



KwaZulu-Natal Department of Public Works
CONTRACTOR DEVELOPMENT REGISTRATION FORM

NO FAXED OR EMAILED COPIES WILL BE ACCEPTED

FOR OFFICIAL USE

SUPPLIER NAME	
REGISTRATION NUMBER		
CAPTURED BY	Name & Surname	Signature
APPROVED BY	Name & Surname	Signature

ENQUIRIES

Samke Khanyile: Contractors and Consultants Management (CCM)

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KWAZULU NATAL DEPARTMENT OF PUBLIC WORKS

CONTRACTOR DEVELOPMENT DATABASE CHECKLIST

GRADE 1

THE FOLLOWING DOCUMENTS MUST BE ATTACHED	Y	N	N/A	OFFICE USE
Certified Valid Company Registration Documents				
Company Profile				
Company Structure and CV's of Personnel				
Certified Copy of ID Documents of Shareholders/ members				
Proof of Banking Details				
Current Banking Rating				
Original Valid Tax Clearance Certificate				
Valid CIDB Registration Certificate				
Valid Certified BEE Certificate				
Letter of Good Standing				
ZNT Certificate from Treasury				
Proof of Physical Address				

Grade 2-6

THE FOLLOWING DOCUMENTS MUST BE ATTACHED	Y	N	N/A	OFFICE USE
Certified Valid Company Registration Documents				
Company Profile				
Company Structure and CV's of Personnel				
Certified Copies of Identity Documents of Shareholders/members				
Proof of Banking Details				
Current Banking Rating				
Original Valid Tax Clearance Certificate				
Valid CIDB Registration Certificate				
Valid Certified BEE Certificate				
Letter of Good Standing				
List of Completed Projects and Current Projects (Attach Practical Completion Certificates)				
ZNT Certificate from Treasury				
Proof of Physical Address				
Schedule of Construction Plant & Equipment				
Minimum of three references from Clients, Main Contractors and Consultants in recent projects				
Registration of UIF (Unemployment Insurance Fund)				
VAT Registration Certificate/Number				

I acknowledge that this form has been checked by me, and that all the required information and documents have been furnished accordingly

Name		Surname	
Signature		Date	

SECTION A: INTRODUCTION, GUIDELINE & KEY POINTS TO REMEMBER

1. ALL APPLICANTS ARE ADVISED THAT ONLY ORIGINAL DOPW EYESIZWE CONTRACTOR DATABASE FORMS OR PHOTOSTAS 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. CONTRACTORS 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 THE DEPARTMENT **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			
Type of Business	One Person Business/Sole Proprietor		Partnership
	Close Corporation		Private Company (Pty) Ltd
	Other (Specify)		
Physical Address (attach proof of physical address)			
Building			
Street			
Town			
Municipality			
Province		Postal Code	
Postal Address			
Building			
Street			
Town			
Municipality			
Ward Number			

Postal Address		Postal Code	
Telephone Number		Fax Number	
Email Address			
Cellular Phone Number		Alternate Number	
CORRESPONDENCE			
Initials		First Name	
Surname		Position	
Preferred Method of Correspondence	Post		Language
	SMS		
	Email		
Please Clearly indicate the Region(s) where your business operates			
Southern Region		Ethekwini Region	
Midlands Region		North Coast Region	
District		Head Office	

2. FINANCIAL INFORMATION**			
A certified copy of latest bank statement/original cancelled cheque/original letter from the bank must be attached. Proof of banking may not be older than 3 months.			
Name of Bank Account Holder			
Name of Bank			
Type of Account	CURRENT	SAVINGS	TRANSMISSION
Bank Account Number			
Branch Number			
Income Tax Reference Number			
VAT Reg. Number			
NB: An original tax clearance certificate must be supplied			
Tax Clearance Issue Date		Tax Clearance Expiry Date	
NB: An certified copy of the organisation's BEE certificate must be supplied			
BEE Certificate Issue Date		BEE Certificate Expiry Date	
NB: ZNT Number from Treasury and CIDB Copy			
ZNT Number		Date Registered	
CIDB CRIS Number		Registration Date	
Expiry Date		Grade	

**Contractor Grading
(Please Tick)**

0	Not yet registered	
1	200 000-00	
2	650 000-00	
3	2 000 000-00	
4	4 000 000-00	
5	6 500 000-00	
6	13 000 000-00	
7	40 000 00-00	
8	130 000 000-00	
9	No limit	

TICK WHERE APPLICABLE		
CE	CIVIL ENG. WORKS	
CB	ELECTRICAL	
EB	ELECTRICAL ENG. WORKS	
EP	ELECTRICAL ENG. WORKS : INFRASTRUCTURE	
GB	GENERAL BUILDING WORKS	
GB-PE	GENERAL BUILDING WORKS (POTENTIALLY EMERGING)	
ME	MECHANICAL ENG. WORKS	
SB	ASPHALT WORKS	
OPERATIONAL STATUS		
TICK WHERE APPLICABLE		
A	ACTIVE IN PRACTICE	
DB	DISPOSED OF BUSINESS	
DD	DUPLICATION	
DE	DECEASED ESTATE	
FA	AMALGAMATION	
FC	FIRM CLOSED OFFICE	
FS	FIRM SUSPENDED	
FT	OFFICE TEMPORARY CLOSED	
JM	UNDER JUDICIAL MANAGEMENT	
LQ	LIQUIDATED	
NC	CEDED DUE TO NAME CHANGE	
OR	COPIED FROM OLD CONSULTANT REGISTER	
PL	PROVISIONAL LIQUIDATION	

