

public works
& infrastructure

Department

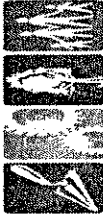
Public Works and Infrastructure
REPUBLIC OF SOUTH AFRICA



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
PUBLIC WORKS, ROADS & INFRASTRUCTURE



EXPANDED PUBLIC WORKS PROGRAMME

APPLICATION TO PARTICIPATE AS A LEARNER CONTRACTOR ON THE LIMPOPO DEPARTMENT OF PUBLIC WORKS, ROADS AND INFRASTRUCTURE EPWP VUK'UPHILE CONTRACTOR DEVELOPMENT PROGRAMME FOR DEVELOPMENT OF EMERGING CONTRACTORS

NB: Applications must be submitted by the 01 March 2024 in the Limpopo Department of Public Works, Roads and Infrastructure, Tender Box: Corner Blaauwberg and River Street, Ladanna, POLOKWANE, Coordinates:23.53.10,68S and 29.26.26.24, 19E

Attention: Applications received after the closing date stipulated on the advert will be disqualified. This form cannot be duplicated

The following documentation must be submitted together with the application form:(failure to do so will automatically disqualify the application)	Official use only
• Attach copies of qualifications	
• Attach certified copy of identity documents	
• Attach copy of business registration documents (Ensure that the company registration and annual returns are valid)	
• Attach copy of proof of CIDB registration (Ensure that CIDB registration is valid)	
• Application is for single contractor	
• Attach any references with contact details	
• Proof of Residence (Water & Lights Account or confirmation issued by Ward Councillor or Tribal authority)	

1. DETAILS OF COMPANY/BUSINESS		Official use only
a) Business Name		
b) Postal Address		
c) Physical Address		
d) WARD name / number		
e) Telephone Number		
f) Email address		
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) Tax Compliance Status PIN		

		m) National Treasury Central Supplier Database (CSD) Number
		n) CIDB CRS number:
		o) CIDB classification:
		p) Type Of Business i. Partnership ii. Sole Owner (Proprietor) iii. Close Corporation (cc) iv. Company v. Joint Venture vi. (Pty) Ltd

2. LIST OF other PARTNERS AND SHAREHOLDERS:

Name	Position Occupied in Enterprise	I.D. Number	Citizenship	PDI Status (Yes/No)	Date of Ownership	% Owned By Women

3. PARTICULARS OF PROJECTS PRESENTLY ENGAGED WITH

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.

5. APPLICATION FORM FOR CONTRACTOR

PERSONAL DETAILS		CONTRACTOR		Official use only
5.1. Surname				
5.2. First Names				
5.3. Date of Birth				
5.4. Identity Number				
5.5. Gender				
5.6. Postal Address (home)				
5.7. Physical Address (home)				
5.8. Ward: (name & number) (for place of residence)				
5.9. Telephone number				
5.10. Email Address				
5.11. Cell Phone Number				

6. EDUCATION & QUALIFICATION (attach copies of certificates & diplomas)		Official use only
PERSONAL DETAILS cont.	CONTRACTOR	
6.1. LAST SCHOOL ATTENDED		
6.2. YEAR		
6.3. HIGHEST STANDARD PASSED		
6.4. SUBJECTS PASSED	CONTRACTOR	
a)		
b)		
c)		
d)		
e)		
f)		

6.5. COURSES & CERTIFICATES	CONTRACTOR		Official use only
a)			
b)			
c)			
6.6. MEMBERSHIP OF PROFESSIONAL INSTITUTION	CONTRACTOR		
a)			
b)			
c)			
6.7. TERTIARY EDUCATION	CONTRACTOR		
a) Institution Name			
b) Courses Passed			
c) Year Completed			

6.8. EMPLOYMENT HISTORY	CONTRACTOR		Official use only
a) Most recent Employer			
b) Position Held			
c) Period Of Employment			
d) Previous Employer			
e) Position Held			
f) Period of Employment			
6.9. OTHER CONSTRUCTION, CONTRACTING OR BUSINESS EXPERIENCE			

6.10. OTHER ACHIEVEMENTS

CONTRACTOR

Official use only

a)

b)

c)

d)

Declaration: I the undersigned:

Contractor _____ (Full Name)

