



“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: ENVIRONMENTAL SERVICES

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 enterprises 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 Clients | 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 BEE control at 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, Provide 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

9.1 ENVIRONMENTAL ASSESSMENT PRACTITIONER (EAP)

The EAP must have a minimum Honors Degree in Natural Science/ Environmental Science/ Environmental Engineering/ Geography, or equivalent Science degree. A master's will be an added advantage. (Provide CV and Qualifications.)

- 1-2 years – 0 points
- 3 years – 20 points
- 4 years – 21 points
- 5 years – 24 points

10 points for each additional project to a maximum of 70 points.

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9.2 ENVIRONMENTAL COMPLIANCE OFFICER (ECO)

The ECO must have a minimum qualification, a Degree in Natural Science/ Environmental Science/ Environmental Engineering/ Geography, or equivalent Science degree. A Honors/master's will be an added advantage. :(Provide CV and Qualifications.)

- 1-2 years – 0 points
- 3 years – 20 points
- 4 years – 21 points
- 5 years – 24 points

10 points for each additional project to a maximum of 70 points.

9.3 REHABILITATION SPECIALIST

The Rehabilitation Specialist must have a minimum of qualifications honors Degree in Natural Science/ Environmental Science/ Environmental Engineering/ Geography, Agricultural Engineering, Hydrology or equivalent Science degree. A Honors/master's will be an added advantage. (Provide CV and Qualifications.)

- 1-2 years – 0 points
- 3 years – 20 points
- 4 years – 21 points
- 5 years – 24 points

10 points for each additional project to a maximum of 70 points.

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10. COMPANIES' EXPERIENCE

EXPERIENCE

The enterprise should have knowledge/ undertaken work in the following areas (Reference /Completion letters must include final value of the Construction. At least 3 completed relevant projects. (Completion certificates or reference letters must be submitted)

- Registered with SACNASP (Proof must be provided)
 - Ecology/ biodiversity, with the ability to identify vegetation species
 - Alien vegetation control requirements.
 - Wetland protection, management and reinstatement requirements.

- Good communication skills in both English and IsiZulu (verbal and written)
- 2 project – 50 points
- 3 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 UMNGENI-UTHUKELA WATER IS CORRECT.
I ACCEPT THAT UMNGENI-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 _____