



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 & Mr Mbukushe (SCM Manager) 039 255 8500 Mbukushe.Themba@umzumvubu.gov.za

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

Attention: Mr G.P.T Nota

313 Main Street or P/Bag X9020

MT FRERE

5090

GPT NOTA (MUNICIPAL MANAGER)



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 (UMZIMVUBU LOCAL MUNICIPALITY-FREE BASIC SERVICES) on the front cover.

Prepared by:-

LL Matshoba – (Assistant Manager Revenue)

Approved by:-

FT Fundira – (Chief Einancial 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 AF	PPLICANT						
		(Person	who's name appears on	the account for municipal serv	vices)		
me				Account Number			
uli Name(s)				ID Number			
Residential Address				Postal Address			
Postal Code				Postal Code			
evel of Education				Gender (tick applicable block)	Male		Female
Vard				Age(years)		The state of the s	
Electricity Meter Number							ERF NO
CONTACT TELEPHONE NUMBE	ERS						
Home				Work			
Cell Number				Other contact			
MARITAL STATUS							
MARRIED	COHAE	BITATION	DIVORCED	SEPARATED	WIDOW	V(ER)	SINGLE
PERTY INFORMATION							
	Town				Ward		
					Cell Number		
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Name & Sumame ID Number Postal Address Residential address					RI		
ID Number					RI Ru For	DP ural rmal	
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D Number Postal Address		Account Hol	der's Section (Fill in this	section if the applicant is the I	RI Ru For Account holder) Child I	DP ural mal) Socio Demogra headed enant	aphic Profile of Household
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UMZIMVUBU LOCAL MUNICIPALITY INDIGENT APPLICATION FORM

What is his/her relationship		r (F=Female, M=Male)		Date of birth	How long has he/she stayed at	Formal schooling	(Other training)	Employment	(Company/ Address)	Income
Full name	With You	Gender		DD-MM-YYYY	This address	In years	Skills	Sector	Work Where	Monthly
		F	M							
		F	M							
		F	M							
		F	M							
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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 [Applicant's name] on this Signed by: [Applicant's signature] Signature: [Applicant's household member's signature]

(c)lease print name) the undersigned, hereby declare that the information provided above is to the best of my knowledge true and rect and further advoncived to the best of my knowledge true and application for indigent Registration is subject to Council approval or whoseover is authorized to do so. This application for indigent Registration is subject to Council approval or whoseover is authorized to do so. The known of the indigent Management Policy, an application will be processed if supported by the following: a) Coay of Manicipal Account of Coordination of Person and Policy and Policy of Death Certificate if cowner is deceased of Coordination of Person and The Policy of Policy of Death Certificate if cowner is deceased of Coordination of Person and The Policy of Polic					
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