



UMZIMVUBU

LOCAL MUNICIPALITY

ADVERT DATE: 03 June 2016

SERVICE PROVIDER TO SUPPLY AND DELIVER 100 FBS DATA COLLECTION BOOKS AS PER SPEC

Bidders are hereby invited to submit quotation for supply and delivery of 100 fbs data collection book sX100 , Terms of Reference will be available on the website and scm office for free.proposals .

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, certified copy of company Registration/Founding Statement/CIPC Document. 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. MBD forms 4, 8 and 9 are compulsory submission and Billing Clearance certificate or Statement of Municipal Accounts. **No couriered, faxed, e-mailed and late tenders will be accepted after closing date.** Umzimvubu Local Municipality reserves the right not to appoint and value for money will be the key determinant. All tenders must be deposited in the tender box situated at **Umzimvubu Local Municipality Offices at 813 Main Street, Mt Frere** not later than **12h00 noon on 17 June 2016**, All tenders must be clearly marked "Name of the project and Reference number indicated above

Enquiries:

All technical enquiries may be directed to Mr. L. Luzipho 039 255 8500 SCM Mr T Mbukushe 0392558555

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
Tel: (039) 255 -8500
Fax: (039) 255- 01673


GPT NOTA
MUNICIPAL MANAGER



UMZIMVUBU
LOCAL MUNICIPALITY

Re: Specification for FBS data collection books

Description	SIZE	Quantity	Duplication	Branded
See attached application form	A3	100	Yes	Yes-with ULM logo and written Umzimvubu Local Municipality in full.

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Mr L Matshoba

Assistant Manager: Revenue and debt collection



ALFRED NZO
DISTRICT MUNICIPALITY

UMZIMVUBU LOCAL MUNICIPALITY - INDIGENT APPLICATION FORM



UMZIMVUBU
LOCAL MUNICIPALITY

Instructions:

- 1) Please ensure that this form is completed as accurately as possible.
- 2) Please ensure that you receive a receipt 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.

Photo

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 box)	<input type="checkbox"/> Male
Ward			<input type="checkbox"/> Female
Water Meter No		Electricity Meter No	<input type="checkbox"/> Owner
			<input type="checkbox"/> Tenant

CONTACT TELEPHONE NUMBERS

Home		Work	
Cell Number		Other contact	

MARITAL STATUS

<input type="checkbox"/> MARRIED	<input type="checkbox"/> COHABITATION	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> WIDOW(ER)	<input type="checkbox"/> SINGLE
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ACCOUNT HOLDER AND OWNER INFORMATION

Owner's Section

Reason why owner not applicant		Is the applicant Owner or Tenant?	<input type="radio"/> O	<input type="radio"/> T
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Name & Surname		Cell Number	
ID Number		Type of Dwelling	
Address		<input type="checkbox"/> RDP	<input type="checkbox"/>
		<input type="checkbox"/> SHACK	<input type="checkbox"/>
		<input type="checkbox"/> FORMAL	<input type="checkbox"/>

Account Holder's Section

Name & Surname		Is the applicant the account holder?	<input type="radio"/> Y	<input type="radio"/> N
ID Number		Socio Demographic Profile of Household		
Address		<input type="checkbox"/> Child Headed	<input type="checkbox"/> Employed	
		<input type="checkbox"/> Youth Headed	<input type="checkbox"/> Un-Employed	
		<input type="checkbox"/> Single Parent Headed		
		<input type="checkbox"/> Pensioner		
		<input type="checkbox"/> Disabled		

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

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I _____ (please print name) the undersigned, hereby declare that the information provided above is to the best of my knowledge true and correct and further acknowledge that:

- 1) This application for Indigent Registration is subject to Council approval or whosoever is authorised to do so.
- 2) I acknowledge outstanding amounts owing to the Council on account number _____ and accept that it remains an obligation from my side.
- 3) I must pay all future service consumption rendered by the Council to me and if I fail to pay, the normal credit control policy measures will be applicable to me.
- 4) This information is public and Public Sector includes the Provincial and National Government as well as the Credit Bureau.
- 5) I acknowledge that the Council will install a water restriction device and/or electricity prepaid meter if approved as Indigent.
- 6) In terms of the Indigent Management Policy, an application will be processed if supported by the following:
 - a) Copy of Municipal Account
 - b) Copy of ID
 - c) Confirmation of Pension status - if applicable
 - d) Copy of Proof of Income
 - e) Affidavit
 - f) Copy of Death Certificate if owner is deceased
 - g) Letter of Authority for Beneficiary
- 7) I acknowledge that I have received a confirmation of application letter stating my application reference number.
- 8) I am aware that any false declaration will lead to my immediate disqualification from the system.

Signed at _____ on this _____ day of _____ 20_____

Signature of Applicant

Date

Copy of Identity Document	<input type="checkbox"/> Y	<input type="checkbox"/> N
Proof of Income / Attestation	<input type="checkbox"/> Y	<input type="checkbox"/> N
Municipal Account	<input type="checkbox"/> Y	<input type="checkbox"/> N

Comments by Official:

Signature by Official

Date Signed



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

Full name	What is his/her Relationship	(F=Female, M=Male)		Date of Birth	How long has he/she stayed at	How many yrs of formal	(Other training)	Employment Status	(Company/Address)	(Monthly Income)
	With You	Gender	D-O-B	This Household	Schooling	Trained?	Employment As	Work Where	Income	
		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 an 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/Period/Frequency that was received eg. Bursary, Indigent Burial or Services Subsidy

(5) Municipal Services received at the household: (Select one or more possible answers)

Pre-Paid meter - Electricity	Electricity - Municipality	Refuse Removal	Water	N/A
Pre-Paid meter - Water	Electricity - ESKOM	Sewage	Pole Number	

Skills Matrix

Full Name(s)	Highest School Stnd Passed	Other Training / Skills	Employment History	Training Needs