


<b>FOR OFFICE USE ONLY</b>	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 TENDER EVALUATION FORM 2: PREFERENTIAL PROCUREMENT GOALS**

TENDER NUMBER \_\_\_\_\_ : SUBMISSION DATE \_\_\_\_\_

<b>Total Equity</b>	<b>Director 4</b> .....	<b>Director 3</b> .....	<b>Director 2</b> .....	<b>Director 1</b> .....	<b>Name</b>
					<b>Position Occupied in Enterprise</b>
					<b>Identity Number</b>
					<b>Citizenship</b>
					<b>HDI Status (Yes/No)</b>
					<b>Date of Ownership</b>
					<b>% Owned by HDI</b>
					<b>% Owned By Black</b>
					<b>% Owned by Women</b>
					<b>% Owned by Disabled</b>
					<b>% Owned by Youth</b>
					<b>% Owned by Other</b>
					<b>Total Equity</b>

# Generic Scorecard

Annual Turnover R.....

## **B-BBEE GENERIC SCORECARD**

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

**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.....

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

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:**

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

<b>B) Areas of Service Provision</b>			
<b>Province</b>	<b>Town / City</b>	<b>Contact</b>	<b>Telephone</b>
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):

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### **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:

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### **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:

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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: \_\_\_\_\_

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<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	