

MOSSEL BAY MUNICIPALITY
CONTRACTOR DEVELOPMENT PROGRAMME 2021



PERSONAL DETAILS

Name & Surname: _____ Date of Birth: _____

Disability: _____ Gender: _____ Male / Female

Address: _____

Contact Number/s: _____ Office Number: _____

Email Address: _____

COMPANY DETAILS

Company Name: _____ Company Address: _____

Company Registration no. _____ Income Tax no. _____

CIDB Registration no. _____ Central Supplier Database no. _____

Provide your CIDB Grading: _____ (e.g. GB1 / CE2) What does your company specialize in: _____

Are you registered on the WC Supplier Database: _____ (If yes, provide Reg no.)? _____

EDUCATION AND TRAINING BACKGROUND

Have you ever participated in any training programme offered by the Municipality? Yes: _____ No: _____

If yes, please list the training: _____

What other training needs would you be interested in? _____

Have you ever completed a construction project or tendered for a project? If yes, please list the project. _____

Declaration by Applicant:

I hereby confirm that all the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my contract terminated.

Signature of Applicant: _____ Date: _____