


FOR OFFICE USE ONLY	Registration Number:	Date Received:
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	<h2>Supplier Application Form</h2>
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This is an application form for completion when applying to be registered on NHBRC'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 NHBRC'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 _____
Mpumalanga _____ 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: _____

<hr/> <p>2. Please give a summary of your equipment and/or facilities: _____</p> <hr/> <hr/>
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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	