



**APPLICATION FOR REGISTRATION
SUPPLIER DATABASE (CDASD)**

THE APPLICATION MUST BE COMPLETED BY THE PROSPECTIVE SERVICE PROVIDER

NAME OF SUPPLIER:	
CENTRAL SUPPLIER DATABASE REGISTRATION NUMBER:	MAAA _____ <i>(Proof of CSD Registration to be attached)</i>
CONTACT NAME:	
CONTACT NUMBER:	

THE COMPLETED ORIGINAL DECLARATION OF INTEREST FORM MUST BE MAILED OR DELIVERED TO THE FOLLOWING ADDRESS, FOR THE ATTENTION OF THE SCM UNIT:

POSTAL ADDRESS
PO BOX 318
PORT ELIZABETH
6000

PHYSICAL ADDRESS
32 GOVAN MBEKI AVENUE
STANDARD BANK BUILDING
PORT ELIZABETH

ENQUIRIES:

TELEPHONE: (041) 508 7055

(041) 508 7030

FOR OFFICIAL USE

CDA SUPPLIER NUMBER: _____

CSD NO. CONFIRMED: _____ DATE: _____

DECLARATION OF INTEREST

Nobid will be accepted from persons in the service of the state.

Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to register. In view of possible allegations of favouritism, it is required that the supplier or their authorized representative declare their position in relation to the municipality and take an oath declaring his/her interest.

In order to give effect to the above, the following must be completed and submitted

Full Name of person completing form:

Identity Number of person completing form:

Capacity of person completing form:

ARE ANY OF THE COMPANY'S DIRECTORS, MANAGERS, PRINCIPAL SHAREHOLDERS OR STAKEHOLDERS IN THE SERVICE OF THE STATE? YES / NO

If "YES", furnish particulars:

Name of Director/Manager/ Principal Shareholder/ Stakeholder	ID Number	Position held in Company/ Business	Name of Organ of State	Position Held in Organ of State

WERE ANY OF THE COMPANY'S DIRECTORS, MANAGERS, PRINCIPAL SHAREHOLDERS OR STAKEHOLDERS IN THE SERVICE OF THE STATE IN THE PREVIOUS 12 MONTHS? YES / NO

If "YES", furnish particulars:

Name of Director/Manager/ Principal Shareholder/ Stakeholder	ID Number	Name of Organ of State	Position Held in Organ of State	Termination date

IS ANY SPOUSE, CHILD OR PARENT OF THE COMPANY'S DIRECTORS, MANAGERS, PRINCIPAL SHAREHOLDERS OR STAKEHOLDERS CURRENTLY IN THE SERVICE OF THE *STATE? YES / NO

If "YES", furnish particulars:

Spouse, Child Or Parent Name	ID Number	Name of Organ of State	Position Held in Organ of State	Name of Director/Manager/ Principal Shareholder/ Stakeholder	Relationship

WAS ANY SPOUSE, CHILD OR PARENT OF THE COMPANY'S DIRECTORS, MANAGERS, PRINCIPAL SHAREHOLDERS OR STAKEHOLDERS IN THE SERVICE OF THE *STATE PREVIOUS 12 MONTHS? YES / NO

If "YES", furnish particulars:

Spouse, Child Or Parent Name	ID Number	Name of Organ of State	Position Held in Organ of State	Name of Director/ Manager/ Principal Shareholder/ Stakeholder	Relation- ship	Termination Date

NOTE: SHOULD ADDITIONAL SPACE BE REQUIRED FOR ANY OF THE AFOREMENTIONED TABLES, PLEASE COMPLETE (WITH REFERENCE) ON A SEPARATE PAGE/S.

*MSCM Regulations: "in the service of the state" means to be –
a member of –
any municipal council;
any provincial legislature; or
the national Assembly or the national Council of provinces;

a member of the board of directors of any municipal entity; an official of any municipality or municipal entity;
an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
a member of the accounting authority of any national or provincial public entity; or an employee of Parliament or a provincial legislature.

DECLARATION

I, THE UNDERSIGNED (NAME)

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DECLARE THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATIONS PROVE TO BE FALSE.

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Signature

.....

Date

.....

Position

.....

Name of Institution

TO BE COMPLETED BY COMMISSIONER OF OATHS

I certify that the Deponent has acknowledged that he/she knows and understands the contents of this Affidavit, which was signed and sworn to before me at

..... on this day of
20.....

.....
COMMISSIONER OF OATHS