



SEKHUKHUNE DISTRICT MUNICIPALITY

PAYMENT REGISTRATION FORM

2025/2026

INSTRUCTIONS TO THE APPLICANTS

Application form must be completed in legible block letters

**Must be delivered to cnr Van Riebeek & Chris Wiid Streets, Groblersdal.
Companies with employees in the services of the state must **Not** register**

APPLICANT DECLARATION

I declare that the information provided is complete and correct to the best of my knowledge.
I understand that any false information supplied could lead to my payment being withheld.

Initials & Surname

Date

Signature

The Sekhukhune District Municipality hereby requests your company/institution to register on the municipal payment system.

MANDATORY DOCUMENTS FOR SUBMISSION:

Document	Sole Proprietor	Close Corporation	Partnership	Private/Public Company	Trust	Non-Profit Organisation	Issuing Institution
1.Co Registration							
2. Proof of Banking							
3.Proof of CSD REGISTRATION							
4. Original Tax clearance							

The fact that a business has been registered on the supplies payment system as a supplier does not constitute any contractual relationship between the supplier and SDM. It is the responsibility of a registered supplier to inform SDM immediately in writing of any change. (PLEASE INITIAL EACH PAGE)

3. BANKING DETAILS

Bank Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account

Holder's

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type

Cheque

Savings

Transmission

Authorisation for electronic transfer of fun

I, the undersigned hereby authorize the Sekhukhune District Municipality to credit my company account via Electronic Funds Transfer as afore mentioned with amount payable/due to specified beneficiary for goods and services rendered.

Full Name

Capacity

Date

Signature

NB: *Please request your Bank to certify the above as correct or attach an original cancelled cheque.*

Bank
Date
Stamp

Name of bank official

Signature

4. DECLARATION OF INTEREST BY DIRECTORS

4.1 Are you or any of your member(s) / shareholder(s) presently in the service of the State?

YES	NO
------------	-----------

If so, please furnish particulars

4.2 Have you or any of your family member(s) / shareholder(s) been in the service of the State for the past twelve months?

YES	NO
------------	-----------

If so, please furnish particulars

4.3 Do you or any of your family member(s) / shareholder(s) have any relationship (family, friend? Or other) with a person employed by **SDM**, who may be involved, the invitation of price quotations/bids and or the award of contracts?

YES	NO
------------	-----------

If so, please furnish particulars

4.4 Any comments by Director(s)

4.5 Names of Director(s)

ID No

Signature

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____