



UMZIMVUBU

LOCAL MUNICIPALITY

ADVERTISING DATE: 11/03 /2019

UMZ/2018-19/DATA COLLECTION BOOKS (BTO)

SERVICE PROVIDER TO SUPPLY, DELIVER FBS DATA COLLECTION BOOKS.

Bidders are hereby invited to submit proposals/Quotations to Supply and deliver 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, certified 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 couriered, 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 19 March 2019**. 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 Matshoba & Mr Mbukushe (SCM Manager) 039 255 8517/8555

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)



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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 Financial Officer)



UMZIMVUBU
LOCAL MUNICIPALITY

**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	(F=Female, M=Male)		Date of birth	How long has he/she stayed at	Formal schooling	(Other training)	Employment	(Company/ Address)	Income
	With You	Gender		DD-MM-YYYY	This address	In years	Skills	Sector	Work Where	Monthly
		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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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(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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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(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 signature] [Applicant's name] on this _____ day of _____

Signature: _____ [Applicant's household member's signature]

Date: _____

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 authorized to do so.
- 2) This information is public and Public Sector includes the Provincial and National Government as well as the Credit Bureau.
- 3) In terms of the Indigent Management Policy, an application will be processed if supported by the following:

a) Copy of Municipal Account	e) Affidavit
b) Certified Copy of ID	f) Copy of Death Certificate if owner is deceased
c) Confirmation of Pension status - if applicable	g) Letter of Authority for Beneficiary
d) Copy of Proof of Income	
- 4) I acknowledge that I have received a confirmation of application letter stating my application reference number.
- 5) I am aware that any false declaration will lead to my immediate disqualification from the system and that all expenditure incurred by the municipality will become due and payable with immediate effect.
- 6) Should my indigent status change, it is my responsibility as the beneficiary to inform the Municipality and failure to disclose the change will result to the Municipality recovering the costs to subsidize me.

Signed at _____ on this _____ day of _____ 20_____

Signature of Applicant

Date

CHECK LIST

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

Comments by Official:

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Signature by official		Date Signed	
Signature by Councilor		Date Signed	