



KWA SANI MUNICIPALITY

Tel: 033 702 1060
Fax: 033 702 1148
Email: cfo@kwasani.co.za

P.O. Box 43, Himeville, 3256
32 Arbuckle St, Himeville, 3256

DECLARATION IN RESPECT OF REGISTRATION ON THE MUNICIPAL PROVISIONING DATA BASE

Name of company / organization ▶▶▶▶

I, the undersigned, being the authorized signatory of the afore named company / organization, do hereby solemnly declare that all of the information provided on the forms, as annexed hereto, is true and correct.

Name		Signature		Date	
Capacity		Place			
	In which position I hold the delegation of authority which empowers me to act for and behalf of the company / organization				
Physical Address					
Postal Address					
E-Mail Address (Where applicable)					
Telephone No.					
Cellular No.					
Fax No.					

COMMISSIONER OF OATHS

The foregoing declaration has been sworn before at ▶					
Name		Signature		Date	
Designation					



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DOCUMENTATION / INFORMATION REQUIRED

PLEASE PROVIDE THE FOLLOWING INFORMATION				
Company Name				
Nature of business				
Contact person				
Contact details				
Number of employees <small>(Please provide the actual number of persons employed)</small>				<i>Persons</i>
Additional services/provisions that can be provided by the company, which should be included on record				
Geographical area / s of operation <small>Tick where applicable</small>	Country	Province	District Municipality	Local

The under listed documentation, where applicable, should be attached as annexure hereto;

- ❖ Tax clearance certificate
- ❖ VAT Registration certificate
- ❖ Company Profile
- ❖ Company Registration Certification e.g., Founding statement in the case of a Closed Corporation



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OWNERSHIP (MEMBERS / DIRECTORS / PARTNERS / SHAREHOLDERS)

Name of company / organization ▶▶▶▶	
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(If ownership comprises more than five persons, please use additional sheet as annexure)

Surname								
First Name								
ID No.								
Postal Address								
Physical Address								
Relationship to this business								
Percentage of ownership / shareholding	%		%		%		%	
* Race	Black		Black		Black		Black	
	Coloured		Coloured		Colored		Colored	
	Indian		Indian		Indian		Indian	
	White		White		White		White	
* Gender	Male		Male		Male		Male	
	Female		Female		Female		Female	
Handicapped <i>Detail if applicable</i>								
* Nationality ▶ ▼ ▼	South African		South African		South African		South African	
Or other Specify ▶▶								

* Indicate where applicable with a ✓ in the appropriate block