

SUPPLIER REGISTRATION FORM

SERVICE PROVIDERS/BUSINESS PARTNERS/SUPPLIER REGISTRATION FORM

(LOCAL COMPANIES/SUPPLIERS/SERVICE PROVIDERS)

NB: *The completion and return of this questionnaire shall not be deemed to admit or imply any obligations whatsoever on SOSCVN to place your company on the approved/pre-qualified vendor list.*

After receipts and consideration of this questionnaire, your company's application will be assessed in accordance with internal procurement, finance and administration-related policies upon which it may be accepted or rejected.

Acceptance shall not mean that your company will automatically qualify for any Bids that may be issued by SOSCVN.

SOSCVN withholds the right to issue or not issue any direct invitations to tender to any pre-approved vendor/supplier.

Information in this Questionnaire received will be treated with confidentiality.

SUPPLIER DETAILS

Registered Name of Company:

Trading name of the Company:

Company/CC Registration Number:

Date of Registration:

VAT Registration Number:

Social Security Number:.....

Namibian Income Tax Number:.....

Telephone Number:.....

Fax Number:.....

E-mail Address:.....

Name of Contact Person:.....

Business Physical Address:

Street Name & Number:.....

House No:.....

City/ Town

Country

Business Postal Address:

P o Box

Postal Code

City/Town

Country

Type of Business (Please ✓ the relevant box)

Public Company Ltd	
Private Company (Pty) Ltd	
Close Corporation CC	
Sole Proprietorship	
Partnership	
Other (please specify)	

Small Medium Enterprise Status (Please ✓ the relevant box)

Very Small	
Small	
Medium	
Large	

Area of Business (Please ✓ the relevant box)

Manufacturing	
Supplier of Services	
Import	
Supplier of products	
Other (please specify)	

SHAREHOLDING/OWNERSHIP INFORMATION

List all persons who are shareholders/beneficial owners or have an ownership interest in the business. Shareholding must add up to 100%

Name & Surname	ID Number	Citizenship	% of Ownership	Race	Female or Male

People with disability (Please ✓ the relevant box)

Yes	
No	

NATIONAL PRESENCE

Please give details of places in Namibia where your business is operating

Town	Region	Contact Person	Telephone

REFERENCES OF PREVIOUS CLIENTS

Company/Institution Name	Contact Person	Value of Contract	Description of Work

BANKING DETAILS

Bank Account Name: _____
Name of Bank: _____
Branch Code & Name: _____
Account Number: _____
Type of Account: _____

(Banking details certified as correct by Banking Institution)

Name and Surname: _____
Signature: _____
Designation: _____
Tel No: _____
Fax No: _____

DATE STAMP OF BANK

OBLIGATORY DOCUMENTS

It is a requirement that certified copies of the following documents should be attached to the application form. Failure to submit these documents may lead to disqualification.

- Copy of Certificate of Registration/Founding Statement;
- Copy of ID of all Shareholders;
- Confirmation of banking details (letter from the bank)
- Social Security Commission Compliance Certificate
- Good Standing Certificate from Inland Revenue

DECLARATION OF INTEREST

All Service Providers are required to declare any interest that they or their employees may have in SOSCVN, or that any SOSCVN employee may have in the Service Provider. To that effect the following must be duly stated by the authorized signatory:

- 1. Are you or any person associated with your Proposal, employees of SOSCVN?
Yes / No If so, state particulars

- 2. Have you, or any person associated with your Proposal, any relationship (family, friend, other) with any person employed in SOSCVN who may be involved with the evaluation and adjudication of this Tender/Proposal?
Yes No If so, state particulars

CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I/We the undersigned warrants that the information contained in this form is correct, and I/We are fully authorized to furnish the information contained herein on behalf of the business.

Name and Surname: _____

Signature (Duly Authorized to Sign): _____

Designation: _____

On Behalf of (Name of Business): _____

Date: _____

Signed At: _____

If there are any changes to the information supplied on this form, please inform the SOSCVN Procurement Committee Secretary within 14 working days. Outdated information could lead to your company not being invited to tender.

OFFICIAL USE:

Recommendation by Department concerned and vetting of vendor:

National Procurement Committee

.....
Full Name

.....
Signature (chairperson Procurement Committee)

.....
Date

Finance Department

.....
Full Name

.....
Signature (Director Finance & Administration)

.....
Date

Approved

.....
Full Name

.....
Signature (National Director)

.....
Date