h	n/Ngaphakathi
		ished within the area of jurisdic imi kwingingqi elawulwa nguMa		ly :	ι	Jit/Out/Ngaphandle
bovemen	ntioned information is	ondergetekende en die getuie correct signed by myself/ourse ayinwe ndim/sithi kunye namar	elves and the witness			

DECLARATION BY SUPPLIER

1.	This document serves as a declaration to be used procured, all reasonable steps are taken to combat be accepted from persons in the service of the state*	the abuse of the supply chain management	oods a syster	and services a n. No Registi	are being ration will			
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: (i) 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). 							
3.	In order to give effect to the above, the following que Oaths.	stionnaire must be completed and signed be	fore a	Commissione	r 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.				1			
3.4	Have you been in the service of the state for the past	t twelve months?	YES	NO				
3.4.1	If so, furnish particulars.				1			
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, oth 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, pri 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 dire stakeholders in the service of the state?	ectors, 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 company or person prohibited from doing business w		YES	NO				
3.9.1	If so, furnish particulars.							

3.10		ctors listed on the Register for Te Combating of Corrupt Activities Ac			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?YESNO									
3.11.1	If so, furnish particulars.									
3.12	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 supplier and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?									
3.13.1										
CERTIF	ICATION									
I, the un	dersigned,			, CE	ertify t	hat the in	formation			
furnishe	d on this declaration form is correct.	I accept that the state may act ag	gainst me s	hould this declarat	ion pro	ve to be false				
	Cimeture	Desition								
	Signature	Position			Da	te				
(a) a (b) a (c) a (d) a M (e) a	Regulations: "in the service of the state" me a member of – (i) any municipal council; (ii) any provincial legislature; or	ans to be – national Council of provinces; unicipal entity; ntity; epartment, national or provincial public ent r national or provincial public entity; or	ityor constitut	ional institution within			Finance			
(a) a (b) a (c) a (d) a M (e) a	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 m an official of any municipality or municipal er an employee of any national or provincial de Management Act, 1999 (Act No.1 of 1999); a member of the accounting authority of any;	ans to be – national Council of provinces; unicipal entity; ntity; epartment, national or provincial public ent r national or provincial public entity; or gislature.			the mean	ing of the Public				
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(a) a (b) a (c) a (d) a (e) a (f) a Signed a understa of his/h prescrib conscier	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 m an official of any municipality or municipal et an employee of any national or provincial de Management Act, 1999 (Act No.1 of 1999); a member of the accounting authority of any an employee of Parliament or a provincial le COMMISSIONER OF and sworn to before me at 	ans to be – anational Council of provinces; unicipal entity; ntity; epartment, national or provincial public entity; or gislature. FOATHS , on this20 ged that he/she knows and t is true and correct to the best as no objection to taking the			the mean	ing of the Public				
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(a) a (b) a (c) a (d) a (f) a (f) a Signed a (f) a by the understa of his/h- prescrib conscier COMMIS	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 m an official of any municipality or municipal er an employee of any national or provincial de Management Act, 1999 (Act No. 1 of 1999); a member of the accounting authority of any an employee of Parliament or a provincial le COMMISSIONER OF and sworn to before me atday of Deponent, who has acknowled ands the contents of this Affidavit, if er knowledge and that he/she has ed oath, and that the prescribed of nce. SSIONER OF OATHS:- :	ans to be – e national Council of provinces; unicipal entity; ntity; epartment, national or provincial public entity; or gislature. FOATHS			the mean	ing of the Public				

ETHICS COMMITMENT FOR SUPPLIERS OF THE OVERSTRAND LOCAL MUNICIPALITY

In our dealings with the Overstrand Local Municipality we commit to uphold high standards of ethics. Among other things this means:

- We will be honest and deal in good faith;
- We will not improperly try to influence any municipal official or decision; We will avoid all conflicts of interest;
- We will not engage in any form of corruption (e.g. paying bribes, giving kickbacks); We will not give gifts to municipal officials or councillors;
- We will not be involved in collusion with other service providers (i.e. price-fixing);
- We will ensure that all information we submit to the municipality is accurate and truthful (e.g. we will not engage in B-BBEE fronting).
- We will ensure and take accountability to keep our database records up to date, avoiding misrepresentation.
- We will ensure to comply with legislative requirements applicable.
- We will inform the Overstrand of any unethical behaviour known, either from other suppliers or
- Overstrand officials, supported by the protection of our Whistle Blowing policy.
- We will contribute by all means necessary, in building a positive ethical culture in the Overstrand.

This is our commitment to help bui	ld an ethical Overstrand.

Name of Company:	
Name of authorised person:	
Signature:	
Date:	

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

1. 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, ___________(full name and ID no.), hereby acknowledge that according to SCM Regulation 38(1)(d)(i), the Municipality may reject the tender of the tenderer if any municipal rates and taxes or municipal service charges owed by the Tenderer or any of its directors/members/partners to the Overstrand Municipality, or to any other municipality or municipal entity, are in arrears for more than 3 (three) months.

