



SUPPLIER REGISTRATION APPLICATION FORM

PLEASE COMPLETE	
Registered business name:	
Central Supplier Database (CSD) Supplier Number	
Contact person:	
Contact telephone number:	

OFFICE USE ONLY		Scanned stamp
Received date:		
Received by:		
Supplier registration no:		
Captured by:		
Approved by:		



Naledi Local Municipality Supplier Database

This supplier database is being populated to enable the effective implementation of the Naledi Local Municipality Supply Chain Management Policy. This policy is in line with the Preferential Procurement Policy Framework Act (PPPFA) No. 5 of 2000, and the National Government Regulations pertaining to that Act. In terms of this Act, preferences are given to Historically Disadvantaged Individual (HDI) shareholders who are actively involved in the daily operations and management of an organisation, defined according to the Preferential Procurement Regulations, 2001, as "an activity inclusive of control and performed on a daily basis."

"Historically Disadvantaged Individual (HDI) means a SA Citizen:

- (1) 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 No 110 of 1983) or the Constitution of the RSA, 1993 (Act No 200 of 1993) ("the Interim Constitution"); and / or
- (2) who is a female; and / or
- (3) who has a disability

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

- POINTS TO REMEMBER -

COMPLETING THE NLM SUPPLIER DATABASE REGISTRATION FORM

- **PLEASE NOTE THAT SUPPLIERS OF GOODS AND SERVICES BELOW R200,000 (VAT INCL) NEED ONLY COMPLETE SECTIONS OF THIS SUPPLIER REGISTRATION APPLICATION FORM MARKED BY (*) AND (**)**
- **PLEASE NOTE THAT SUPPLIERS OF GOODS AND SERVICES BELOW R10,000 (VAT INCL) NEED ONLY COMPLETE SECTIONS OF THIS SUPPLIER REGISTRATION APPLICATION FORM MARKED BY (*)**
- **Required documentation** – Please refer to the *attached table* (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable) are attached if a field is not applicable to your business type clearly mark it as N/A and supply applicable documentation, or proof of exemption.
- **Completion of Questions** – Clearly state Yes, No or N/A to questions asked. Do not leave any fields blank.
- **Certified Documents** – Please ensure that a Commissioner of Oaths has certified your Company Registration Document, Shareholding Certificates, VAT Registration, PAYE, UIF, Workman's Compensation, Security Officers Board Certificate (if applicable).
- **An original valid SARS Tax Clearance Certificate is to be submitted.** This is to be updated on a 12 monthly basis and submitted for inclusion in the NLM Supplier Database.
- **Copies of Documents** – Please keep copies of the registration form and all supporting documentation submitted, for your own records and to ensure that all data is maintained and up to date on a continual basis.
- **Owners, Shareholders** – Please ensure that the percentages of ownership of the **individual shareholders** amount to 100%. That is, provide details of *all* shareholders, and ensure that all fields are completed for each. Proof of the individual shareholding is to be submitted.
- **Certification of Correctness** – Please ensure that the Certification of Correctness is signed and dated once all required documents and information have been submitted.
- **Collection points** – Completed registration forms and supporting documentation can either be delivered or posted to one of the addresses on the registration form or faxed to the numbers provided on the registration form.
- **Processing of registration** – Your completed registration will be processed, and, once verified, will be approved and you will be issued with a Supplier Database Registration Code to be used in all future communication with the NLM. This letter of verification will be dispatched to the correspondence details supplied on the third page. **Please note that this administration process of COMPLETED registration forms will take a minimum of 5 days.** Once your registration has been included on the NLM Supplier Database your details will be accessible to the NLM Finance Department.
- **Business Opportunities** – Please note that registration on the NLM Supplier Database does not guarantee business opportunities.
- **Amendments** – Please notify the NLM Finance Department immediately of any changes to the verified information submitted.
- **Queries** – Should you have any queries or if you require assistance completing the registration form, please contact the **Naledi Local Municipality Finance Department**.



