



# public works

Department:  
Public Works  
**PROVINCE OF KWAZULU-NATAL**

## Application for Registration on the Professional Service Providers Roster

**Note:** This document is to be read in conjunction with the **Procedures for the Appointment of Professional Service Providers**

Failure to fully complete the application may cause the application to be returned to the Professional Service Provider.

### SECTION A: ENTERPRISE PARTICULARS

Name of Enterprise: \_\_\_\_\_

Trading as: \_\_\_\_\_

Type of Enterprise<sup>1</sup>: (Please select **ONE** of the following and indicate with an "X")

Public Company	<input type="checkbox"/>	Private Company	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>

If Other please specify: \_\_\_\_\_

Date Registered: DD/MM/YY \_\_\_\_\_ Date operations started: DD/MM/YY \_\_\_\_\_

Company / CC Registration Number: \_\_\_\_\_

Tax Registration Number<sup>2</sup>: \_\_\_\_\_

VAT Registration Number: (if registered) \_\_\_\_\_ KZN Provincial Suppliers Database Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_  
Code: \_\_\_\_\_ Code: \_\_\_\_\_

### First time to Register with KZN Public Works Database (YES/NO): Please specify.....

- Attach a copy of the following as applicable and latest name change, if any: **Company / Close Corporation** - Certificate of Incorporation, **Company** - Shareholder Certificates or **Partnership** - Partnership Agreement, Joint Venture
- Attach an original valid Tax Clearance Certificate.

### Contact Person:

(Provide particulars of contact person to whom all correspondence will be directed, prior to and after admission to the electronic database).

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Designation: \_\_\_\_\_ email: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred method of Communication: email:  Fax:  Post

**Office Locality:**

*Please indicate where your office is located.*

Region: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

District Municipality: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Ward Number: \_\_\_\_\_  
Town: \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**Office Locality:**

*Please indicate where your office is located.*

Region: \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_

District Municipality: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Ward Number: \_\_\_\_\_  
Town: \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Contact Person \_\_\_\_\_

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District Municipality: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Ward Number: \_\_\_\_\_  
Town: \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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Municipality: \_\_\_\_\_  
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Contact Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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Contact Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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Municipality: \_\_\_\_\_  
Ward Number: \_\_\_\_\_  
Town: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**Office Locality:**

*Please indicate where your office is located.*

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Street Address \_\_\_\_\_  
\_\_\_\_\_  
District Municipality: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Ward Number: \_\_\_\_\_  
Town: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**Office Locality:**

Please indicate where your office is located.

Region: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
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 District Municipality: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 Ward Number: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**Office Locality:**

Please indicate where your office is located.

Region: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 District Municipality: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 Ward Number: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

MIDLANDS REGION – MUNICIPALITIES	
<b>(DC23) UTHUKELA DISTRICT MUNICIPALITY</b>	
kz232	Emnambithi/Ladysmith Municipality
kz233	Indaka Municipality
kz234	Umtshezi Municipality
kz235	Okhahlamba Municipality
kz236	Imbabazane Municipality
KZDMA23	KZDMA23
<b>(DC24) UMZINYATHI DISTRICT MUNICIPALITY</b>	
kz241	Endumeni Municipality
kz242	Nquthu Municipality
kz244	Msinga Municipality
kz245	Umvoti Municipality
<b>(DC25) AMAJUBA DISTRICT MUNICIPALITY</b>	
kz252	Newcastle Municipality
kz253	Utrecht Municipality
kz254	Dannhauser Municipality

NORTH COAST REGION – MUNICIPALITIES	
<b>(DC26) ZULULAND DISTRICT MUNICIPALITY</b>	
kz261	Edumbe Municipality
kz262	Uphongolo Municipality
kz263	Abaqulusi Municipality
kz265	Nongoma Municipality
kz266	Ulundi Municipality
<b>(DC27) UMKHANYAKUDE DISTRICT MUNICIPALITY</b>	
kz271	Umhlabuyalingana Municipality
kz272	Jozini Municipality
kz273	The Big Five False Bay Municipality
kz274	Hlabisa Municipality
kz275	Mtubatuba Municipality
KZDMA27	KZDMA27
<b>(DC28) UTHUNGULU DISTRICT MUNICIPALITY</b>	
kz281	Mbonambi Municipality
kz282	Umhlabuze Municipality
kz283	Ntambanana Municipality
kz284	Umlalazi Municipality
kz285	Mthonjaneni Municipality
kz286	Nkandla Municipality

**ETHEKWINI REGION – MUNICIPALITIES**

<b>(DURBAN) ETHEKWINI MUNICIPALITY</b>	
	Durban Ethekwini Municipality
<b>(DC29) ILEMBE DISTRICT MUNICIPALITY</b>	
kz291	Endondakusuka Municipality
kz292	Kwadukuza Municipality
kz293	Ndwedwe Municipality
kz294	Maphumulo Municipality

