

# SEKHUKHUNE DISTRICT MUNICIPALITY



## PAYMENT REGISTRATION FORM

**2022/2023**

### INSTRUCTIONS TO THE APPLICANTS

- Application form must be completed in legible block letters
- Must be delivered to cnr Van Riebeeck & Chris Wiid Streets, Groblersdal.
- Companies with employees in the services of the state must **Not** register

### APPLICANT DECLARATION

I declare that the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my payment being withheld.

\_\_\_\_\_  
Initials & Surname

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

CSD NO: \_\_\_\_\_

The Sekhukhune District Municipality hereby requests your company/institution to register on the municipal payment system.

**MANDATORY DOCUMENTS FOR SUMISSION:**

Document	Sole Proprietor	Close Corporation	Partnership	Private/Public Company	Trust	Non-Profit Organisation	Issuing Institution
1.Co Registration							
2. Proof of Banking							
3. Original Tax clearance							

***The fact that a business has been registered on the supplies payment system as a supplier does not constitute any contractual relationship between the supplier and SDM. It is the responsibility of a registered supplier to inform SDM immediately in writing of any change. (PLEASE INITIAL EACH PAGE)***

### CHECKLIST FOR SEKHUKHUNE DISTRICT MUNICIPALITY OFFICIAL

[illegible]

DOCUMENTS ATTACHED	Y	N	NA
1. Copies of Company Registration			
2. Proof of Banking			
3. Tax Clearance Certificate			
4. Proof of CSD Registration			

Information Checked By:

Employee's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 1. BUSINESS INFORMATION

### 2.1. Registered Business Name

[illegible]

## 2.2. Trading Name

[illegible]

### 2.3 Registered Business Address

[illegible]

Town

[illegible]

Municipality

[illegible]

Province

[illegible]

Code

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## 2.4 Postal Address

[illegible]

Town

[illegible]

Municipality

[illegible]

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

### 3. BANKING DETAILS

Bank Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Holder's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type	Cheque	Savings	Transmission
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#### Authorisation for electronic transfer of funds (EFT) to supplier's bank account

I, the undersigned hereby authorize the Sekhukhune District Municipality to credit my company account via Electronic Funds Transfer as afore mentioned with amount payable/due to specified beneficiary for goods and services rendered.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NB:**      *Please request your Bank to certify the above as correct or attach an original cancelled cheque.*

Bank  
Date  
Stamp

\_\_\_\_\_  
Name of bank official

\_\_\_\_\_  
Signature

#### 4. DECLARATION OF INTEREST BY DIRECTORS

4.1 Are you or any of your member(s) / shareholder(s) presently in the service of the State?

<b>YES</b>	<b>NO</b>
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If so, please furnish particulars


4.2 Have you or any of your family member(s) / shareholder(s) been in the service of the State for the past twelve months?

<b>YES</b>	<b>NO</b>
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If so, please furnish particulars


4.3 Do you or any of your family member(s) / shareholder(s) have any relationship (family, friend? Or other) with a person employed by **SDM**, who may be involved, the invitation of price quotations/bids and or the award of contracts?

<b>YES</b>	<b>NO</b>
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If so, please furnish particulars


#### 4.4 Any comments by Director(s)

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#### 4.5 Names of Director(s)

#### ID No

#### Signature

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____