



CONTRACTOR DEVELOPMENT PROGRAMME REGISTRATION FORM

NO FAXED OR EMAILED COPIES WILL BE ACCEPTED

APPLICANTS DETAILS

Name of Organisation	
Postal Address	
Contact Person	
Telephone No.	
E-Mail Address	

ENQUIRIES

LT Ngwenya

TEL: (036) 638 5183

DEVELOPMENT PROGRAMME DATABASE CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE ATTACHED	Y	N	N/A	OFFICE USE
Valid CIDB Registration Certificate				
Valid BEE Certificate/ Certified Copy				
SARS certificate/PIN				
CSD Attached				
Rates Account of the Business registered address				

SECTION A: INTRODUCTION, GUIDELINE & KEY POINTS TO REMEMBER

1. ALL APPLICANTS ARE ADVISED THAT ONLY ORIGINAL UTHUKELA DISTRICT MUNICIPALITY FORMS OR PHOTOSTAT COPIES THEREOF WILL BE PROCESSED. ANY DOCUMENT THAT HAS BEEN RETYPED OR REDRAFTED WILL BE DISREGARDED AND RETURNED TO APPLICANT
2. IT IS IMPERATIVE THAT ALL SUPPORTING DOCUMENTS WITH AN ORIGINAL SIGNATURE BE SUBMITTED.
3. APPLICATIONS WITH COPIED SIGNATURES WILL NOT BE CONSIDERED
4. CONTRACTOR'S PROVIDING INCORRECT INFORMATION OR FRAUDULENT INFORMATION IN THEIR FORMS WILL BE DISQUALIFIED FROM REGISTERING ON THE DATABASE.
5. ANY ALTERATIONS MADE BY THE CONTRACTOR, TO ITS OWN INFORMATION INSERTED ON THIS DOCUMENT MUST BE INITIALLED BY THE CONTRACTOR.
6. IT IS THE CONTRACTORS RESPONSIBILITY TO ENSURE THAT MUNICIPALITY HAS THE CORRECT AND VALD INFORMATION AT ALL TIMES.

SECTION B: COMPANY INFORMATION

1. Business Particulars			
Name of Business as per CIPC			
Trading As			
Registration Number			
Physical Address (attach proof of physical address)			
Building			
Street			
Town			
Municipality Ward			
Local Municipality			
Telephone Number			
Contact Numbers			
Email Address			

ANNEXURE A:

❖ **Schedule of Recently Completed Contracts/Projects by the Company (attach company profile)**

No	NAME OF PROJECT	Employer/Main Contractor (Name, Tel no Fax and E-mail Address)	Principal Agent/Architect Consulting Engineer (name, Tel No, and E-mail address)	Nature of Work (Trades)	Value of Work (incl. Vat)	Year Completed
C1						
C2						
C3						
C4						
C5						

ANNEXURE B

❖ **Plant & Equipment and Tools of the Company Proof to be attached**

DESCRIPTION (type, size, capacity etc.)	Quantity	Year of manufacture

SIGNATURE..... **DATE:**.....
 (Of person authorized to sign on behalf of the contractor)

GUIDELINES AND VERIFICATION OF INFORMATION

This form is specifically designed for the registration of the UThukela District Municipality **DEVELOPMENTAL PROGRAMME**. In order to ensure that the information supplied is legitimate, it is imperative that the guidelines stated herein are adhered to and that the information supplied is warranted as true before the **COMMISSIONER OF OATHS**



DECLARATION/AFFIDAVIT:

I/WE THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE BUSINESS/COMPANY, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT (CD APPLICATION FORM) INCLUDING SUPPORTING DOCUMENTATION, EITHER AS PROOF OR ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE.

Contractors providing incomplete and incorrect (fraudulently or otherwise) information will be disqualified from the registration and the UThukela District Municipality reserves the right to take legal action against such a company (as registered entity or the undersigned as a legal entity) for any financial prejudice that the Municipality may suffer as a result of that action.

Only documents with an ORIGINAL signature must be submitted AND all changes made in this form must be initialed.

**SIGNED ON THISDAY
OF.....20.....IN.....**

BEFORE THE COMMISSIONER OF OATHS

.....
SIGNATURE OF THE AUTHORISED REPRESENTATIVE

Signed and affirmed to, before me at,on this.....day
of.....20.....,

by the deponent who has acknowledged the he/she knows and understands, the contents of this documents, and he/she has acknowledged that he/she has no to affirming, that he/she regards the affirmation to be binding on his/her conscience.

Address:.....

Commissioner: Name and Signature

Capacity and Area

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