**SOUTHERN REGION – MUNICIPALITIES**

<b>(DC21) UGU DISTRICT MUNICIPALITY</b>	
kz211	Vulamehlo Municipality
kz212	Umdoni Municipality
kz213	Umzumbe Municipality
kz214	Umuziwabantu Municipality
kz215	Eziqoleni Municipality
kz216	Hibiscus Coast Municipality
<b>(DC22) UMGUNGUNDLOVU MUNICIPALITY</b>	
kz221	Umshwathi Municipality
kz222	Umngeni Municipality
kz223	Mooi Mpofana Municipality
kz224	Impendle Municipality
kz225	Msunduzi Municipality
kz226	Mkhambathini Municipality
kz227	Richmond Municipality
KZDMA22	KZDMA22
<b>(DC43) SISONKE DISTRICT MUNICIPALITY</b>	
kz5a1	Ingwe Municipality
kz5a2	Kwa Sani Municipality
kz5a3	Matatiele Municipality
kz5a4	Greater Kokstad Municipality
kz5a5	Ubuhlebezwe Municipality
kz5a6	Umzimkulu Municipality
KZDMA43	KZDMA43

\_\_\_\_\_  
Name of Enterprise  
(Please fill in on every page)

**Professional Registration of Enterprise:**

Built Environment Professional Council  
(e.g. ECSA): \_\_\_\_\_  
Registration Number<sup>3</sup>: \_\_\_\_\_  
Professional Registration Engineer /  
Technologist or Other Specify: \_\_\_\_\_

<sup>3.</sup> Provide copy of the South African Council for the Property Valuers Profession Registration Certificate. If registration with the relevant Built Environment Council is pending, please supply proof of application and proof of payment.

**Bank Details:**

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_  
Account Holder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Account Type: (Please indicate with an "X") Current  Savings  Other   
Specify: \_\_\_\_\_

**Financial Statements<sup>4</sup>:**

Please indicate with an "X" the range of your Total Annual Turnover:

Total Annual Turnover		
	From:	To:
<input type="checkbox"/>		< R 3 000 000
<input type="checkbox"/>	≥ R 3 000 000	< R13 000 000
<input type="checkbox"/>	≥ R13 000 000	< R26 000 000
<input type="checkbox"/>	≥ R26 000 000	Unlimited

Financial Year for which Financial Statements provided: \_\_\_\_\_ YYYY

<sup>4.</sup> Provide financial statements for the financial year immediately preceding the application certified by an auditor in the case of a Company, an accounting officer in the case of a Close Corporation, and an accountant in the case of a Sole proprietor or Partnership.

**Proof of Professional Indemnity<sup>5</sup>:**

Please provide details of your professional indemnity insurance:

Professional Indemnity Insurance: Yes  No   
Name of Insurer \_\_\_\_\_  
Expiry date \_\_\_\_\_  
Professional Indemnity Insurance Amount: R \_\_\_\_\_  
Professional Indemnity Insurance Excess: R \_\_\_\_\_

<sup>5.</sup> Provide proof of an uninterrupted professional indemnity insurance with an excess not exceeding 10% of the value of the cover in an amount of not less than R2 000 000 if applying for registration in any of the engineering services categories and R1 000 000 if applying for registration in any other category.

**Quality Management System<sup>6</sup>:**

Quality Management System Provided:

Yes

No

- <sup>6</sup>. *Provide a documented quality management system which as a minimum outlines management responsibilities and resource management within the company, provisions for back up of electronic data and, in the case of a one principal business, contingency plans in the event of incapacitation.*

SECTION B: PARTICULARS OF DIRECTORS AND SHAREHOLDERS <sup>7</sup>									
	Title	First Name	Surname	Ownership Percentage %	Capacity e.g. Director	Date became Principal	Date ceased to be Principal	ID Number <sup>8</sup>	Personal Income Tax Number <sup>9</sup>
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

<sup>7.</sup> Attach a copy of the following as applicable and latest name change, if any: **Company / Close Corporation** - Certificate of Incorporation, **Company** - Shareholder Certificates or **Partnership** - Partnership Agreement, Joint Venture

<sup>8.</sup> Provide a copy of certified ID document.

<sup>9.</sup> Provide Personal Income Tax Number only if Sole Proprietor or Partnership.

**SECTION C: PARTICULARS OF REGISTERED PROFESSIONALS**

**FILL IN SECTION C SEPARATELY FOR EACH FULL TIME REGISTERED PROFESSIONAL PRINCIPAL AND STAFF MEMBER**

**Particulars of Full Time Professional Principal/s and Staff Member/s:**

Principal  Staff Member  % Time Devoted to This Enterprise \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Designation: \_\_\_\_\_ ID Number<sup>10</sup>: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Average Annual Income<sup>11</sup> \_\_\_\_\_ Date Employment Terminated: \_\_\_\_\_

Qualification/s <sup>12</sup> :	Institute Where Qualified	Date Qualified	Built Environment Professional Council (e.g. ECSA)	Registration Number/s <sup>13</sup> :	Date of Registration

<sup>10.</sup> Provide a copy of certified ID document.