NALEDI LOCAL MUNICIPALITY: SUPPLIER REGISTRATION APPLICATION FORM

DOCUMENTS REQUIRED	Sole Proprietor	Close Corporations and Private Companies	Partnerships	Public Company	Business Trust	Non Profit Organizations (NPO)	Where to get documents
Company Registration CERTIFIED COPIES	N/A	Certificate of incorporation CK1 / CK2	Partnership agreement	Certificate of Incorporation CM3	Trust agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies
Proof of Ownership CERTIFIED COPIES	N/A	Shareholding CK1 / CK2	Partnership agreement	Shareholding CM3	Trustees details: Letter of Authority	Auditor's letter - no shareholding	Registrar of Close Corporations & Companies
Municipal Rates and Taxes Clearance Certificate	Yes	Yes	Yes	Yes	Yes	Yes	
Proof of Banking	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Bank statement/ cancelled cheque	Branch of bank where account is held
Income Tax	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
Tax Clearance Certificate	For the owner or the business	For the company / cc	For the partnership	For the company	For the trust	For the NPO	Receiver of Revenue (SARS)
P.A.Y.E	NA, unless staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Receiver of Revenue (SARS)
VAT Registration	If exempt from VAT, please provide a certified copy of the VAT exemption document						Receiver of Revenue (SARS)
	Yes	Yes	Yes	Yes	Yes	Yes	
U.I.F Certificate	YES, if staff remuneration	YES	YES	YES	YES	YES	Department of Labour
Workman's Compensation	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	YES, if staff remuneration	Department of Labour
Security Officer's Board	If applicable – for security industry	If applicable – for security industry	If applicable – for security industry	If applicable – for security industry	If applicable – for security industry	If applicable – for security industry	
Proof of Disability	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	If owner is disabled	



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2. BUSINESS PARTICULARS (*)

2.1 Registered Business Name

Grid for Registered Business Name

2.1.1 Business Trading Name

Grid for Business Trading Name

2.1.2 Head Office

Postal address

Grid for Head Office Postal address

City

Code

Province

2.1.3 Head Office

Physical address

Grid for Head Office Physical address

City

Code

Province

2.1.4 Head Office Telephone No

Grid for Head Office Telephone No

2.1.5 Head Office Fax No

Grid for Head Office Fax No

2.1.6 E-mail Address

Grid for E-mail Address

2.1.7 Contact Person for correspondence

Grid for Contact Person details (Title, First Name, Surname)

2.1.8 Cell No

Grid for Cell No

2.1.9 Is the company currently classified by any definition as a Black Economic Empowerment (BEE) company?

Y N grid

2.1.10 Who has provided this BEE classification for the company?

Table with Institution (Government, Parastatals, Listed Companies, Other)

Please specify: _____

2.1.11 Correspondence Method

Please select your preferred method of correspondence. All correspondence will be sent using the method you select below.

Explanation of abbreviations used in the following table

Table with Capacity (Post, Fax, E-mail) and abbreviations (P, F, E)

(TICK ONE ONLY)

P F E grid

2.1.12 Please indicate your preferred method of correspondence

Correspondence Address

Grid for Correspondence Address

City

Code

Province

2.1.13 Fax Number

Grid for Fax Number

2.1.14 E-mail Address

Grid for E-mail Address



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3. CORE BUSINESS OPERATION ()**

(Mark with X in applicable fields)

Prime Contractor	<input type="checkbox"/>	Sub-Contractor (less than 25 % generated turnover as prime contractor)	<input type="checkbox"/>	Labour-only Contractor	<input type="checkbox"/>
Supplier	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Legal Entity	<input type="checkbox"/>
Professional Services BUILT Environment	<input type="checkbox"/>	Education, Training and Development Service Provider (ETD)	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other, please specify _____

Please indicate the nature of the operations, products or services applicable to your business by ticking the appropriate box / boxes:

CATEGORIES OF GOODS AND SERVICES

GROUP NO.	CATEGORY	MARK WITH X
1.	Advertising-, publication and market research; promotion- and printing services	
2.	Furniture, office design, interior decorating, artwork	
3.	Catering-, accommodation and entertainment services	
4.	Cleaning equipment, supplies, cleaning chemicals, disinfecting and similar services	
5.	Material textile, (overalls, uniforms, shoes, etc.) and protective clothing and foot wear	
6.	Mail services, courier services	
7.	Event management, business professionals, administrative services	
8.	Financial, insurance services, auditing, performance audits and business services	
9.	Education, training services, recruitment, counseling	
10.	Information technology, telecommunications, hardware, software, networks, maintenance	
11.	Legal services	
12.	Faxes, photocopiers, photographic, audio, visual, electronic equipment and maintenance	
13.	Maintenance services for the building industry	
14.	Security, safety services, etc.	
15.	Stationary, paper, printing, books and publishing	
16.	Travel agencies, lodging, air travel, accommodation, car rentals	
17.	Consultants	
18.	Pipes, fittings, galvanised PVC, uPVC, mPVC, Polyethylene for all types and sizes including water meters	
19.	Machinery and accessories for building and construction	
20.	Industrial manufacturing, processing machinery, accessories	
21.	Service industry, machinery, equipment, supplies, accessories	
22.	Power generation, distribution machinery, accessories, etc.	
23.	Electrical distribution, maintenance, installation material and goods including transformers, sub station, meters, etc.	
24.	Building material (bricks, paint, stone, sand, cement, fencing material, etc.)	
25.	Fuels, fuel additives, lubricants, anti corrosive materials and gas	
26.	Tyres, tubes, batteries and parts	
27.	Fire protection equipment and materials and maintenance	
28.	Office equipment, accessories, supplies	
29.	Editorial, design, graphic, fine arts services	
30.	Rubber-, foam-, timber-, steel-, glass products	
31.	Tools and general machinery and hardware products	
32.	Prefabricated products (cement, fibre, cast iron, plastic, timber, steel, etc.)	
33.	Laboratory, measuring, testing, observing equipment and services	