I declare that I am duly authorised to act on behalf of ________ (name of the firm) and hereby declare, that to the best of my personal knowledge, neither the firm nor any director/member/partner of said firm is in arrears on any of its municipal accounts with any municipality in the Republic of South Africa, for a period longer than 3 (three) months.

I further hereby certify that the information set out in this schedule and/or attachment(s) hereto is true and correct. The Tenderer acknowledges that failure to properly and truthfully complete this schedule may result in the tender being disqualified, and/or in the event that the tenderer is successful, the cancellation of the contract.

PHYSICAL BUSINESS ADDRESS(ES) OF THE TENDERER	MUNICIPAL ACCOUNT NUMBER

FURTHER DETAILS OF THE BIDDER'S Director / Shareholder / Partners, etc.:

Director / Shareholder / partner	Physical address of the Business	Municipal Account number(s)	Physical residential address of the Director / shareholder / partner	Municipal Account number(s)

NB: Please attach certified copy(ies) of ID document(s)

Number of sheets appended by the tenderer to this schedule (If nil, enter NIL)

Signature	Position		Date
COMMISSIONER OF Signed and sworn to before me at	Apply offic	ial stamp of authority on this page:	
thisday of _	20		
by the Deponent, who has acknowledg understands the contents of this Affidavit, best of his/her knowledge and that he/she I prescribed oath, and that the prescribed of conscience.	it is true and correct to the has no objection to taking the		
COMMISSIONER OF OATHS:-			
Position:			
Address:			
Tel:			



National Small Business Act No. 102 of 1996 Classification

MUNICIPALITY

1. Indicate your Economic Sector - Give full description in 1.4 on page 1	2. Indicate		our Business if oplies to your e	the National Sm nterprise.	all Business
Sector or sub-sectors in accordance with 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	Not	Not	20.27 cf 10.07 cm 20	Not	Not
00001 - 09999	applicable	applicable	Not applicable	applicable	applicable
	Medium	100	R 5 m	R 5 m	
Agriculture	Smell	50	R3m	R 3 m	
	Very small	10	R 0.50 m	R 0.50 m	
11001 - 14999	Micro	6	R 0.20 m	R 0.10 m	
	Medium	200	R 39 m	R 23 m	
Mining and Quarrying	Small	50	R 10 m	Rôm	
04004 <u>00000</u>	Very small	20	R 4 m	R2m	
21001 - 29999	Micro	5	R 0.20 m	R 0.10 m	
Manufacturing	Medium Small	200 60	R 51 m R 13 m	R 19 m R 5 m	
nasa tanacean ang	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	R5m	
micersiertäl auso muse annon	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	R6m	R1m	
	Very small	20	R3m	R 0.60 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	R5m	
	Very small	20	R6m	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	Rôm	
Services	Small	50	R 19 m	<u>R3m</u>	
62101 - 63500	Very small Micro	20 5	R 4 m R 0.20 m	R 0.60 m R 0.10 m	
	Micro	200	R13 m	R3m	
Catering, Accommodation and	Smell	50	R6m	R1m	
other Trade	Very small	20	R 1.50 m	R 0.90 m	
64101 - 64299	Micro	5	R 0.20 m	R 0.10 m	
	Medium	200	R26 m	R 6 m	
Transport, Storage and Communications	Small	50	R13 m	R 3 m	
- shininfirgeroins	Very small	20	R3m	R 0.60 m	
71001 - 75999	Micro	5	R 0.20 m	R 0.10 m	
	Medium	200	R 28 m	R 5 m	
Finance and Business Services	Small	50	R 13 m	R 3 m	
	Very small	20	R3m	R 0.60 m	
81001 - 88999	Micro	5	R 0.20 m	R 0.10 m	
Community, Social and Personal	Međum	200	R 13 m	R 6 m	
Services	Small	50	Rôm	R3m	
name	Very amal	20	R1m	R 0.60 m	
91001 - 99999	Micro	5	R 0.20 m	R 0.10 m	ll



MUNICIPALITY

NATURE OF OPERATIONS, PRODUCTS OR SERVICES

Please list the products/services provided b Indicate the PRIMARY and/or SECONDAR			
Indicate the PRIMARY and/or SECONDAR appropriate box $$ and (i.e. nature of operation	ons, produc	ts or services):	
PRIMARY FUNCTION:		SECONDARY FUNCTION:	
PRODUCTS		PRODUCTS	
SERVICES		SERVICES	
			·
LABOUR		LABOUR	
EQUIPMENT		EQUIPMENT	