<sup>11.</sup> Furnish proof of average annual income **per** professionally registered staff member of not less than R 200,000.

<sup>12.</sup> Insert Professional Construction Project Manager, Professional Architect, Professional Senior Architectural Technologist, Professional Engineer, Professional Engineering Technologist, Professional Quantity Surveyor, Professional Planner, Professional Natural Scientist, Professional Land Surveyor or Professional Valuer.etc

<sup>13.</sup> Provide copy of Built Environment Professional Council Registration Certificate/s if registration with the relevant Built Environment Council is pending, please supply proof of application and proof of payment.

Service Categories applied for <sup>14</sup> :		
Please indicate with an "X" those Service Areas in which you wish to be registered:		
SERVICE AREAS		
Code	Nature of Service	Minimum Professional Qualification of Qualified Person
<b>ARCHITECTURAL SERVICES (A)</b>		
A01 <input type="checkbox"/>	Low and medium sensitivity sites of low and medium complexity (refer to SACAP submission on the Identification of Architectural Work for relevant definitions)	Professional Architect Professional Senior Architectural Technologist
A02 <input type="checkbox"/>	High sensitivity sites of low complexity (refer to SACAP submission on the Identification of Architectural Work for relevant definitions)	
A03 <input type="checkbox"/>	Opera houses, concert halls, theatres and auditoriums,	Professional Architect
A04 <input type="checkbox"/>	High rise buildings (more than 6 storeys in height)	
A05 <input type="checkbox"/>	Hospitals and community health clinics	
A06 <input type="checkbox"/>	Prisons	
A07 <input type="checkbox"/>	Services other than those described in A01 to A06	
<b>CONSTRUCTION SERVICES (H)</b>		
H01 <input type="checkbox"/>	Construction health and safety	Professional Construction Health and Safety Agent Construction Health and Safety Manager Construction Health and Safety Officer
H02 <input type="checkbox"/>	Occupational health and safety	South African Institute of Safety and Health SACPCMP
H03 <input type="checkbox"/>	Mentoring of emerging contractors	Registration with one of the Built Environment Councils HHBRC, SEDA, MASTER BUILDERS, CONSTRUCTION SETA
<b>DISPUTE RESOLUTION (D)</b>		
D01 <input type="checkbox"/>	Adjudication of disputes in construction works contracts where FIDIC is used	Professional Engineer Professional Architect Professional Quantity Surveyor Professional Construction Manager Professional Construction Project Manager
D02 <input type="checkbox"/>	Adjudication of disputes in construction works contracts where GCC 2004 is used	
D03 <input type="checkbox"/>	Adjudication of disputes in construction works contracts where JBCC 2000 is used	
D04 <input type="checkbox"/>	Adjudication of disputes in construction works contracts where NEC3 is used	
D05 <input type="checkbox"/>	Adjudication of disputes in professional services where the CIDB form of contract is used	
D06 <input type="checkbox"/>	Adjudication of disputes in professional service contracts where NEC3 form of contract is used	
<b>ENGINEERING SERVICES</b>		
<b>Civil Engineering Services I</b>		
C01 <input type="checkbox"/>	Bulk earthworks, terracing, sports fields, township roads, paving and associated drainage (geometric, drainage and materials design)	Professional Engineer Professional Engineering Technologist
C02 <input type="checkbox"/>	Provincial roads (other than freeways) or intersections with township roads and associated drainage (geometric, drainage and materials design)	
C03 <input type="checkbox"/>	Freeways (dual carriage road which does not provide the abutting owners the automatic right of access) and associated drainage (geometric, drainage and materials design)	
C04 <input type="checkbox"/>	Pavement rehabilitation and maintenance	
C05 <input type="checkbox"/>	Railways and associated drainage (geometric, drainage and materials design, rehabilitation and maintenance)	
C06 <input type="checkbox"/>	Water and sewerage reticulation, pipelines and pumping stations	
C07 <input type="checkbox"/>	Water and waste treatment systems	
C08 <input type="checkbox"/>	Wet services engineer	
C09 <input type="checkbox"/>	Dams, weirs and related work	
C10 <input type="checkbox"/>	Canals, irrigation and river protection systems	

