



“Improving Quality of Life and Enhancing Sustainable Economic Development”

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|---|------------|
| CHIEF PROCUREMENT OFFICE | CPO |
| ENTERPRISE & SUPPLIER DEVELOPMENT SUPPLIER | |
| DATABASE REGISTRATION FORM | |

DISCIPLINE: CIVIL & STRUCTURAL ENGINEERING

COMPANY NAME: _____

The completed Enterprise & Supplier Development database registration form must be submitted by email to the following address: esd.database1@uuw.co.za

Enquiries: 033 341 1509

uMngeni-uThukela Water uses its external whistle-blowing hotline service managed by an external service provider as a means of fraud detection. This 24 hrs.

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 029 999
FREE FAX: 0800 007788
EMAIL: Umgeniwater@tip-offs.com

**IMPORTANT
NOTE
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 (Strictly 51% Black ownership or more) | | |
| VAT registration Certificate | | |
| Valid Tax Clearance Certificate | | |
| Stamped bank letter | | |
| Original/ certified copy of a B-BBEE rating certificate OR an original Sworn affidavit if you are an EME/QSE | | |
| List of shareholders & certified ID copies | | |
| The company letter head | | |
| Proof of business address (within uMngeni-uThukela Water's area of operation) | | |
| Financial statements for the last three years | | |
| Central Supplier Database report (CSD) | | |
| Experience of Key Personnel | | |
| Company's Key Experience | | |

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.
- 3.4 Enterprises that fail to provide proof of address corresponding to the CSD will be deemed non-responsive.
- 3.5 When more than one Enterprise shares a director, only one of the Enterprises will be considered.



ENTERPRISE & SUPPLIER DEVELOPMENT DATABASE REGISTRATION FORM

1. COMPANY DETAILS

| | | | |
|---|---------------------|-----------------------|------------------------|
| Company Name as registered with the Registrar of Companies | | | |
| Trading As | | | |
| Company Registration number | | | |
| VAT Registration number (if applicable) | | | |
| National Treasury Central Supplier Database (CSD) Number | | | |
| Postal Address | | | |
| | Code: | | |
| Physical Address | | | |
| | Code: | | |
| District Municipality | | | |
| Local Municipality | | | |
| Ward No. | | | |
| Contact Person: | | | |
| Telephone No: | | | |
| Cellular No: | | | |
| Fax Number | | | |
| E-mail address | | | |
| Current Major Client | Clients 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 |
| D. Close Co-operation | | ID Copies & Company Registration Certificate |
| 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 |

3. OWNERSHIP GROUPS

uMngeni-uThukela Water is committed to developing and providing people from the previously disadvantaged communities with business opportunities. Please indicate the number of shares held by people from the previously disadvantaged group.

| BEE EQUITY OWNERSHIP | 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 |
| | 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 | % |
| | | | | | | |

4. OWNERSHIP INFORMATION

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

| Full name | Designation | Exec/ Non Exec | Race | ID Number |
|-----------|-------------|----------------|------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. BOARD MEMBERS, IF ANY

Please indicate the percentage of BEE control at the board level if any.

Additional Documentation to be attached.

| Full name | Designation | Exec/ Non Exec | Race | ID Number |
|-----------|-------------|----------------|------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. STAFF ESTABLISHMENT

| Full name | Designation | Race | ID Number |
|-----------|-------------|------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. E-COMMERCE

| | |
|--|--|
| uMngeni-uThukela Water conducts its business by means of email. | |
| Would your company be able to receive communication electronically? | |
| If yes, what is the email address. | |

8. VESTED INTEREST

| | |
|---|--|
| Any financial interest in your company by an uMngeni –uThukela Water employee and/or its family must be declared in detail, failing which will result in the immediate termination of the business relationship. | |
|---|--|

9. KEY PERSONNEL EXPERIENCE

| |
|--|
| Civil & Structural Engineering Experience of Design Team Leader in leading projects for the design of Water or Wastewater Infrastructure. Must have NQF Level 7 Qualification and be registered with ECSA as PrEng/PrTech Eng. <ul style="list-style-type: none"> • <3 years – 0 points • 3 years – 7 points • 4 years – 14 points • 5 years – 21 points • 3 points for each additional year to a maximum of 30 points. |
| Experience as Civil Engineer in the civil design of Water or Wastewater Infrastructure. Must have BScEng/BTech in Civil Engineering and be registered with ECSA as PrEng/PrTechEng. <ul style="list-style-type: none"> • 1 project – 30 points • 2 projects – 50 points • 10 points for each additional project to a maximum of 70 points. |
| Maximum 100 |

Note: A Company will be considered on the condition that they meet a minimum functionality score of seventy (70) points.

10. COMPANY'S EXPERIENCE

| Framework Agreement Category | Completed projects in Construction Cost Range (Excl. VAT) | Selection |
|------------------------------|---|--------------------------|
| 1 | R10m to R100m | <input type="checkbox"/> |
| 2 | ≤ R 10m | <input type="checkbox"/> |

| |
|--|
| Civil & Structural Engineering Company Experience in the design of water or wastewater infrastructure (Reference letters must include final value of the Construction) <ul style="list-style-type: none"> • 1 project – 50 points • 2 projects – 70 points, • 10 points for every additional project to a maximum of 100 points. |
|--|

Note: A company will be considered on the condition that they meet a minimum functionality score of seventy (70) points.

11. DECLARATION

I, THE UNDERSIGNED

(FULL NAMES) _____

CERTIFY THAT THE INFORMATION FURNISHED TO UMNENI-UTHUKELA WATER IS CORRECT.

I ACCEPT THAT UMNENI-UTHUKELA WATER MAY REJECT THE DATABASE APPLICATION FORM OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature _____ **Date** _____

Name of supplier _____

Position _____