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GROUP NO.	CATEGORY	MARK WITH X
34.	Medical equipment, accessories, supplies	
35.	Healthcare services (medical, dental and other health and veterinary services)	
36.	Drugs, pharmaceutical products	
37.	Domestic and industrial appliances, supplies, etc.	
38.	Mining, well drilling machinery, accessories	
39.	Vehicles, equipment and machinery including maintenance and repairs thereto	
40.	Cleaning Services	
41.	Water-chemicals and wastewater treatment	
42.	Chemicals for weed and pest control, exterminating, fumigating and similar services	
43.	Law enforcement, security, safety equipment, supplies	
44.	Structure, building, construction, manufacturing component and material	
45.	Professional engineering services (consulting and constructional engineers), technology based services	
46.	Sports, recreational equipment, accessories, supplies	
47.	Environmental services and waste management	
48.	Plants, compost and nursery accessories	
49.	Vehicle towing services, vehicle storage	
50.	Auctioneering services	
51.	Civil, building, electrical, mechanical contractors	
52.	Hiring of equipment, machinery and trucks	
53.	Funeral undertaking services (undertakers and crematoriums)	
54.	Road building materials	
55.	Bitumen products	
56.	Disaster material including emergency tents and blankets	
57.	Cell phones and vouchers	
58.	Groceries and other foodstuff	
59.	Repair, installation, supply and maintenance services for mechanical equipment electrical switchgear and electronic switchgear	
60.	Air-conditioning, Ventilation, Fans (Repairs and maintenance)	
61.	Animal Feed	
62.	Carpets, curtains, blinds and soft furnishing	
63.	Containers and packaging	
64.	Locksmith (Locks, latches and hinges)	
65.	Real estate, property leasing and services	
66.	Radio communication and equipment	
67.	Removal Services (Furniture)	
68.	Signs, name plates and number plates	
69.	Refuse bags, bins and plastics	
70.	Banks and financial institutions	
71.	Florists	
72.	Hire, leasing services (Vehicles, office equipment, telephone systems)	
73.	Driving instructors	
74.	Transport and shuttle services	
75.	Gardening services	
76.	Plumbing	
77.	Other (Please provide brief description of goods / service provided)	



6. BUSINESS INFORMATION

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Amendment Bill pertaining to the National Small Business Act 102 of 1996. Indicate the sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3 and 4. (If unsure of the applicable sector, please contact the Naledi Local Municipality Finance Department.)

COLUMN 1	COLUMN 2		COLUMN 3		COLUMN 4	
Sector or sub-sectors in accordance with the Standard Industrial Council	Total full time equivalent of paid employees TICK WHERE APPLICABLE		Total annual turnover TICK WHERE APPLICABLE		Total gross asset value (fixed property excluded). TICK WHERE APPLICABLE	
Agriculture	MORE THAN 100		MORE THAN R 5m		MORE THAN R 5m	
	LESS THAN 100		LESS THAN R 5m		LESS THAN R 5m	
Mining and Quarrying	MORE THAN 200		MORE THAN R 39m		MORE THAN R 23m	
	LESS THAN 200		LESS THAN R 39m		LESS THAN R 23m	
Manufacturing	MORE THAN 200		MORE THAN R 51m		MORE THAN R 19m	
	LESS THAN 200		LESS THAN R 51m		LESS THAN R 19m	
Electricity, Gas and Water	MORE THAN 200		MORE THAN R 51m		MORE THAN R 19m	
	LESS THAN 200		LESS THAN R 51m		LESS THAN R 19m	
Construction	MORE THAN 200		MORE THAN R 26m		MORE THAN R 5m	
	LESS THAN 200		LESS THAN R 26m		LESS THAN R 5m	
Retail, Motor Trade and Repair Services	MORE THAN 100		MORE THAN R 39m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 39m		LESS THAN R 6m	
Wholesale Trade, Commercial Agents & Allied Services	MORE THAN 100		MORE THAN R 64m		MORE THAN R 10m	
	LESS THAN 100		LESS THAN R 64m		LESS THAN R 10m	
Catering, accommodation & other Trade	MORE THAN 100		MORE THAN R 13m		MORE THAN R 3m	
	LESS THAN 100		LESS THAN R 13m		LESS THAN R 3m	
Transport, Storage and Communications	MORE THAN 100		MORE THAN R 26m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 26m		LESS THAN R 6m	
Finance and Business Services	MORE THAN 100		MORE THAN R 26m		MORE THAN R 5m	
	LESS THAN 100		LESS THAN R 26m		LESS THAN R 5m	
Community, Social & Personal Services	MORE THAN 100		MORE THAN R 13m		MORE THAN R 6m	
	LESS THAN 100		LESS THAN R 13m		LESS THAN R 6m	