Service Categories applied for <sup>14</sup> :		
Please indicate with an "X" those Service Areas in which you wish to be registered:		
SERVICE AREAS		
Code	Nature of Service	Minimum Professional Qualification of Qualified Person
C11 <input type="checkbox"/>	Water resource management	Professional Engineer Professional Engineering Technologist
C12 <input type="checkbox"/>	Storm water drainage	
C13 <input type="checkbox"/>	Harbours, marine works and breakwaters	
C14 <input type="checkbox"/>	Tunnels and tunnel linings	
C15 <input type="checkbox"/>	Solid waste disposal	
C16 <input type="checkbox"/>	Traffic engineering e.g. the use of engineering techniques to analyse the safe and efficient movement of people and goods.	
Electrical Engineering I		
E01 <input type="checkbox"/>	Electrical installations in buildings	Professional Engineer Professional Engineering Technologist
E02 <input type="checkbox"/>	Street lighting and electrical reticulations supplying power to buildings	
E03 <input type="checkbox"/>	Radio telemetry and SCADA systems	
E04 <input type="checkbox"/>	Electrical power systems for the generation, transmission and distribution of electrical energy not covered in E01 to E03	
E05 <input type="checkbox"/>	Lightening protection	
Fire Protection Services (F)		
F01 <input type="checkbox"/>	Fire Protection installation	Professional Fire Engineer Professional Fire Engineering Technologist
Geotechnical Engineering (G)		
G01 <input type="checkbox"/>	Geotechnical site, foundation and stability investigations	Professional Engineer Professional Engineering Technologist Professional Natural Scientist
G02 <input type="checkbox"/>	Dolomitic stability investigations and related work	Professional Engineer Professional Natural Scientist
Geo hydrological Services		
G01 <input type="checkbox"/>	Geo hydrological investigation services	Professional Engineer Professional Engineering Technologist Professional Natural Scientist
Health Technology Services		
H01 <input type="checkbox"/>	Health Technology services	Professional Engineer Professional Engineering Technologist
H02 <input type="checkbox"/>	Health Planning services	Professional Health Planner Health Planning Technologist
Mechanical Engineering (M)		
M01 <input type="checkbox"/>	Boiler installations, steam distribution, central heating and centralized hot water generation	Professional Engineer Professional Engineering Technologist
M02 <input type="checkbox"/>	Heating, ventilation, air-conditioning and refrigeration	
M03 <input type="checkbox"/>	Lifts, escalators and lifting equipment	
M04 <input type="checkbox"/>	Mechanical systems other than ME1 to ME4.	
M05 <input type="checkbox"/>	Industrial equipment and mechanical systems other than those referred to in M01 to M04	
Miscellaneous Engineering Services (X)		
X01 <input type="checkbox"/>	Acoustical engineering services	Professional Engineer Professional Engineering Technologist
X02 <input type="checkbox"/>	Cathodic protection	
X03 <input type="checkbox"/>	Building wet services	
Structural Engineering (S)		
S01 <input type="checkbox"/>	Buildings and structures	Professional Engineer Professional Engineering Technologist
S02 <input type="checkbox"/>	Water reservoirs and water retaining structures other than dams	
S03 <input type="checkbox"/>	Bridge and culvert design, maintenance and rehabilitation.	

Service Categories applied for <sup>14</sup> :		
Please indicate with an "X" those Service Areas in which you wish to be registered:		
SERVICE AREAS		
Code	Nature of Service	Minimum Professional Qualification of Qualified Person
<b>ENVIRONMENTAL IMPACT STUDIES (V)</b>		
V01 <input type="checkbox"/>	Environmental impact assessment	Professional Engineer Professional Natural Scientist International Association for Impact Assessors South Africa
<b>INFORMATION TECHNOLOGY (IT) CONSULTING SERVICES (I)</b>		
I01 <input type="checkbox"/>	Information Technology (IT) Consulting Services	MCSE, A+, N+, CISCO accreditation / qualifications
I02 <input type="checkbox"/>	Electronics Engineer	Professional Engineer
<b>LANDSCAPE ARCHITECTURAL SERVICES (L)</b>		
L01 <input type="checkbox"/>	Landscape architectural services	Professional Landscape Architect Professional Landscape Technologist
<b>MANAGEMENT SERVICES (P)</b>		
P01 <input type="checkbox"/>	Construction management i.e. the management of the construction process of works executed under multiple contracts between an employer and a contractor, from project initiation and briefing to project close out, but without the acceptance of liability for the contractual risks associated with the role of a contractor	Professional Construction Manager Professional Construction Project Manager Professional Engineer Professional Engineering Technologist Professional Quantity Surveyor
P02 <input type="checkbox"/>	Construction project management services i.e. the management on behalf of a client of the entire process necessary for the procurement of the design and the construction of a project from project initiation through to project close out, relating to buildings (construction works that has the provision of shelter for its occupants or contents as one of its main purposes)	Professional construction project manager Professional Architect Professional Senior Architectural Technologist Professional engineer Professional engineering technologist Professional quantity surveyor
P03 <input type="checkbox"/>	Construction project management services relating to engineering projects	
<b>SOCIAL FACILITATION SERVICES (S)</b>		
S01 <input type="checkbox"/>	Social Facilitation Services	
<b>QUANTITY SURVEYING SERVICES (Q)</b>		
Q01 <input type="checkbox"/>	Quantity surveying services	Professional Quantity Surveyor Professional Quantity Surveyor Technologist
<b>SURVEYING</b>		
W01 <input type="checkbox"/>	Survey – cadastral services	Professional Land Surveyor
W02 <input type="checkbox"/>	Survey – topographical services	Professional Land Surveyor Professional Surveyor
W03 <input type="checkbox"/>	Land Surveyor	PLATO
<b>TRANSPORTATION PLANNING (Y)</b>		
Y01 <input type="checkbox"/>	Strategic transportation planning - spatial planning, networks, statutory planning frameworks	Professional Engineer Professional Planner
Y02 <input type="checkbox"/>	Traffic Engineer	Professional Engineer
<b>TOWN PLANNING (T)</b>		
T01 <input type="checkbox"/>	Site specific town planning services for property development projects	Professional Town Planner.
T02 <input type="checkbox"/>	Development framework plan for identified areas.	
<b>VALUATION SERVICES (Z)</b>		
Z01 <input type="checkbox"/>	Determine the value of fixed and other property.	Professional Valuer.