MUNISIPALITEIT



MUNICIPALITY

KREDIETBEVEL INSTRUKSIE / CREDIT ORDER INSTRUCTION / UMYALELO NGOTYALO MALI

Dit is die Overstrand Munisipaliteit se beleid om alle krediteure deur middel van direkte bankoorplasings te vereffen. Verskaf meegaande inligting en verkry asb. U bankiers se bevestiging.									edito ers. F	rs b Pleas	iy u e ii re li	ikuhla mali e unge:	awul ebha zants	a ab inkini si ng	o ku .Nce geenl	oala funeka da ke kcukak isiqini	a be ngo cha	ebah ko u zak	nlawu uzalis kho	ule n se oli ucele	goku u xw e ibł	ifaka ebhu nanki			
BESO	NDERHEDE VAN	FIRMA	/INSTA	NSIE	/ DE	TAIL	6 0	F FIR	RM/IN	NS.	TITUTI	ON /	IINK	CUKA	ACHA	ZE	FEM	u/izi	KO:						
Naam	' Name / Igama																								
Adres Idilesi	/ Address /																								
BESONDERHEDE VAN MY/ONS BANKREKENING IS AS VOLG / DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS / IINKCUKACHA ZEBHANKI YAM ZIMI NGOLU HLOBO:																									
NAAM	/AN BANK / NAME (of Ban	K / IGAN	/A LE	BHAN	IKI																			
NAAM	/AN TAK / NAME OF	BRAN	CH / IGA	MA L	ESEE	BE LEB	HAN	IKI																	
REKEN	ING NR / ACCOUN	T NO / I	NOMBO	LO YI	E_AKI	HAWU	ITI																		
	DE / BRANCH CODI			-																					
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	Verban		-								in aebrui				_				ubskri						
4 =	Bond . I-akhawur	Accoun hti vebh			5 =	=	(Not in use) Ayisetyenziswai								6 =	-	Subscription Share Account I-akhawunti yomrhumo wezabelo								
Ek/onsversoekenmagtighiermeedieOverstrandMunisipaliteit om enigebedrae wat my/ons mag toeval, in my/ons bankrekening te krediteer.I/we hereby red Municipality to to me/us to theEk/onsverstaandat 'nbetalingsadviesdeurdie downey to me/us to theOverstrandMunisipaliteit in die normale wyse verskaf sal word wat die datum sal aantoon wanneer die fondse beskikbaar sal wees, asook besonderhede van die betaling.I/we understan supplied by th normal way the funds will be av details of payme I/we further un 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 further un Municipality in to me/us to the understan supplied by th normal way the funds will be av details of payme u details of payme u details of payme u details of payme u details of payme u hierdie magtiging slegs deur my/ons met dertig dae kennis only be cancell notice by prepai						nd he nat vai nde nat nat nat nat nat nat	ay any a edit of n that a Overst will ind ilable in nt. ertake t dvance d accept d by me	amoui payn rand licate my/ou o info of an t that e/us b	nts the bank ment a Muni- the o ur bar orm the y cha this by giv	at mai accou advice cipality date c hk acco he Ov inge ir autho	y accu unt. y in y in y on wh ount a verstra n my/ rity m	the the ich and und our nay	We yon akh Ndi ehla kwa eku iink Ndi zeb kub	sithili ke i awun /Siyao awulw aye es hlawu cukao /Siya hanki anika	a si sase mali e ti yebh qonda e ngu so siqii ilwe ha zer kumaz yam isazi nele ng	Over eziim anki uku umas nisel nga ntlaw isa u zit so	strar yam uba sipala kiso sawo rulo. umas shint seen	nd u lo z i/yeth isiqir a siz siza ku sipala tshile ntsuki	kuba am/z u. iiseki: a kubor kubor nye xa ii kwa u ez	ahla ethu so s ufuma nisa u ne nkcuł aye ingan	awule kwi- emali aneka umhla zinye kacha ndiza				
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	OONNOMMER BOLO YEFOWUI		PHON	E NI	JMBI	ER /					DATUM / DATE/ UMHLA														
v	VIR BANKGEBRUIK ALLEENLIK / FOR BANK USE ONLY / KUSETYENZISWA YIBHANKI KUPHELA																								
Ek/ons sertifiseer hiermee dat die besonderhede van ons kliënt se bankrekening soos aangedui op die krediet bevel instruksie korrek is: AMPTELIKE DATUMSTEMPEL / OFFICIAL DATE STAMP / - ISITAMPU SOMHLA ESISESIKWENI: I/we hereby certify that the details of our clients bank account as indicated on the credit order instruction is correct: -Ndi/Siqinisekisa ukuba iinkcukacha zabaxhasi bethu ezibhalwe kwimiyalelo yokudiphozitha imali ilungile																									
GEMAGTIGDE HANDTEKENING / AUTHORISED SIGNATURE / -Usayino olugunyazisiweyo																									



MUNICIPALITY

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 & Companies
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 CLEARANCE CERTIFICATE	For the Owner or the 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 REGISTRATION	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	lf owner is disabled	lf Shareholder is disable	lf Shareholder is disabled	lf Is Shareholder is disable	lf 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 REGISTRATION NUMBER		