7. OWNERS AND SHAREHOLDERS (**)

Explanation of abbreviations used in the following tables:

Capacity	
Director	D
Partner	P
Member	M
Proprietor	R
Other	O

Race Group	
Black	B
White	W
Coloured	C
Indian	I
Other	O

7.1 List all persons who are shareholders / owners and managers in the business

NB Proof of disability provided by a recognised institution in the case of handicapped persons must be supplied.

NB CERTIFIED COPY OF SHAREHOLDER CERTIFICATES OR PROOF OF OWNERSHIP/PARTNERSHIP MUST BE SUPPLIED (Multiple copies of this page may be submitted if required.)

Shareholder no 1

First Name																								
Surname																								
Identification Number																								
Percentage Share																				%				
Capacity																				D	P	M	R	O
Gender																				M	F			
Youth (35 years & under)																				Y	N			
Race Group																				B	W	C	I	O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)																				Y	N			
Were you a South African citizen on or before the 26 th of April 1994?																				Y	N			
Are you actively involved in the management and daily business operations of the business?																								

Shareholder no 2

First Name																								
Surname																								
Identification Number																								
Percentage Share																				%				
Capacity																				D	P	M	R	O
Gender																				M	F			
Youth (35 years & under)																				Y	N			
Race Group																				B	W	C	I	O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)																				Y	N			
Were you a South African citizen on or before the 26 th of April 1994?																				Y	N			
Are you actively involved in the management and daily business operations of the business?																								



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Shareholder no 3

First Name															
Surname															
Identification Number															
Percentage Share															%
Capacity											D	P	M	R	O
Gender													M	F	
Youth (35 years & under)													Y	N	
Race Group											B	W	C	I	O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)													Y	N	
Were you a South African citizen on or before the 26 th of April 1994?													Y	N	
Are you actively involved in the management and daily business operations of the business?													Y	N	

Shareholder no 4

First Name															
Surname															
Identification Number															
Percentage Share															%
Capacity											D	P	M	R	O
Gender													M	F	
Youth (35 years & under)													Y	N	
Race Group											B	W	C	I	O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)													Y	N	
Were you a South African citizen on or before the 26 th of April 1994?													Y	N	
Are you actively involved in the management and daily business operations of the business?													Y	N	



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Shareholder no 5

First Name																									
Surname																									
Identification Number																									
Percentage Share																					%				
Capacity																					D	P	M	R	O
Gender																							M	F	
Youth (35 years & under)																							Y	N	
Race Group																					B	W	C	I	O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)																							Y	N	
Were you a South African citizen on or before the 26 th of April 1994?																							Y	N	
Are you actively involved in the management and daily business operations of the business?																							Y	N	

Shareholder no 6

First Name																									
Surname																									
Identification Number																									
Percentage Share																					%				
Capacity																					D	P	M	R	O
Gender																							M	F	
Youth (35 years & under)																							Y	N	
Race Group																					B	W	C	I	O
Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered normal for a human being)																							Y	N	
Were you a South African citizen on or before the 26 th of April 1994?																							Y	N	
Are you actively involved in the management and daily business operations of the business?																							Y	N	



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8. PARTICULARS OF EMPLOYEES

State the total number of permanent and temporary staff employed.

BLACK
COLOURED
INDIAN
WHITE
OTHER
DISABLED

MALE	
Permanent	Temporary

FEMALE	
Permanent	Temporary



12. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT (*)

I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT: -

- 1. The supplier will be required to furnish documentary proof of the claims if requested to do so.
- 2. If the information supplied is found to be incorrect then the client may, in addition to any remedies it may have:
 - i. Recover from the contractor all costs, losses or damages incurred or sustained by the client as a result of the award of the contract, and/or
 - ii. Cancel the contract and claim any damages which the client may suffer by having to make less favourable arrangements after such cancellations: and/or
 - iii. Impose a penalty on the contractor as provided for in the relevant organisation's regulations.