<b>Service Categories applied for<sup>14</sup>:</b>		
<b>Please indicate with an "X" those Service Areas in which you wish to be registered:</b>		
<b>SERVICE AREAS</b>		
<b>Code</b>	<b>Nature of Service</b>	<b>Minimum Professional Qualification of Qualified Person</b>

<sup>14.</sup> Attach two references from public sector clients confirming satisfactory past performance in the categories applied for in the prescribed format which require persons registered in terms of the Engineering Profession Act or the South African Council for Natural Scientific Professions. Professional Engineers and Professional Engineering Technologists whose names appear on the Joint Structural Division of the South African Institution of Civil Engineering and the Institution of Structural Engineers' website ([www.jsd.co.za](http://www.jsd.co.za)) as a Competent Person – Structures need not obtain such references for the service category Structural Engineering Services. Confirmation that their name appears on the website will suffice.

<b>Eligibility for services associated with the Expanded Public Works programme:</b>		
<b>Please indicate with an "X":</b>		
<b>NQF7</b>	<input type="checkbox"/>	NQF level 7 unit standard "Develop and Promote Labour Intensive Construction Strategies"
<b>NQF5</b>	<input type="checkbox"/>	NQF level 5 unit standard "Manage Labour Intensive Construction Projects"

**Registered Professional Previous Experience:**

*Provide details of personal experience of previous services undertaken and indicate for which enterprise you were employed or were principal of at the time.*

<b>1 Description of Service:</b>			
_____			
Public Sector Department:	_____	Service Value (including VAT):	R _____
Contact Person:	_____	Service Category:	_____
Telephone No:	_____	Date of Service Appointment:	DD/MM/YY
Client Department:	_____	Date Service Completed:	DD/MM/YY
Enterprise Employed by	_____	Service Location: Town:	_____
		Municipality:	_____
<b>2 Description of Service:</b>			
_____			
Public Sector Department:	_____	Service Value (including VAT):	R _____
Contact Person:	_____	Service Category:	_____
Telephone No:	_____	Date of Service Appointment:	DD/MM/YY
Client Department:	_____	Date Service Completed:	DD/MM/YY
Enterprise Employed by	_____	Service Location: Town:	_____
		Municipality:	_____
<b>3 Description of Service:</b>			
_____			
Public Sector Department:	_____	Service Value (including VAT):	R _____
Contact Person:	_____	Service Category:	_____
Telephone No:	_____	Date of Service Appointment:	DD/MM/YY
Client Department:	_____	Date Service Completed:	DD/MM/YY
Enterprise Employed by	_____	Service Location: Town:	_____
		Municipality:	_____

Potential conflicts of interest:				
<p>Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:</p>				
<input type="checkbox"/>	a member of any municipal council	<input type="checkbox"/>	an official of any municipality or municipal entity	
<input type="checkbox"/>	a member of any provincial legislature	<input type="checkbox"/>	an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999)	
<input type="checkbox"/>	a member of the National Assembly or the National Council of Province	<input type="checkbox"/>	a member of an accounting authority of any national or provincial public entity	
<input type="checkbox"/>	a member of the board of directors of any municipal entity	<input type="checkbox"/>	an employee of Parliament or a provincial legislature	
<p>If any of the above boxes are marked, disclose the following:</p>				
Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder	Name of institution, public office, board or organ of state	Position held	Status of service (tick appropriate column)	
			Current	Within last 12 months

Insert separate page if necessary.

