

Project Title:	Appointment of Service Provider(s) for the Revaluation of Land Buildings for a period of two (02) years.
Bid number:	SENT/015/2021-22

Compulsory Enterprise Questionnaire

The following particulars must be furnished. In the case of a joint venture, separate enterprise questionnaires in respect of each partner must be completed and submitted.							
Section 1:	·						
Section 2:	VAT registration number, if any:						
Section 3: CIDB registration number, if any:							
Section 4: Particulars of sole proprietors and partners in partnerships							
Name*		Identity number*	Personal income tax number*				
* Complete only if sole proprietor or partnership and attach separate page if more than 3 partners							
Section 5: Particulars of companies and close corporations							
Company registration number							
Close corporation number							
Tax reference number							

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Section 6: Record in the service of the state 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: □ a member of any municipal council an employee of any provincial department, national or provincial public entity or constitutional institution □ a member of any provincial legislature within the meaning of the Public Finance □ a member of the National Assembly or the Management Act, 1999 (Act 1 of 1999) National Council of Province a member of an accounting authority of any national □ a member of the board of directors of any or provincial public entity municipal entity an employee of Parliament or a provincial legislature an official of any municipality or municipal entity If any of the above boxes are marked, disclose the following: Name of institution, public office, board Name of sole proprietor, Status of service partner, director, manager, or organ of state and position held (tick appropriate column) principal shareholder Within last Current stakeholder 12 months *insert separate page if necessary

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Section 7: Record of spouses, o	children and parents in the service of the stat	e					
a partnership or director, manager	exes with a cross, if any spouse, child or parent or, principal shareholder or stakeholder in a cold tall months been in the service of any of the follow	mpany or o					
 a member of any municipal co a member of any provincial leg a member of the National A the National Council of Provincial a member of the board of of any municipal entity an official of any municipal entity 	gislature provincial public entity or one seembly or within the meaning of ce Management Act, 1999 (Act 1	constitution the Publ of 1999) authority of	al institution lic Finance any national				
Name of spouse, child or parent	Name of institution, public office, board or organ of state and position held	Status of service (tick appropriate					
		column) Current	Within last 12 months				
*insert separate page if necessary							
The undersigned, who warrants that he / she is duly authorised to do so on behalf of the enterprise: i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order; ii) confirms that the 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; iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears has within the last five years been convicted of fraud or corruption; iv) confirms that I / we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and iv) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.							
Signed	Date						
Name	Position						
Enterprise name							

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