



## **UMZIMVUBU**

— LOCAL MUNICIPALITY —

**ADVERTISING DATE: 19 August 2020**

**UMZ/20-21/DATA COLLECTION(BTO)**

### **SERVICE PROVIDER FOR SUPPLY AND DELIVERY OF FBS DATA COLLECTION BOOKS**

Bidders are hereby invited to submit proposals/Quotations for service provider for supply and delivery of fbs data collection books as per specification.

### **MANDATORY DOCUMENTS TO BE SUBMITTED FAILURE TO DO SO WILL LEAD TO BE NON RESPONSIVE.**

Umzimvubu Local Municipality Supply Chain Management will apply. A valid Original Tax Clearance Certificate or confirmation from SARS with a verification pin, copy of company Registration/Founding Statement/CIPC Documents. Certified BBBEE certificate and a combined BBBEE for a joint venture (non-elimination item). JV Agreement for Joint venture. 80/20 evaluation criteria. Prices quoted must be firm and must be inclusive of VAT for vat vendors. Certified ID Copies of Managing Directors/ Owners. CSD Registration and MBD forms 4, 8 and 9 are compulsory submission and Billing Clearance certificate or Statement of Municipal Accounts. Certified copies of Certificates must not be later than 90 days of closing date. **No faxed, e-mailed and late tenders will be accepted.** Umzimvubu Local Municipality reserves the right not to appoint and value for money will be the key determinant. All quotation must be deposited in the quotation box situated at **Umzimvubu Local Municipality Offices at SCM office 813 Main Street, Mt Frere** not later than **12h00 noon on 28 August 2020**. All tenders must be clearly marked "Name of the project or Reference number". All service providers must be registered on CSD and submit proof. The municipality will not make award any award to a person or persons working for the state.

**Enquiries:** All technical enquiries may be directed to Mr. L. Matshoba [Matshoba.Lusapho@umzimvubu.gov.za](mailto:Matshoba.Lusapho@umzimvubu.gov.za) & Mr Mbukushe (SCM Manager) 039 255 8500 [Mbukushe.Themba@umzimvubu.gov.za](mailto:Mbukushe.Themba@umzimvubu.gov.za)

Other enquiries regarding this Bid may be directed to the office of the Municipal Manager:

**Attention: Mr G.P.T Nota**

**813 Main Street or P/Bag X9020**

**MT FRERE**

**5090**

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**GPT NOTA (MUNICIPAL MANAGER)**



**UMZIMVUBU**  
LOCAL MUNICIPALITY

**SPECIFICATION FOR 270 FBS DATA COLLECTION BOOKS**

Number of copies	270
Number of pages	100
Paper size	A3
Print type	Triplicate forms
Colour	Brown hard covers back and front with sticker written ( <b>UMZIMVUBU LOCAL MUNICIPALITY-FREE BASIC SERVICES</b> ) on the front cover.

Prepared by:-

LL Matshoba – (Assistant Manager Revenue)

Approved by:-

FT Fundira – (Chief Financial Officer)





## UMZIMVUBU LOCAL MUNICIPALITY INDIGENT APPLICATION FORM

### Instructions:

- 1) Please ensure that this form is completed as accurately as possible.
- 2) Please ensure that you receive a copy as proof of application.
- 3) Applications with missing information and or without all the relevant documentation will not be accepted.

### NOTE :-

- Submission of a completed application form does not necessarily ensure approval of registration as an indigent person.
- Payment for services provided by Council remains the responsibility of the account holder.