<p>Are there any potential conflicts of interest that may arise or impact upon the ability to provide the services commonly associated with the service category(s) applied for, arising from the pursuit of manufacturing and contracting interests?<sup>156</sup></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
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<sup>156</sup> If yes furnish on a separate form.

**SECTION D: PARTICULARS OF EMPOWERMENT STATUS****Definitions**

The following definitions shall apply:

**Black person:** a South African citizen who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the RSA, 1983 (Act 110 of 1983) or the Constitution of the RSA, 1993 (Act 200 of 1993) (the interim Constitution).

**Note:** Such persons are commonly referred to as Coloureds, Indians and Africans

**Equity ownership:** The percentage of an enterprise or business owned by individuals or, in respect of a company, the percentage of the company's shares that are owned by individuals, who are actively involved in the management of an enterprise or business and exercise control over the enterprise, commensurate with their degree of ownership at the closing date of the tender.

**Historically disadvantaged individual (HDI):** A South African citizen

- (a) who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the RSA, 1983 (Act 110 of 1983) or the Constitution of the RSA, 1993 (Act 200 of 1993) (the interim Constitution), or
- (b) who is a female; or
- (c) who has a disability:

provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an HDI.

**Management:** means an activity inclusive of control and performed on a daily basis, by any person who is a principal executive officer of the company, by whatever name that person may be designated, and whether or not that person is a director.

**Owned:** having all the customary incidents of ownership, including the right of disposition, and sharing in all the risks and profits commensurate with the degree of ownership interest as demonstrated by an examination of the substance, rather than the form of ownership arrangements.

**Principal:** a natural person who is a partner in a partnership, a sole proprietor, a director in a company established in terms of the Companies Act, or a member of a close corporation registered in terms of the Close Corporation Act.

**Priority population group:** an individual who is a South African citizen and who falls into a population group that had no franchise in national elections prior to the introduction of the 1983 constitution and tricameral parliamentary system.

**Note:** Such persons are commonly referred to as Africans

**Registered Professional:** a full time employee who is professionally registered as a professional engineer, professional engineering technologist, professional planner, professional construction project manager, professional surveyor, professional natural scientist, professional planner, and professional land surveyor.

Preferences will be offered for equity ownership in respect of:

<b>Equity Ownership:</b>				
Black Africans	Female	=	40%	
	Male	=	20%	
Black, Coloured, Asian	Female	=	10%	
	Male	=	10%	
White	Female	=	5%	
	Male	=	0%	
Disabled		=	5%	
Youth		=	10%	
			<b>100%</b>	

<b>Empowerment status applied for:</b>		
<input type="checkbox"/>	<b>Level 1:</b>	Total score of 45 points and above
<input type="checkbox"/>	<b>Level 2:</b>	Total score of 30 points and above but less than 45 points
<input type="checkbox"/>	<b>Level 3:</b>	Total score of 15 points and above but less than 30 points
<input type="checkbox"/>	<b>Level 4:</b>	Total score of 5 points and above but less than 15 points
<input type="checkbox"/>	<b>Level 5:</b>	Total score of less than 5 points

Declaration with respect to status claimed:										
Complete the following in support of claim to such status:										
List all PRINCIPALS by name, identity number, citizenship, status, ownership, as relevant <sup>17</sup>										
Title	First Name	Surname	ID Number <sup>18</sup>	Date Obtained SA Citizenship	Percentage Equity Ownership	Black Person (Yes / No)	Woman (Yes/No)	Disabled Person (Yes/No)	Youth (Yes/No)	Priority Population Group (Yes / No)

<sup>16.</sup> Attach a copy of the following as applicable and latest name change, if any: **Company / Close Corporation** - Certificate of Incorporation, **Company** - Shareholder Certificates or **Partnership** - Partnership Agreement.

<sup>17.</sup> Provide a copy of certified ID document.

The undersigned, who warrants that he / she is duly authorized to do so on behalf of the firm or sole proprietor confirms that he / she understands the conditions under which empowerment status is granted and confirms that the PSP satisfies the conditions pertaining to the empowerment (preferred) status.

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

Name: \_\_\_\_\_

Duly authorised to sign on behalf of: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

<b>Declaration in respect of claim for preference in respect of disabled person:</b>		
<i>Complete the following with respect to claims for equity ownership relating to disabled persons:</i>		
<b>Name</b>	<b>Describe what the permanent impairment is<sup>19</sup></b>	<b>Outline how the permanent impairment impacts on ability to perform an activity in the manner or within the ranges considered normal for a human being?</b>

<sup>18.</sup> Provide proof of disability.

