

## APPLICATION TO PARTICIPATE AS A LEARNER ON THE SEKHUKHUNE DISTRICT MUNICIPALITY CONTRACTOR DEVELOPMENT PROGRAMME

**NB: Applications must be submitted by *16h00 on Friday, 16 March 2018 in the Bid box available at Groblersdal Fire Station, in Groblersdal* (Applications received after this date will be disqualified).**

<b>The following documentation must be submitted together with the application form: (failure to do so will automatically disqualify the application)</b>	<b>Official use only</b>
• Attach certified copies of qualifications	
• Attach certified copy of identity documents	
• Attach certified copy of business registration documents	
• Attach copy of CIDB registration /classification	
• Attach original tax clearance certificate for the business	
• Attach any references with contact details	
• Attach certified copies of registration documents of vehicles/equipment held by the company of applicants	
• Applications are for one contractor per application.	

**TICK CHOICE(TICK ONE)**

<b>PROGRAMME APPLIED FOR</b>	<b>EMERGING CONTRACTOR DEVELOPMENT PROGRAMME( CIDB GRADE 1-3)</b>	
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<b>1. DETAILS OF COMPANY/BUSINESS</b>		<b>Official use only</b>
a) Business Name		
b) Postal Address		
c) Physical Address		
d) Local Municipality Name (Fetakgomo Tubatse, Ephraim Mogale, Elias Motsoaledi & Makhuduthamaga)		
e) Telephone Number		
f) Fax Number		
g) Contact Person		
h) Business Income Tax Number		

i) Business Vat Registration Number		
j) Business Registration Number		
k) Location name (City/Town/Village, etc)		
l) Original Tax Certificate		
m) CIDB registration number:		
n) CIDB classification:		
o) Type Of Business i. Partnership ii. Sole Owner (Proprietor) iii. Close Corporation (cc) iv. Company v. Joint Venture vi. (Pty) Ltd		

<b>2. LIST OF other PARTNERS AND SHAREHOLDERS:</b>						
Name	Position Occupied in Enterprise	I.D. Number	Citizenship	PDI Status (Yes/No)	Date of Ownership	% Owned By Women


<b>3. PARTICULARS OF PROJECTS PRESENTLY ENGAGAED WITH</b>								
Contract Number (eg: TP,WODP, Order Number)	Project Name & Description	Contract Sum	Contract Period	Starting Date	Completion Date	Name of Awarding Firm	Consultant, Project Manager	Tel No.



## RESOURCES COMPULSORY SECTION

5. EQUIPMENT, VEHICLES & OTHER RESOURCES	Please supply number and details of your existing equipment, vehicles or any available resources, also <u>attach</u> copies of relevant registration documents where applicable		Official use only
DESCRIPTION	QUANTITY	Replacement Value	

<b>5. APPLICATION FORM FOR CONTRACTOR</b>		<b>Official use only</b>
<b>PERSONAL DETAILS</b>	<b>CONTRACTOR</b>	
<b>1) Surname</b>		
<b>2) First Names</b>		
<b>3) Date of Birth</b>		
<b>4) Identity Number</b>		
<b>5) Gender</b>		
<b>6) Postal Address (home)</b>		
<b>7) Physical Address (home)</b>		
<b>8) Ward: (name &amp; number)</b> (for place of residence)		
<b>9) Telephone number</b>		
<b>10) Fax Number</b>		

<b>11) Cell Phone Number</b>			
<b>7. EDUCATION &amp; QUALIFICATION</b> ( <u>attach</u> certified copies of certificates & diplomas)			<b>Official use only</b>
<b>PERSONAL DETAILS cont.</b>	<b>CONTRACTOR</b>		
<b>1) LAST SCHOOL ATTENDED</b>			
<b>2) YEAR</b>			
<b>3) HIGHEST STANDARD PASSED</b>			
<b>4) SUBJECTS PASSED</b>	<b>CONTRACTOR</b>		
a)			
b)			
c)			
d)			
e)			



f)			
<b>5) COURSES &amp; CERTIFICATES</b>	<b>CONTRACTOR</b>		<b>Official use only</b>
g)			
h)			
i)			
<b>6) MEMBERSHIP OF PROFESSIONAL INSTITUTES</b>	<b>CONTRACTOR</b>		
a)			
b)			
c)			
<b>7) TERTIARY EDUCATION</b>	<b>CONTRACTOR</b>		
a) Institution Name			
b) Courses Passed			

c) Year Completed		
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<b>8) EMPLOYMENT HISTORY</b>	<b>CONTRACTOR</b>		<b>Official use only</b>
a) Most recent Employer			
b) Position Held			
c) Period Of Employment			
d) Previous Employer			
e) Position Held			
f) Period of Employment			
<b>9) OTHER CONSTRUCTION, CONTRACTING OR BUSINESS EXPERIENCE</b>			

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<b>10) OTHER ACHIEVEMENTS</b>	
<b>CONTRACTOR</b>	<b>Official use only</b>
a)	
b)	
c)	
d)	

**Declaration:** We the undersigned:

**Contractor** \_\_\_\_\_(Full Name)

I D No. \_\_\_\_\_

Duly authorized to represent

**Name of Firm** \_\_\_\_\_

Reg No. \_\_\_\_\_

Declare that all the information I supplied is to the best of my knowledge true and correct. I confirm that in the event of my application being successful, we will commit myself to an approximately two (2) year full-time learnership programme with the Sekhukhune District Municipality.

Signed by the **Contractor** at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature Contractor \_\_\_\_\_