### PERSONAL DETAILS OF THE APPLICANT

(Person who's name appears on the account for municipal services)

Surname		Account Number		
Full Name(s)		ID Number		
Residential Address		Postal Address		
Postal Code		Postal Code		
Level of Education		Gender (tick applicable block)	Male	Female
Ward		Age(years)		
Electricity Meter Number				ERF NO

### CONTACT TELEPHONE NUMBERS

Home		Work	
Cell Number		Other contact	

### MARITAL STATUS

MARRIED		COHABITATION		DIVORCED		SEPARATED		WIDOW(ER)		SINGLE	
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### PROPERTY INFORMATION

Town		Ward	
Name & Surname		Cell Number	
ID Number		Type of Dwelling (please tick the relevant type)	
Postal Address		RDP	
Residential address		Rural	
		Formal	

### Account Holder's Section (Fill in this section if the applicant is the Account holder)

Name & Surname		Socio Demographic Profile of Household			
ID Number		Child headed		Employed	
Postal Address		Tenant		Unemployed	
Residential address		Single Parent			
		Pensioner			
		Disabled			

How many people are in your household (the total number of people residing at the address)

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**UMZIMVUBU LOCAL MUNICIPALITY  
INDIGENT APPLICATION FORM**

Please record the following information for each person in your household.

Full name	What is his/her relationship With You	(F=Female, M=Male) Gender	Date of birth DD-MM-YYYY	How long has he/she stayed at This address	Formal schooling In years	(Other training) Skills	Employment Sector	(Company/ Address) Work Where	Income Monthly
		F M							
		F M							
		F M							
		F M							
		F M							
		F M							
		F M							
		F M							
		F M							

**Indigent Registration Application Questionnaire**

(1) Does the household or has the household ever received any material support from any external source? (Select only one)

Yes ☐ No ☐ N/A ☐

(2) If YES, please indicate the type of material relief that was received: (Service Provider/Type of material relief/Frequency)

(3) Does the household or has the household ever received any material support from a Government source? (Select only one)

Yes ☐ No ☐ N/A ☐

(4) If YES, please indicate the type of support that was received (tick appropriate block)

Old age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Child support	<input type="checkbox"/>	Foster care	<input type="checkbox"/>	Social Relief	<input type="checkbox"/>
Other 1(state type)	<input type="checkbox"/>	Other 2(state type)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

(5) Municipal Services applying for: (Select one or more possible answers)

Pre-Paid Electricity (Eskom)	<input type="checkbox"/>	Refuse Removal	<input type="checkbox"/>	Paraffin	<input type="checkbox"/>	Solar	<input type="checkbox"/>	Note: - Applicants from un-electrified villages should apply for either paraffin or Solar.
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**Skills Matrix of all people living in household(all older than 18 years of age)**

Full Name(s)	Highest School Std. Passed	Other Training / Skills	Last year of formal employment	Training Needs





UMZIMVUBU LOCAL MUNICIPALITY  
INDIGENT APPLICATION FORM

**CONSENT TO THE SOUTH AFRICAN REVENUE SERVICE (SARS) IN TERMS OF SECTION 69(6) (b) OF THE TAX ADMINISTRATION ACT NO 28 OF 2011 (TAA).**  
I/We, the undersigned applicant (s), hereby give consent to SARS to disclose my/our information to Umzimvubu Local Municipality and the Department of Cooperative Governance (COGTA) for purposes of verifying the details of my/our income levels that I/We have disclosed to Umzimvubu Local Municipality in support of my/our application for a municipal indigent grant.

**Particulars of Indigent Applicant**

Municipality Name	
Name and surname (including maiden name, if applicable)	
Identity number	
Date of birth	
Taxpayer reference number	
Marital status	
Spouse's name and surname	
Spouse's identity number	
Spouse's date of birth	
Spouse's taxpayer reference number	
Residential address/ stand number / erf number	

**Particulars of other household member(s) earning an income\*\***

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

  

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Signed by: \_\_\_\_\_ [Applicant's name] on this \_\_\_\_\_ day of \_\_\_\_\_  
[Applicant's signature]

Signature: \_\_\_\_\_  
[Applicant's household member's signature]

te: \_\_\_\_\_

- Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Date \_\_\_\_\_

Certified copy of Identity Document	Y	N
Proof of Income / Attestation	Y	N
Municipal Account	Y	N
Confirmation of pension status	Y	N
Certified copy of death certificate	Y	N
Copy of proof of income	Y	N
Affidavit	Y	N
Letter of Authority	Y	N

<div style="border-bottom: 1px dotted black; height: 100px; width: 100%;"></div>			
Signature by official		Date Signed	
Signature by Councilor		Date Signed	