The undersigned, who warrants that he / she is duly authorised to do so on behalf of the firm or sole proprietor confirms that he / she understands the conditions under which such preferences are granted and confirms that the tenderer satisfies the conditions pertaining to the granting of tender preferences.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Duly authorised to sign on behalf of: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>Checklist for Supporting Documentation</b>		
The following supporting documents must be appended to the application:	<b>Supplied by PSP</b>	<b>Received OFFICE USE ONLY</b>
<b>SECTION A: ENTERPRISE PARTICULARS</b>		
1 Attach a copy of one of the following as applicable and latest name change, if any: <b>Company / Close Corporation</b> - Certificate of Incorporation, <b>Company</b> - Shareholder Certificates or <b>Partnership</b> - Partnership Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
2 Attach a copy of original valid Tax Clearance Certificate.	<input type="checkbox"/>	<input type="checkbox"/>
3 Provide copy of Professional Enterprise Built Environment Professional Council Registration Certificate. If registration with the relevant Built Environment Council is pending, please supply proof of application and proof of payment.		
4 Provide Financial statements for the financial year immediately preceding the application certified by an auditor in the case of a Company, an accounting officer in the case of a Close Corporation, and an accountant in the case of a Sole proprietor or Partnership.	<input type="checkbox"/>	<input type="checkbox"/>
5 Provide proof of an uninterrupted professional indemnity insurance with an excess not exceeding 10% of the value of the cover in an amount of not less than R2 000 000 if applying for registration in any of the engineering services categories and R1 000 000 if applying for registration in any other category.	<input type="checkbox"/>	<input type="checkbox"/>
6 Provide a documented quality management system which as a minimum outlines management responsibilities and resource management within the company, provisions for back up of electronic data and, in the case of a one principal business, contingency plans in the even of incapacitation.	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION B: PARTICULARS OF PRINCIPALS AND OWNERSHIP</b>		
7 Attach a copy of one of the following as applicable showing Principals Percentage Equity Ownership: <b>Company / Close Corporation</b> - Certificate of Incorporation, <b>Company</b> - Shareholder Certificates or <b>Partnership</b> - Partnership Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
8 Provide a copy of ID document/s of Principal/s.	<input type="checkbox"/>	<input type="checkbox"/>
9 Provide Personal Income Tax Number only if Sole Proprietor or Partnership.	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION C: PARTICULARS OF REGISTERED PROFESSIONALS</b>		
10 Provide a copy of ID document/s of Registered Professional/s.	<input type="checkbox"/>	<input type="checkbox"/>
11 Furnish proof of average annual income per professionally registered staff member of not less than R 175,000.	<input type="checkbox"/>	<input type="checkbox"/>
12 Insert Professional Construction Project Manager, Professional Architect, Professional Senior Architectural Technologist, Professional Engineer, Professional Engineering Technologist, Professional Quantity Surveyor, Professional Planner, Professional Natural Scientist, Professional Land Surveyor or Professional Valuer.	<input type="checkbox"/>	<input type="checkbox"/>
13 Provide certified copies of professional registration of full time qualified persons with the relevant Built Environment Professional Council. If registration with the relevant built environment Council is pending, please supply proof of application and proof of payment.	<input type="checkbox"/>	<input type="checkbox"/>

14	<p>Attach two references from public sector clients confirming satisfactory past performance in the categories applied for in the prescribed format which require persons registered in terms of the Engineering Profession Act or the South African Council for Natural Scientific Professions. Professional Engineers and Professional Engineering Technologists whose names appear on the Joint Structural Division of the South African Institution of Civil Engineering and the Institution of Structural Engineers' website (<a href="http://www.jsd.co.za">www.jsd.co.za</a>) as a Competent Person – Structures need not obtain such references for the service category W8 (Structural Engineering Services). Confirmation that their name appears on the website will suffice.</p>	<input type="checkbox"/>	<input type="checkbox"/>
15	<p>Attach NQF Certificate/s.</p> <ul style="list-style-type: none"> <li>• Certified copy of certificate for NQF level 7 unit standard “Develop and Promote Labour Intensive Construction Strategies”, where applicable.</li> <li>• Certified copy of certificate for NQF level 5 unit standard “Manage Labour Intensive Construction Projects”, where applicable.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
16	<p>Details of any commercial, manufacturing, contracting or other interest which might influence professional judgment, if any, in any category of service applied for.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION D: PARTICULARS OF EMPOWERMENT STATUS</b>			
17	<p>Attach a copy of the following as applicable and latest name change, if any: <b>Company / Close Corporation</b> - Certificate of Incorporation, <b>Company</b> - Shareholder Certificates or <b>Partnership</b> - Partnership Agreement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
18	<p>Provide a copy of ID document.</p>	<input type="checkbox"/>	<input type="checkbox"/>
19	<p>Provide proof of disability.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**Declaration:**

The undersigned, who warrants that he / she is duly authorized to do so on behalf of the enterprise:

