

**13. CERTIFICATE FOR PAYMENT OF MUNICIPAL SERVICES**

**DECLARATION IN TERMS OF CLAUSE 112(1) OF THE MUNICIPAL FINANCE MANAGEMENT ACT  
(NO.56 OF 2003) - (To be signed in the presence of a Commissioner of Oaths)**

I, \_\_\_\_\_, \_\_\_\_\_ (full name and ID no.), hereby acknowledge that according to SCM Regulation 38(1)(d)(i), the Municipality may reject the tender of the tenderer if any municipal rates and taxes or municipal service charges owed by the Tenderer or any of its directors/members/partners to the Matatiele Local Municipality, or to any other municipality or municipal entity, are in arrears for more than 3 (three) months.

I declare that I am duly authorised to act on behalf of \_\_\_\_\_ (name of the firm) and hereby declare, that to the best of my personal knowledge, neither the firm nor any director/member/partner of said firm is in arrears on any of its municipal accounts with any municipality in the Republic of South Africa, for a period longer than 3 (three) months.

I further hereby certify that the information set out in this schedule and/or attachment(s) hereto is true and correct. The Tenderer acknowledges that failure to properly and truthfully complete this schedule may result in the tender being disqualified, and/or in the event that the tenderer is successful, the cancellation of the contract.

<b>PHYSICAL BUSINESS ADDRESS(ES) OF THE TENDERER</b>	<b>MUNICIPAL ACCOUNT NUMBER</b>

**FURTHER DETAILS OF THE BIDDER'S Director / Shareholder / Partners, etc.:**

<b>Director / Shareholder / partner</b>	<b>Physical address of the Business</b>	<b>Municipal Account number(s)</b>	<b>Physical residential address of the Director / shareholder / partner</b>	<b>Municipal Account number(s)</b>

**NB: Please attach certified copy(ies) of ID document(s)**  
**If the entity or any of its Directors/Shareholders/Partners, etc. rents/leases premises, a copy of the rental/lease agreement must be submitted with this tender.**

<b>Signature</b>	<b>Position</b>	<b>Date</b>

<b>COMMISSIONER OF OATHS</b>	<b>Apply official stamp of authority on this page:</b>
Signed and sworn to before me at _____, on _____ day of _____ 20____ by the Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.  <b>COMMISSIONER OF OATHS:-</b> Position: _____ Address: _____	_____ _____ _____