


FOR OFFICE USE ONLY	Registration Number:	Date Received:
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	<h2 style="text-align: center;">Supplier Application Form</h2>
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This is an application form for completion when applying to be registered on NHBC's supplier database for supply of all goods and services.

All supplier information will be treated strictly confidential

Attach an original cancelled cheque or stamped letter from the bank, verifying the banking details. Please note that any changes to bank details in future will be subject to the same requirement.

Copies of the following documents have to be included in your application:

- Company Registration Documents
- ID Documents of directors/owners/members/ shareholders
- Financial statements or letter from your auditors indicating maximum size or business capability (Submission of the Financial Statements is optional and/or is not compulsory)
- Current VAT certificate (where applicable and by all registered vendors)
- Current TAX clearance certificate (document in SARS printing colours)
- Any other registration certificate pertaining to your relevant industry
- Company Organogram, showing your Holding and Subsidiary company(s), as well as operating divisions. Indicate ownership / shareholding that this company holds in any other company/ies.
- Companies claiming preferential points in terms of the Preferential Procurement Policy Framework Act (Act 5 of 2000) and per NHBC's procurement policy should complete section A and page 3 of this document and submit the following:
 - Close Corporations to attach relevant CK forms and any Association Agreements;
 - (Pty) Ltd's and LTD's should please attach Shareholders Agreement; Memorandum of Association on relevant CM forms as well as Share Certificates.
 - Non-Registered businesses to attach a Partnership Agreements and any relevant documents.

(The above documents should stipulate Management responsibilities, Profit sharing, Liabilities / responsibilities, Management contribution, Protection in case of death, etc.)

SECTION A:

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname : _____
(If one-man concern)

'Trading as' name of business: _____
(Contracts/orders will be placed on this name and invoices must reflect it)

Registered name of business: _____

Physical address of business:

Building / complex name: _____

Street name and number : _____

Suburb : _____ City : _____

Code: _____ Country: _____

Postal address of business: (This is the address to which an Invitation to Tender / enquiry and orders / contracts must be sent to)

Postnet address: _____

P O Box / Private Bag : _____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Sales person fax number: Code: _____ Number: _____
(Used by NHBRC for electronic faxing of Request for Quotations, Contracts and Purchase orders)

Is this a dedicated fax number? (y/n) _____

Accounting Clerk's fax number: Code: _____ Number: _____
(Used by NHBRC for electronic faxing of the CAMS remittance advices)

Is this a dedicated fax number? (y/n) _____

Business e-mail : _____

Your own business contact person/sales representative name and telephone number: _____ Tel: _____

Business Registration number (if applicable) _____
(in case of one-man concern, please furnish identity number plus copy of identity documents)

Tax number of business: _____

VAT Registration number: (if applicable) _____

NHBRC PROCUREMENT SUPPLIER INFORMATION

(IT IS COMPULSORY TO COMPLETE THIS FORM)

List all partners and shareholders by name, identity number, citizenship, HDI status and ownership as relevant.

Name	Position Occupied in Enterprise	Identity Number	Citizenship	HDI Status (Yes/No)	Date of Ownership	% Owned by HDI	% Owned By Black	% Owned by other Woman	% Owned by Women	% Owned by African Woman	% Owned by Disabled	Total

Generic Scorecard

Annual Turnover R.....

B-BBEE GENERIC SCORECARD

ELEMENT	WEIGHTING	COMPLIANCE TARGETS	POINTS CLAIMED	REMARKS
Ownership	20 point	25% + 1		
Management Control	10 points	(40% to 50%)		
Employment Equity	15 points	(43% to 80%)		
Skills development	15 points	3% of payroll		
Preferential Procurement	20 points	70%		
Enterprise Development	15 points	3% (NPAT)		
Socio Economic Development	5 points	1% (NPAT)		
TOTAL	100 points			

Generic scorecard in terms of the B-BBEE Code of Good Practice as exposed in terms of the Broad Based Black Economic Empowerment Act (ACT 53 of 2003)

The Small Enterprises Scorecard

Annual Turnover R.....

Points Claimed	Codes	Weighting	Element
	CODE 801 – 25 Points	25 Points	Ownership
	CODE 802 – 25 Points	25 Points	Management Control
	CODE 803 - 25 Points	25 Points	Employment Equity
	CODE 804 – 25 Points	25 Points	Skills Development
	CODE 805 – 25 Points	25 Points	Preferential Procurement
	CODE 806 – 25 Points	25 Points	Enterprise Development
	CODE 807 – 25 Points	25 Points	Socio-Economic Development Contributions
		100	Total

Please indicate (x) the geographical areas where your business is willing and capable of supplying NHBRC:

Gauteng _____ Kwa-Zulu Natal _____ Western Cape _____

Mpumulanga _____ Free State _____ Eastern Cape _____

North West _____ Northern Cape _____ Northern Province _____

Previous name(s) of business (if applicable) _____

List of directors / owners / partners: Attach your own list if the space provided is inadequate

1. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

2. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

3. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

4. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

Are any of your directors/owners employed by NHBRC? Please mention also whether your directors / owners / partners are ex-NHBRC's staff. Close relatives of your directors / owners with NHBRC staff to be declared as well.

Bank information:

Please attach an original cancelled cheque or an original bank verification letter.