ID No. _____

Duly authorized to represent
Name of Firm _____

Registration No. _____

Declare that all the information supplied is to the best of my knowledge true and correct. I confirm that in the event of our application being successful, we will commit ourselves to an approximately two (2) year full-time Learnership Programme with Limpopo Department of Public Works, Roads and Infrastructure

Signed by the **Contractor** at _____ this _____ day of _____ 20_____

Signature Contractor _____

ANNEXURE A: DECLARATION OF INTEREST AND APPLICANT'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

APPLICATION TO PARTICIPATE AS A LEARNER CONTRACTOR ON THE LIMPOPO DEPARTMENT OF PUBLIC WORKS, ROADS AND INFRASTRUCTURE EPWP VUK'UPHILE CONTRACTOR DEVELOPMENT PROGRAMME

1. PROGRAMME DETAILS

Programme title:	<i>Limpopo Department of Public Works, Roads and Infrastructure Vuk'uphile Contractor Development Programme</i>
Reference no:	

2. Any legal person having a kinship with persons employed by the state, including a blood relationship, may apply in terms of this invitation to participate in the Vuk'uphile Contractor Development Programme. In view of possible allegations of favouritism, should the resulting application, or part thereof, be awarded to persons connected with or related to persons employed by the state¹, it is required that the applicant declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where:

- The legal person on whose behalf the application form is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the application(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the application.

3. In order to give effect to the above, the following questionnaire must be completed and submitted with the application.

3.1 Full Name of applicant: _____

3.2 Identity number: _____

3.3 Position occupied in the Company (director, trustees, shareholder² ect _____

3.4 Company Registration Number: _____

3.5 CIDB CRS Number: _____

3.6 Tax Reference Number: _____

3.7 VAT Registration Number: _____

NOTE The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraphs 3.8 to 3.11 below.

ANNEXURE A: DECLARATION OF INTEREST AND APPLICANT'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

¹ "State" means –

- i. any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- ii. any municipality or municipal entity;
- iii. provincial legislature;
- iv. national Assembly or the national Council of provinces; or
- v. Parliament.

² "Shareholder" means –

- i. a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercise control over the enterprise

3.8 Is any person connected with the applicant presently employed by the state?

YES NO

If so, furnish the following particulars:

Name of person / director /trustees/shareholder/ member: _____

Name of state institution at which you or the person

is connected to the applicant is employed _____

Position occupied in the state institution: _____

Any other particulars:

3.9 Did you or your spouse, or any of the company's directors / trustees/shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES NO

If so, furnish particulars:

CLIENT NAME AND CONTACT DETAILS	CONTRACT NAME	START DATE	END DATE

ANNEXURE A: DECLARATION OF INTEREST AND APPLICANT'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

3.9 Do you, or any person connected with the applicant, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this application? YES NO

If so, furnish particulars.

3.10 Are you, or any person connected with the applicant, aware of any relationship (family, friend, other) between the applicant and any person employed by the state who may be involved with the evaluation and or adjudication of this application? YES NO

If so, furnish particulars.

3.11 Do you or any of the directors /trustees/shareholders/ members of the company have any interest in any other related companies whether or not they are applying for this Learnership Programme? YES NO

3.11.1 If so, furnish particulars.

4. FULL DETAILS OF DIRECTORS/ TRUSTEES/ MEMBERS/ SHAREHOLDERS

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Pernal Number

ANNEXURE A: DECLARATION OF INTEREST AND APPLICANT'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

5. DECLARATION OF APPLICANT'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

5.1.	<p><i>Is the applicant or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector?</i></p> <p>(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the audi alteram partem rule was applied).</p> <p><i>If so, furnish particulars</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2.	<p><i>Is the applicant or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</i></p> <p>To access this Register enter the National Treasury's website, www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.</p> <p><i>If so, furnish particulars</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.3.	<p><i>Was the applicant or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?</i></p> <p><i>If so, furnish particulars</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.4.	<p><i>Was any contract between the applicant and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract? If so, furnish particulars</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ANNEXURE A: DECLARATION OF INTEREST AND APPLICANT'S PAST
SUPPLY CHAIN MANAGEMENT PRACTICES**

6. CERTIFICATION

I the undersigned (full name) _____ certify that the information furnished on this declaration form is true and correct.

I accept that, in addition to cancellation of an agreement/contract, action may be taken against me should this declaration prove to be false.

Name of Applicant	Signature	Date	Position