

**HIVSA**

**APPLICATION FOR REGISTRATION ON HIVSA NPC SUPPLIERS DATABASE**

**These forms must be completed and submitted to:**

**Procurement Unit:**

**phirif@hivsa.com**

***FOR OFFICIAL USE ONLY***

|  |  |
| --- | --- |
| **Name of supplier** |  |
| **Registration number** |  |
| **Date approved** |  |
| **Province/s** |  |

**Please indicate the geographical areas where your business has offices/local associates.**

|  |  |
| --- | --- |
| **Province** | **Mark** |
| **Gauteng** |  |
| **Northwest** |  |
| **Free State** |  |

**INTRODUCTION AND GUIDELINES**

The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to the organisation. It is envisaged that this database will contribute to efficient administration and compliance with the organization policy and procedures and donor/funder requirements.

Attached please find an official registration form to assist us in updating our database. It is imperative that suppliers read the application document carefully, complete it in full, sign and commissioned by an authorised Commissioner of Oaths. Failure to do so will result in disqualification.

A supplier registered on the Suppliers Database must notify HIVSA of any changes to information provided in the initial application form. Failure to do so may result in such a supplier being removed from the Suppliers Database and / or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Suppliers providing information incorrectly or fraudulently in their application form will be disqualified from HIVSA’s procurement and removed from the Suppliers Database. In addition to any other action the organisation may institute against such a supplier. Further, in the event of HIVSA being prejudiced financially, it reserves the right to take legal action against the supplier. Any alterations made by the applicant must be initialled. The use of correcting fluid is prohibited, and the use thereof will lead to disqualification.

**COPIES OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO APPLICATION FORM:**

1. Company and Intellectual Property Commission (CIPC) of South Africa Company Registration.
2. Original Valid Tax Clearance Certificate.
3. Certified ID copies of all Directors of the company.
4. B-BBEE Certificate (Level 1 Preferred) or Sworn Affidavit (Depending on the turnover).
5. Stamped Bank details.
6. Brief company profile (2 pages maximum).
7. Must be based in the provinces HIVSA operates in (Gauteng, North West and Free State). Proof of Business Address must be supplied.
8. Proof of Accreditation/Certificate (Health Certificate for Catering service and SETA for Training Services, PDP, etc.).
9. At least 3 reference letters from companies where similar services have been rendered in the past 24 months. NGO experience preferred.
10. Motivation indicating capacity and experience in the area applied for (1 Page).
11. Should include the quotation or request for services .
12. Completed Supplier Registration Form.

# SECTION A

|  |  |
| --- | --- |
| **Company / supplier name** |  |
| **Trading name** |  |
| **Company registration number (if applicable)** |  |
| **Income tax reference number** |  |
| **VAT registration number (if applicable)** |  |

## CONTACT DETAILS

|  |  |
| --- | --- |
| **Email address** |  |
| **Office telephone number** |  |
| **Cell phone number** |  |
| **Fax number** |  |

## POSTAL ADDRESS

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
|  | |
| Postal code |  |

## PHYSICAL ADDRESS

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
| Postal code |  |

## MAIN CONTACT PERSON IN YOUR COMPANY

|  |  |
| --- | --- |
| **Name** |  |
| **Designation** |  |
| **Telephone number** |  |
| **Fax** |  |
| **Email** |  |
| **Cell phone number** |  |

## TYPE OF SUPPLIER (PLEASE TICK THE RELEVANT BOX)

|  |  |
| --- | --- |
| Public company (Ltd) |  |
| Private company (Pty) Ltd |  |
| Close corporation |  |
| Joint venture |  |
| Sole proprietor |  |
| Foreign company |  |
| Trust |  |
| Section 21 company |  |
| Government / Parastatals |  |
| Other (specify) |  |

## BANKING DETAILS

|  |  |
| --- | --- |
| **Account holder** |  |
| **Bank name** |  |
| **Branch name** |  |
| **Branch code** |  |
| **Account number** |  |
| **Type of account** |  |

**All payments will be made electronically to your bank account.**

**Kindly note that it will be your responsibility to inform HIVSA, in writing, of any changes in your banking details.**

**SECTION B**

**BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) VENDOR PROFILE**

**LIST ALL PARTNERS / OWNERS & SHAREHOLDERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & surname** | **Designation** | **Citizenship** | **ID number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PLEASE MARK YOUR B-BBEE CREDENTIALS WITH AN (X)**