BEEE STATUS LEVEL			
Tick where applicable refer to attached copy of BBEEE Certificate			
BBEEE CONTRIBUTION LEVEL	SCORECARD POINTS		
1	100 or above	135%	
2	85 to 99,99	125%	
3	75 to 84.99	110%	
4	65 to 74.99	100%	
5	55 to 64.00	80%	
6	45 to 54.99	60%	
7	40 to 44.99	50%	
8	30 TO 39.99	10%	
Non-Compliant	➤ 30	0%	

SECTION D : CLASSIFICATION OF BUSINESS (Tick Appropriate Box)			
A. Public Company Ltd		E. Incorporated	
B. Private Company Pty Ltd		F. Co-operative	
C. Sole Proprietor		G. Welfare Organisation	
D. Partnership			

SECTION E: OWNERSHIP INFORMATION									
Full Name / Name of Business	Identity Number	Gender	SA Citizen		Capacity of Member/ Shareholder/ Proprietor	Ownership % Partnership/ Trust/ Interest	% of time Devoted to the firm	Disability	Race (Black; White; Indian; Coloured; other)
			Y	N					

<u>REF</u>	<u>DESCRIPTION</u>	<u>COMPLETED</u>	<u>FOR DEPARTMENT OF PUBLIC WORKS USE</u>			
Annexure (A)	Checklist of all submitted information	Yes	No	Yes	No	Notes
	All are COMPULSORY					
A 1	Company organogram and staff					
A2	Schedule of Recently Completed Contracts					
A3	Schedule of current contracts					
A4	Schedule of Plant & Equipment					
A5	Key personnel of Specialist Sub-Contractors					
A6	Current Supplier References					
A7	Current Bank Rating					
A8	Minimum of three references from clients, Main Contractors and Consultants on recent projects on the prescribed format					

ANNEXURE (B)

Designation	Male Full time	Female Full time	Total Full time	Male Full time	Female Part time	Total Part time
Owners/Top Management						
Senior Management						
Professionally qualified Staff						
Skilled Administration etc.						

Other Staff						
Other Staff						
Skilled Technical/Artisans						
Semi-Skilled Technical Trainees						
Unskilled Staff						
Other staff						
Other staff						
TOTALS						

ANNEXURE C:

- ❖ **Schedule of Recently Completed Contracts by the Specialist Sub-Contractor**
- ❖ **The contractor shall list below the recent 10 contracts awarded and completed in the last 3 years**

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						

C6						
C7						
C8						
C9						
C10						

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

ANNEXURE (D)

- ❖ **Schedule of Contracts awarded and not yet completed by the Specialist Su-contractor**
- ❖ The contractor shall list below the contracts awarded and not yet completed. (In the event of insufficient space, kindly attach pages)

NAME OF PROJECT	Employer/Main Contractor (Name, Tel. No and Email Address)	Principal Agent/Architect Consulting Engineer (Name, Tel. No and Email Address)	Nature of Work (Trades)	Value of Contract (Inc. VAT)	Date of Projected Completion

ANNEXURE (E)

- ❖ **Schedule of Construction Plant & Equipment of the Specialist Contractor**
- ❖ **(Details of Equipment that is owned by the contractor and immediately available when required)**

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

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

DATE:

ANNEXURE (F)

❖ **Key Personnel Names of the Specialist Sub-Contractor:** The contractor shall list below the key personnel whom he proposes to employ should any project is awarded to them.

Location	Designation	Name	Nationality	Years with Firm
	Plumbing			
	Glazing			
	Carpentry			
	Electricity			
	Painting			
	Quantity Surveyor			
	Company OHS officer			
	Site Agent (if applicable)			
	Construction Supervisor			
	Site representative			
	Other Key staff (give designation)			

SIGNATURE:.....**DATE:**

ANNEXURE (H)

- ❖ **Current Bank Rating of the Contractor**
- ❖ **The contractor must provide his/her bank rating, certified by his /her banker, however should the contract is unable to provide a bank rating, his her reasons as to why he/she is unable to do so, and in addition the provide the following details of his/her bank account of its legal entity:**

Name of account Holder:

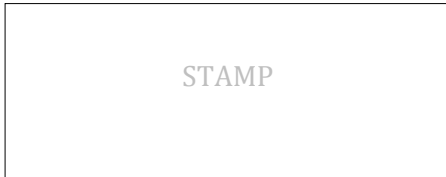
Name of the Bank: **Branch:**

Account number: **Type of account:**

Name of contact person (at the bank):

E-mail Address of contact person (at the Bank):

Telephone number: **Facsimile number:**.....



This form is specifically designed for the registration of emerging contractors on the **EYESIZWE CONTRACTOR DEVELOPMENT PROGRAMME** of the Department of Public Works KZN. 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 OATH**



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 (ECDP 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 Department of Public Works KZN 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 Department 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

.....
FULL NAME AND SURNAME IN BLOCK LETTERS DESIGNATION/TITLE/POSITION COMPANY/BUSINESS NAME

Signed and affirmed to, before me at,on this.....day of.....200....,		
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

