



NATIONAL DEPARTMENT OF HEALTH  
REPUBLIC OF SOUTH AFRICA  
Private Bag X 828 PRETORIA, 0001  
Tel: (012) 395 8960 / 8927 / 8933  
Fax (012) 395 9044

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**TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON THE  
DATABASE OF THE NATIONAL DEPARTMENT OF HEALTH**

All suppliers are herewith invited to register as an approved supplier on the database of the Department.

In order to comply with the procedures set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999)(PFMA), the Department developed a supplier database to be used by the procurement office.

**The purpose of this database is to give all prospective suppliers an equal opportunity to submit quotations to the National Department of Health.**

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to the Department. It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

Attached please find an official registration form to assist us in updating our database according to legislation. **It is imperative that suppliers read the application document carefully, complete it in full and sign it.** Please note that a valid Tax Clearance Certificate must be attached. Also complete attached banking detail for with the original bank stamp to validate the account.

When completed this questionnaire, **deliver** to: Within 14 days after received.

**For Attention: The Supplier Database Administrator  
Procurement Office**

or alternatively send it to:

**National Department of Health, Private Bag X 828, Pretoria, 0001,**

**CIVITAS Building C/O Struben and Andries streets, Pretoria  
at the reception**

**For attention: The Supplier Database Administrator  
Procurement Office**

# SUPPLIER APPLICATION FORM

## IMPORTANT NOTES Please read carefully

- To be completed by **all** vendors seeking registration as an approved supplier;
- The questionnaire must be completed in **full** and be **signed**;
- A **company profile** may accompany the registration form but will **not be accepted** as substitute for the application form – all fields on application form **MUST** be completed by applicant;
- Applicants will be contacted via fax and **must** therefore submit an **operating fax number**; failure to comply will result in excluding the supplier from the data base;
- It should be noted that the DTI reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- Suppliers will **not be notify** whether application was accepted or not but will be advised of the outcome if telephonically requested;
- Supplier must comply with all the **registration-criteria** for registration to be finalised - **failure** to do so may result in the application being declined.

### Supplier detail:

#### Company / Supplier Name:

Company / Close Corporation Registration Number														
VAT registration number (if applicable):														
Income tax reference number:														
Web Address:														
E-Mail Address:														
Telephone Number:														
<b>Fax Number:</b> (compulsory)														
Toll Free Number:														
Number of full time employees:														

#### Postal Address: (compulsory)

#### Physical Address:

Postal Code:														

#### Company/Supplier Classification: (Please ✓ the relevant box or boxes)

ISO Listed	Importer	Services	Manufacturer	Repairer	Black Owned	Distributor	Exporter	Sales
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#### (Please ✓ the relevant box)

Tax Clearance Certificate Attached	yes	no
Expiry date:		



**Commodities (Principal business or services of company or supplier)**

(Maximum of 8 commodities will be registered - please ✓ the relevant boxes)

(failure to complete this section will result in the application being declined)

	<b>1. Sales/Distribution/Wholesales</b>		<b>2. Other Service</b>
	ARTWORK & PAINTINGS		COLLEGES
	AUDIO VISUAL AIDS & EQUIPMENT		CONFERENCE CENTRES & FACILITIES
	BAGS CONFERENCE / TRAVEL / PROMOTIONAL		ENTERTAINMENT FACILITIES
	BUILDING MATERIALS & HARDWARE		GOVERNMENT SERVICES
	CARTRIDGES		GUESTHOUSE & LODGES
	CATERING EQUIPMENT & EQUIPMENT HIRE		HOTELS
	CELLULAR TELEPHONES		INSTITUTES
	CLEANING CHEMICALS		LIBRARIES
	CLOTHING GENERAL/PROTECTIVE & UNIFORMS		MEDICAL PRACTITIONERS
	COMPUTER CABLING SYSTEMS		PHARMACEUTICALS
	COMPUTER CONSUMABLES		PUBLICATIONS
	COMPUTER HARDWARE & PRINTERS		PUBLISHERS
	COMPUTER NETWORKING		RECRUITMENT AGENTS
	COMPUTER SOFTWARE		RESTAURANTS
	CONFERENCING SYSTEMS		UNIVERSITIES
	CORPORATE GIFTS & PRODUCTS		
	COSMETICS		<b>3. Construction</b>
	CROCKERY & CUTLERY		AIR CONDITIONING SYSTEMS
	CURTAINING, RAILS & ACCESSORIES		ELECTRICAL CONTRACTORS
	ELECTRICAL APPLIANCES		HARDWARE & BUILDING SUPPLIES
	ELECTRICAL COMPONENTS & EQUIPMENT		LOCKSMITHS
	ELECTRONIC APPLIANCES		PAINTING CONTRACTORS
	ELECTRONIC COMPONENTS & EQUIPMENT		PARTITIONING CONTRACTORS
	FIRE EXTINGUISHING		PLUMBING CONTRACTORS
	FLAGS & MAPS		
	FURNITURE		
	GIFTS PROMOTIONAL		
	LABORATORY CONSUMABLES & EQUIPMENT		
	MEDICAL EQUIPMENT AND CONSUMABLES		
	MEDICAL SUPPLIES		
	OFFICE AUTOMATION EQUIPMENT		
	OFFICE CONSUMABLES		
	OFFICE EQUIPMENT		
	OFFICE FURNITURE		
	PACKAGING MATERIALS		
	PERISHABLES SUPPLIERS		
	PHOTOGRAPHY EQUIPMENT		
	PRINTING CONSUMABLES		
	REFRIGERATION & AIR CONDITIONING		
	SECURITY & ACCESS CONTROL EQUIPMENT		
	SOUND & MUSIC SYSTEMS/EQUIPMENT		
	STATIONERY OFFICE BASIC		
	STORAGE SYSTEMS (DOCUMENT & COMPUTER)		
	TELECOMMUNICATION EQUIPMENT		
	TRAINING MATERIALS & SOFTWARE		
	VEHICLES		
	VEHICLE ACCESSORIES		