SIGNED ON THIS _____ DAY OF _____ 200__ AT _____

(AUTHORISED SIGNATURE)

IN HIS /HER CAPACITY AS

(PLEASE PRINT NAME OF AUTHORISED SIGNATURE)

ON BEHALF OF THE (SUPPLIER'S NAME) _____



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13. CLASSIFICATION FOR NLM SUPPLIER DATABASE (*)

IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

Tick the appropriate block to indicate the correct classification of your company as a service provider:

Goods & Services	<input type="checkbox"/>	Engineering & Construction	<input type="checkbox"/>	Built Environment Consultant / Professional Service Provider	<input type="checkbox"/>	Education, Training & Development	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>
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To assist us in the categorization process and to ensure that your company is correctly classified, we require a short summary of your core business, key words that best describe your business operations and any specializations.

Our core business is:

Key Words:

Specializations:

Supplier Comments:



Declaration
in terms of Regulations 44 and 45 of the
MFMA Supply Chain Management Regulations
by

_____ (the 'Supplier')

vis a vis the

Naledi Local Municipality
('NLM')

Whereas:

- (a) the Supplier delivers goods or renders services to NLM; or is in the process of tendering to deliver goods or services to NLM;
- (b) The NLM may not, in terms of its Supply Chain Management Policy, make any award to a person
 - i. who is in the service of the state ;
 - ii. if that person is not a natural person, of which any director, manager, principal shareholder or stakeholder is a person in the service of the state; or
 - iii. who is an advisor or consultant contracted with the NLM;
- (c) the MFMA Supply Chain Management Regulations contain, *inter alia*, the following disclosure requirements in terms of Regulation 45.

Now therefore:

1. **The Supplier declares, in terms of Regulation 44 of the MFMA Supply Chain Management Regulations, that he or she is not:**
 - 1.1 **in the service of the state;**
 - 1.2 **a director, manager, principal shareholder or stakeholder of a legal person in the service of the state; or**
 - 1.3 **an advisor or consultant contracted with the NLM.**
2. If an award is made to a person to the value of more than R2,000; and that person is either:
 - 2.1 a spouse, child or parent of a person in the service of the state, or
 - 2.2 has been in the service of the state in the previous twelve months;
 the Supplier must, in terms of Regulation 45 of the MFMA Supply Chain Management Regulations, disclose the following particulars:

the name of that person:

the capacity in which that person is in the service of the state:

the particulars of that award:

the amount of the award:

Thus done and signed by the Supplier at _____ on _____ 20__

Signature

Witness

Full name and surname of the above signatory



Undertaking

by

_____ (the 'Supplier')

vis a vis the

Naledi Local Municipality
(‘NLM’)

Whereas:

- (d) the Supplier delivers goods or renders services to NLM;
- (e) NLM is liable to pay the Supplier for goods delivered or services rendered; and
- (f) the Supplier is liable pay NLM for any due municipal rates and taxes or municipal service charges and any other indebtedness owed by the Supplier to the NLM

Now therefore the Supplier undertakes the following:

1. In the event of the Supplier being in arrears in respect of any municipal rates and taxes or municipal service charges and any other indebtedness owed by the Supplier to the NLM; which is / are due:
 - 1.1 the Supplier shall make satisfactory and reasonable written settlement arrangements with the NLM for the payment thereof; and
 - 1.2 failing which, the NLM may set-off any such due Municipal rates and taxes or Municipal service charges and any other indebtedness owed by the Supplier to the NLM, from any amount owed by the NLM to the Supplier;
2. To co-operate with the NLM and to do all things and sign all such documents (and/or procure same to be done) as may be necessary or requisite in order to give proper and due effect to the terms of this undertaking or any matter arising there from in accordance with its intent and purpose;
3. No extension of time or indulgence granted by the NLM shall be deemed in any way to affect, prejudice or derogate from its rights in any respect in terms of this undertaking, nor shall it in any way be regarded as a waiver of any of the NLM's rights hereunder; and
4. The Supplier shall not be entitled to cede any of its right's nor delegate any of its obligations in terms of this undertaking to any other person without the prior written consent of the NLM.

Thus done and signed by the Supplier at _____ on _____ 20__

Signature

Witness

Full name and surname of the above signatory