SEKHUKHUNE DISTRICT MUNICIPALITY

PAYMENT REGISTRATION FORM

2026/2027

INSTRUCTIONS TO THE APPLICANTS

Application form must be completed in legible block letters

Must be delivered to cnr Van Riebeek & 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 witheld.

_____ _____
Initials & Surname Date

_____
Signature

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.Proof of CSD REGISTRATION							
4. Orional 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

BUSINESS NAME																					
REGISTRATION NUMBER																					

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: _____

Signature: _____

Date: _____

1. BUSINESS INFORMATION

2.1. Registered Business Name

2.2. Trading Name

2.3 Registered Business Address

Town

Municipality

Province

Code

2.4 Postal Address

Town

Municipality

Province

2.5 Details of Contact Person

Title and First Name

Surname

Telephone Number

Mobile Number

Fax Number

Email Address

3. BANKING DETAILS

Bank Name

Branch Name

Branch Code

Bank Account Number

Account Holder's Name

Account Type	Cheque	Savings	Transmission

Authorisation for electronic transfer of fun

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?

YES	***NO***

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?

YES	***NO***

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?

YES	***NO***

If so, please furnish particulars

4.4 Any comments by Director(s)

_____
_____
_____

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. _____	_____	_____