



SSEG (SMALL-SCALE EMBEDDED GENERATION) SUPPLIERS

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SUPPLIER REGISTRATION FORM

NOTES:

- City of Cape Town may not transact with anybody in the service of the state.
- Before completing this application form, please be aware of Section 44 Section 45 as reflected in the Municipal Supply Chain Regulations
 - Section 44 (Prohibition on awards to persons in the service of the state)
 - Section 45 (Awards to close family members of persons in the service of the state - Reporting only)
 - Municipality may not make any award to a person:
 - a) Who is in the service of the state
 - b) If the person is not a natural person, of which any Director, Manager, Principal stakeholder or stakeholder is a person in the service of the state; or
 - c) Who is an advisor or Consultant contracted with the municipality or municipal entity.
- Suppliers providing false or fraudulent information or documentation shall subject themselves to immediate disqualification.
- Incomplete supplier applications will not be processed and documents will be returned without prejudice.

Registration Type: (Please indicate with an “X”)

Sole Proprietor (Complete Section 1 A) ☐ Registered Company as per CIPC (Complete Section 1 B) ☐

Section 1 A: General Details for Sole Proprietor (As per ID/ Passport)

Title (i.e.. Prof/Dr/Mr/Me) Name and Surname

Identification/Passport Number

Section 1 B: General Details for Registered Company (As per CIPC document)

Registered/Legal Name

Trading Name

Company Registration Number

Section 1C: Tax Control (As per Tax Clearance Certificate)

Income Tax no VAT Reg No

Section 2: General Address & Contact Details

Street Name & No. Region (e.g. Eastern Cape)

City & Postal Code Country

Section 3: Contact Details

Telephone Number: Alternative Telephone Number:

Cellphone Number: Cellphone Number:

E-mail Address: Alternative E-mail Address:

Section 4: Banking Details (As per Bank Statement / Signatory Letter from the Bank)

Bank Name Account Number: Branch Code

Cheque Account (01) ☐ Account Holder:

Savings Account (02) ☐

Section 5: Control Sheet for Suppliers (Please tick submitted Documents)

- ☐ Completion of Annexure A (Declaration of Interest)
- ☐ Proof of Company Registration Documents
- ☐ Proof of Business / Residential Address(Latest Municipal Account)
- ☐ Certified Copy of Identity Document of All owners, partners or members of company
- ☐ Proof of Banking (Copy of Statement & Letter to state the list of signatories)
- ☐ Valid Tax Clearance Certificate(Current, valid Certificate & SARS PIN Number)
- ☐ Non Profit Organisation Certificate(NPO) (If applicable)
- ☐ Non Governmental Organisation(NGO) (if applicable)

Section 6: Declaration of Interests

The attached Declaration of Interest (Annexure A) must be completed and signed. (COMPULSORY).

If there is any known potential conflict of interest or if any owner, partner or member of the applicant is an official, an employee or a councillor of the City of Cape Town, or is related to an official, an employee or a councillor of the City of Cape Town, that relationship must be indicated in the Declaration of interest.

THE APPLICANT

SIGNED AT ON THIS.....DAY OF20.....

(Print Name & Surname) (Signature).....

Section 7: Affidavit

The below affidavit must be completed and signed (COMPULSORY).

I, the undersigned who warrants that I am **duly authorised** to do so on behalf of the business, confirms that the contents of this Affidavit are within my personal knowledge to the best of my belief both true and correct.

I hereby agree that in the event of false, incorrect or misleading information being provided in this declaration, City of Cape Town shall have the right to:

- Recover any losses or damages sustained by City of Cape Town Works under such agreement
- Restrict the supplier from further business with City of Cape Town depending on the materiality of the misinterpretation and the degree of the prejudice suffered.

Name & Surname

Identity No.

Signature(Duly authorised to sign for and on behalf of the above entity)

Date: Telephone:

Commissioner of Oaths:

Signed and sworn before me at (place) on the.....(day) of.....(month) 20..... (year) by the above mentioned who acknowledges that he/she knows and understands the contents of this Affidavit and that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath which will be binding on his/her conscience.

Commissioner of Oaths signature:

Print Name & Surname:

Date:



Please note: it remains the responsibility of the supplier to keep their supplier information updated on the City’s Database.

Please visit: <https://www.capetown.gov.za/City-Connect/Register/Business-and-trade/Register-as-a-supplier> for more information.