Bank: _____ Branch number/code: _____

Branch Location: _____ Branch Name : _____

Bank Account number: _____ Account type: _____

Conditions: Terms of payment: _____

Payment transactions: [It is preferred that payments be done by Electronic Funds Transfer (EFT)]

List all your products / services your business can manufacture and or supply to NHBRC.

Attach separate list if space provided is not enough

List of goods and services you supply:

A) Supply Type		
Major Supply Category	Ancillary Suppliers	Description of Goods
Eg 1. Construction		Civil Construction Services
Eg 2.	Project Management	Supervision service for client
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

COMMODITY LIST ATTACHED

B) Areas of Service Provision			
Province	Town / City	Contact	Telephone
Eg 1. KwaZulu-Natal	Empangeni	K. Stalls	(031) _____
Eg 2. Free State	Mangaung	C. Mabuya	(021) _____
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

Provide a catalogue of goods and services and a price list of the goods and rate per unit of services as at the submission date. (Note, submission of the catalogue is not compulsory.)

Is your business:

An agent ____ Manufacturer ____ Distributor ____ Consultant ____ Contractor: ____

Other (specify) _____

SUPPLIER PROFILE (SECTION B - I)

In order for NHBRC to build up a profile of its suppliers, we would like you to complete the following :
(Note, please supply information that is applicable to your institution and relevant to your industry.)

Section B: Commercial: (info maybe optional and relevant only to specific suppliers)

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

Section C : Financial (info maybe optional and relevant only to specific suppliers)

1. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? (y/n)_____ If yes, please elaborate:

Section D: Technical: (info maybe optional and relevant only to specific suppliers)

1. Is your business a permit holder under the SABS mark scheme? (y/n): _____
If yes, indicate product(s) for which permits are held, including permit numbers:
2. Are you working to National or International Standards? (y/n)_____ If yes, indicate products and to which standards:

Section E :Safety (info maybe optional and relevant only to specific suppliers)

1. Does your business have a Occupational Health and Safety Policy complying to the Occupational Health and Safety Act (OHSA) ? (y/n)_____
1. Are you registered with Compensation of Occupational Injuries and Diseases Act (COID)? (y/n) _____ COID registration number : _____

Section F : Environmental (info maybe optional and relevant only to specific suppliers)

1. Do you have an Environmental Policy in place? (y/n) _____
2. Does your facility routinely work with any hazardous substances? (y/n)_____

Section G: Facilities, plant & equipment: (info maybe optional and relevant only to specific suppliers)

1. Please give a summary of your plant and facilities: _____

2. Please give a summary of your equipment and/or facilities: _____

If there are any changes to the information supplied on this form, please inform the relevant NHBRC Supplier Management Section / NHBRC Purchasing Office within 7 working days. Outdated information could lead to your company not being invited to tender or not receiving correct payment!

NHBRC reserves the right to verify and /or follow-up on any of the claims made or references in this application form. Additional information can be requested *NHBRC* during its evaluation process.

Incomplete submissions will not be processed.

This includes the supporting documentation as stipulated on the first page.

The above information is correct at the time of completion. I certify that I have the appropriate authority to furnish the above-mentioned information on behalf of my employer.

Completion of Form : (By Applicant)

Name:	Signature:
Designation:	Date:

FOR ADMIN PURPOSES:**Prepared by:** (By official of Applicant with authority to sign)

Name:	Signature:
Designation:	Date:

Recommended by: (For office use only)

Name:	Signature:
Designation:	Date:

Approved by: (For Office Use Only)

Name:	Signature:
Designation:	Date:

Input by: (For office use only)

Name:	Signature:
Designation:	Date:

Supplier Information Verification (For Office use Only):

<u>Particulars</u>	<u>Tick</u>	<u>Tick</u>		<u>Comment</u>
Is applicant vetted for Cipro?	Yes	No	Attach report	
Is applicant vetted for Sars?	Yes	No	Attach report	
Is applicant vetted for Credit Profile?	Yes	No.	Attach report	

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder or his or her representative:

2.2 Identity Number:

2.3 Position occupied in the Company (director, trustee, shareholder²):

2.4 Company Registration Number:

2.5 Tax Reference Number:

2.6 VAT Registration Number:

- 2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹"State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or

(e) Parliament.

²"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? YES / NO

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed :

Position occupied in the state institution:

Any other particulars:

.....
.....
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES / NO

2.7.2.1 If yes, did you attached proof of such authority to the bid document? YES / NO

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

.....
.....
.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES / NO

2.8.1 If so, furnish particulars:

.....
.....
.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person YES / NO

2.9.1 If so, furnish particulars.

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

2.10.1 If so, furnish particulars.

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

2.11.1 If so, furnish particulars:

3 Full details of directors / trustees / members / shareholders.

[illegible]

4 DECLARATION

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.
 I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF
 PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION
 PROVE TO BE FALSE.

.....
 Signature

.....
 Date

.....
 Position

.....
 Name of bidder

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Standard Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? To access this Register enter the National Treasury's website, www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

**I, THE UNDERSIGNED (FULL NAME).....
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION
FORM IS TRUE AND CORRECT.**

**I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT,
ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION
PROVE TO BE FALSE.**

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

Js365bW