\_\_\_\_\_  
Name of Enterprise

- 1) authorizes the Department to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order, should the Department so desire;
- 2) confirms that neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- 3) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise, has within the last five years been convicted of fraud or corruption;
- 4) confirms that no member of the firm has any commercial, manufacturing, contracting or other interest, other than that declared in the supporting documents, if any, as would tend to influence his / her exercise of, or independent professional judgment on, the matters which he / she advises in respect of the service categories applied for;
- 5) confirms that the contents of this application are within my personal knowledge and are to the best of my belief both true and correct;
- 6) confirms that PSP will maintain its professional indemnity insurance and abide by the CIDB Code of Conduct for all the Parties engaged in Construction Procurement (see [www.cidb.co.za](http://www.cidb.co.za));
- 7) confirms that the Professional Service Provider undertakes to:
  - (a) contribute positively to the well being of the community and when involved in any project or application of technology, strive to ensure that the affected parties are identified, properly informed and consulted, subject to the policy of the Department;
  - (b) take all reasonable steps to protect life and safeguard people;
  - (c) take due cognisance of the environmental impact of the service provided and give due consideration to the social and economic effects associated with the service subject to the policy of the Department; and
  - (d) maintain the accuracy of the data stored on the data base and notify the department in writing of:
    - (i) any changes in ownership or management control which will change its empowerment status;
    - (ii) any change in the particulars of a full time professional staff member registered in respect of a particular service category or having EPWP qualifications; and
    - (iii) any change in office staff that disqualifies an office from being registered in a Municipality.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Capacity: \_\_\_\_\_

Date \_\_\_\_\_

**DECLARATION OF INTEREST**

Any legal person, including persons employed by the state<sup>1</sup>, or persons having kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of the possible allegations of favouritism, should the resulting bid/quotation, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her/their authorized representative declare his/her/their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her/their interest, where-

- 1.1 the bidder is employed by the state; and/or
- 1.2 the legal person on whose behalf the quotation/bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quotation(s)/bid(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 quotation/bid.

2 In order to give effect to the above, the following questionnaire must be completed and submitted with the quotation/bid document.

- 2.1 Full Name of bidder or his or her representative: \_\_\_\_\_
- 2.1.1 Physical business address registered on the PSP Roster with the KZN Department of Public Works \_\_\_\_\_
- 2.1.2 Name of a Registered Professional dedicated in the above business address (Responsible for this project) \_\_\_\_\_
- 2.2 Identity Number: \_\_\_\_\_
- 2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>): \_\_\_\_\_
- 2.4 Company Registration Number: \_\_\_\_\_
- 2.5 Tax Reference Number: \_\_\_\_\_
- 2.6 VAT Registration Number: \_\_\_\_\_

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity number, tax reference number and, if applicable, employee / persal number must be indicated in paragraph 3 below.

1"State" means –

- (a) any national or provincial department, national or provincial public entity or Constitutional institution within
- (b) the meaning of the Public Finance Management Act,
- (c) 1999 (Act No. 1 of 1999);
- (d) any municipality or municipal entity;
- (e) provincial legislature; national Assembly or the national Council of provinces; or Parliament.

2"Shareholders" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

- 2.7 Are you or any person connected with the bidder presently employed by the state? YES / NO
- 2.7.1 If so, furnish the following particulars:  
Name or person / director / shareholder / member:  
Name of state institution to which the person is connected:  
Position occupied in the state institution:  
Any other particulars:

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2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES / NO

2.7.2.1 If yes, did you attached proof of such authority to the bid document? YES / NO  
*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.)*

2.7.2.2 If no, furnish reasons for non-submission of such proof:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.8 Did you or your spouse, or any of the company's directors / shareholders / members of their spouses conduct business with the state in the previous twelve months? YES / NO

2.8.1 If so, furnish particulars:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.9 Do you, or any person connected with the bidder, 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 quotation/bid?

2.9.1 If so, furnish particulars: YES / NO

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

2.10.1 If so, furnish particulars:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.11 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 bidding for this contract? YES / NO

2.11.1 If so, furnish particulars:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.11.2 Provide information of projects you are currently handling  
(Provide any extra written information if so wish)

<b>Project Name</b>	<b>Project Value</b>	<b>Time lapse and project stage</b>	<b>Project Challenges if any</b>	<b>Physical Progress (%)</b>

2.11.3 Provide the reference list for all of the above mentioned projects

<b>Project Name</b>	<b>Project Owner/ Client</b>	<b>Client Project Manager</b>	<b>Client Project Manager Landline</b>	<b>Client Project Manager Cell phone</b>

**3 Full details of directors / trustees / members / shareholders**

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

**DECLARATION**

I, THE UNDERSIGNED (NAME): \_\_\_\_\_  
CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.1 TO 2.11.3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

Name of bidder \_\_\_\_\_