**BROAD-BASED ECONOMIC EMPOWERMENT (B-BBEE) INFORMATION**

**(CERTIFIED/ORIGINAL B-BBEE CERTIFICATE)**

|  |  |  |
| --- | --- | --- |
| Level 1 contributor | 135% |  |
| Level 2 contributor | 125% |  |
| Level 3 contributor | 110% |  |
| Level 4 contributor | 100% |  |
| Level 5 contributor | 80% |  |
| Level 6 contributor | 60% |  |
| Level 7 contributor | 50% |  |
| Level 8 contributor | 10% |  |
| Non-compliant contributor | 0% |  |

### B-BBEE EXEMPTED MICRO ENTERPRISE (INCOME BELOW R 10,000,000) (REQUIRES SWORN AFFIDAVIT)

|  |  |  |
| --- | --- | --- |
| Level 1 contributor | 135% |  |
| Level 2 contributor | 125% |  |
| Level 3 contributor | 110% |  |

### B-BBEE QUALIFYING SMALL ENTERPRISE (INCOME BETWEEN R 10 – R 50 MILLION) (REQUIRES SWORN AFFIDAVIT)

|  |  |  |
| --- | --- | --- |
| Level 1 contributor | 135% |  |
| Level 2 contributor | 125% |  |

# SECTION C

**CAPACITY**

**LIST THREE CUSTOMER REFERENCES**

**(ATTACH REFERENCES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Work performed** | **Client & contact person** | **Physical address telephone number & cell number** | **Value of Supply** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# SECTION D

**DECLARATION OF CONFLICT OF INTEREST**

1. Are you currently working as an employee of HIVSA?

**YES NO**

* 1. If so, furnish the following particulars:

**Name:**

**………………………………………………………………………………………………………**

**Department:**

**………………………………………………………………………………………………………**

**Position held in the company:**

**……………………………………………………………………………………………………**

1. Do you have any close relationship or relative working for HIVSA?

**YES NO**

* 1. If so, furnish particulars:

**……………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………**

**If your answer to the above question is yes, kindly name the employee and relationship you have in space below:**

**…………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………**

**Is there any other relevant information that you would like to disclose? Use space below.**

**…………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………...**

## DECLARATION

**I, the undersigned (full names) ……………………………………………………………………………………**

**Certify that the information provided in this document is correct. I accept that**

**HIVSA may reject my application should the declaration prove to be false.**

**Position:**

**………………………………………………………………………………………………………………………………………**

**Signature: …………………………………………… Date: ………………………………………………………**

## ATTACHMENTS (COMPULSORY)

**Please attach certified copies/original of the following documents**

Company and Intellectual Property Commission (CIPC) Registration

Original Valid Tax Clearance Certificate

Certified ID copies of all Directors of the company

B-BBEE Certificate or Sworn Affidavit

Stamped Bank details

B-BBEE certificate

Brief company profile

Proof of Business Address

Proof of Accreditation/Other Certificates

1. Customer reference letters

1 Page motivation indicating capacity and experience in the area applied for

Completed Supplier Registration Form

Quotation

Signed and affirmed to, before me at, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this day of year \_\_\_,

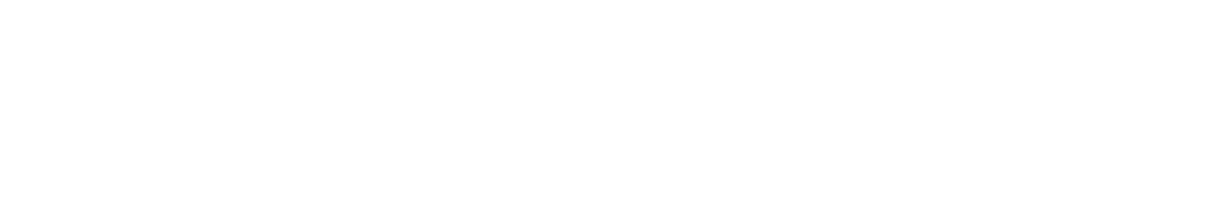
by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the deponent who has acknowledged that he/she knows

and understands, the contents of this document, and he/she has acknowledged that he/she has no objection to affirming,

that he/she regards the affirmation to be binding on his/her conscience.



**AREA:**



**FULL**

**NAME:**

**BUSINESS:**

**ADDRESS:**

**CAPACITY:**



COMMISSIONER OF OATHS