

## **REQUIREMENTS FOR REGISTRATION**

THINGS TO DO WHEN RESPONDING TO THIS ADVERT :

1. You are expected to download the appropriate form for your business.
2. Make a deposit of **R100.00** for Suppliers and **R250.00** for Consultants.
3. The amount in 2 above should be deposited to this account :

**BUSHBUCKRIDGE MUNICIPALITY**

**a/c 620 335 81829**

**First National Bank**

**Branch: Hazyview**

**Branch code : 271152**

4. Attach all relevant documents to the form and courier all the information to this addresses :

1- **BUSHBUCKRIDGE MUNICIPALITY**

**R533 GRASKOP ROAD**

**BUSHBUCKRIDGE**

**OR**

1- **BUSHBUCKRIDGE MUNICIPALITY**

**Private Bag X9308**

**BUSHBUCKRIDGE, 1280**

5. Closing date for submission is **29 December 2009**
6. All submissions without proof of payments will automatically be disqualified.
7. All documents that reach our office after the closing time will not be considered.
8. The municipality reserves the right to consider or not to consider your form.
9. For more information you can contact **Percy or Promise on (013) 799 1851/7**



| <b>SCHEDULE OF WORK SATISFACTORILY CARRIED OUT BY THE TENDERER</b> |                       |                       |                           |
|--|-----------------------|-----------------------|---------------------------|
| <b>NAME OF EMPLOYER<br/>AND CONTACT NO.</b>                        | <b>NATURE OF WORK</b> | <b>VALUE OF WORK</b>  | <b>YEAR<br/>COMPLETED</b> |
|  |                       |                       |                           |
|  |                       |                       |                           |
|  |                       |                       |                           |
|  |                       |                       |                           |
| <b>NAME OF PROFESSIONAL BODY AFFILIATED TO</b>                     |                       | <b>MEMBERSHIP NO.</b> |                           |
|  |                       |                       |                           |
| <b>OFFICE TELEPHONE NO.</b>  |                       | <b>OFFICE FAX NO.</b> |                           |
|  |                       |                       |                           |
| <b>PHYSICAL ADDRESS</b>  |                       |                       |                           |
|  |                       |                       |                           |
|  |                       |                       | <b>POSTAL CODE</b>        |
|  |                       |                       |                           |
| <b>POSTAL ADDRESS</b>  |                       |                       |                           |
|  |                       |                       |                           |
|  |                       |                       | <b>POSTAL CODE</b>        |
|  |                       |                       |                           |
| <b>SIGNED AT</b>   |                       | <b>DATE</b>           |                           |
|  |                       |                       |                           |
| <b>NAME ; SURNAME &amp; POSITION</b>                               |                       | <b>SIGNATURE</b>      |                           |
|  |                       |                       |                           |
| <b>FOR OFFICE USE ONLY</b>   |                       |                       |                           |
| <b>SEQUENCE NO.</b>  | <b>RECEIPT NO.</b>    | <b>DATE APPROVED</b>  |                           |
|  |                       |                       |                           |
| <b>APPROVED BY</b>   |                       | <b>SIGNATURE</b>      |                           |
|  |                       |                       |                           |