	<b>4. General Services</b>		
	DRAIN CLEANING SERVICES		PROGRAMMING
	DRY CLEANING SERVICES		QUALITY CONTROL SERVICES
	EDITING SERVICES		RECYCLING SERVICES
	ENGRAVING SERVICES & EQUIPMENT		REMOVAL SERVICES FURNITURE
	ENVIRONMENTAL SERVICES		RENOVATION SERVICES
	EQUITY DEALING SERVICES		SAFES & SAFE REMOVAL SERVICES
	GARDENING SERVICES		SECURITY & ACCESS CONTROL SYSTEMS
	GRAPHIC DESIGN SERVICES		SHUTTLE SERVICES
	INSPECTION SERVICES		TELECOMMUNICATIONS SYSTEMS
	LABELS & LABELLING SERVICES		TRANSLATION SERVICES
	LEGAL INVESTIGATIONS & SERVICES		TRANSPORT SERVICES (GOODS)
	MEDICAL EQUIPMENT MAINTENANCE & REPAIRS		WASTE DISPOSAL
	PEST CONTROL SERVICES		WEB PAGES & DESIGN
	PHOTOGRAPHY SERVICE		WEB SOLUTIONS DESIGN & MAINTENANCE
	PRINTING & DESIGN SERVICES		WORKSHOP FACILITATIONS
			TRAINING / WORKSHOPS
	<b>5. Other not listed</b>		

**SMME status of your enterprise:**

- Please use this table to determine the SMME Status of your enterprise
- Please ✓ the relevant box in each column

A. Sector	B. Full time paid employees				C. Annual Turnover (millions)				D. Total Gross asset value (property excluded) (millions)			
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4	2	0.4	0.15	4	2	0.4	0.1
Mining and Quarrying	200	50	20	5	30	7.5	3	0.15	18	4.5	1.8	0.1
Manufacturing	200	50	20	5	40	10	4	0.15	15	3.75	1.5	0.1
Construction	200	50	20	5	20	5	2	0.15	4	1	0.4	0.1
Retail and Motor trade	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Wholesale Trade	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Catering, Accommodation	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Transport, Storage	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Finance & Business Services	100	50	10	5	20	10	2	0.15	4	2	0.4	0.1
Repair/Allied Services	100	50	10	5	30	15	3	0.15	5	2.5	0.5	0.1
Communications	100	50	10	5	20	10	2	0.15	5	2.5	0.5	0.1
Other Trade	100	50	10	5	10	5	1	0.15	2	1	0.2	0.1
Commercial Agents	100	50	10	5	50	25	5	0.15	8	4	0.5	0.1
Community & Social Services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1
Personal Services	100	50	10	5	10	5	1	0.15	5	2.5	0.5	0.1

**SMME status of your enterprise:** (Please ✓ the relevant box)  
(According to SMME table) (compulsory)

Micro	
Very Small	
Small	
Medium	
Large	

**List all partners, proprietors and shareholders (compulsory)**

Name	Position occupied in the enterprise	Citizenship	ID Number

Note: Where owner are themselves a company or partnership, owners of the holding firm must be identified.

**HDI Ownership Status:** Please read notes below very carefully

**Instructions and Definitions:**

(please read carefully before completing HDI Ownership Status)

**Legislation:**

- Procedures are set out in the **Accounting Officers Procurement Procedures (AOPP)**, as referred to in the **Public Finance Management Act, 1999 (Act 1 of 1999)**(PFMA), to give all prospective suppliers an equal opportunity to submit quotations to a State Department.

**Terminology:**

- **Commodities:** The commodities the company wishes to be registered for as a supplier to the Department.
- **Trade Names:** The trade names that the company own or distribute, which you wish to be registered for as a supplier to the Department.
- **Owned:** Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.
- **Previously Disadvantaged Individuals (HDI):** For the purpose of registering as a supplier for the Department, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Previously Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.
- **Women:** A female person who is a SA citizen.
- **Establishment of HDI / Women Equity Ownership in a enterprise:** Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.

**Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.**

**HDI Ownership Status:**

(failure to complete this section will result in the application being declined)

Historical Disadvantaged Individuals (HDI)	%
Women Equity (WE)	%
Disabled Individuals (DA)	%

**I/we the undersigned acknowledge(s) that:**

- **The information furnished is true and correct**
- **The Equity Ownership claimed is in accordance with the General Conditions**
- **Any conflict of interest will be declared in the comment space below**

\_\_\_\_\_  
SIGNATURE OF OWNER OR  
AUTHORISED REPRESENTATIVE

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER OR  
AUTHORISED REPRESENTATIVE

DATE \_\_\_\_\_

**Comments / Notes:**

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**NOTED**

**The form must be completed, signed and deliver. No tipex or scratching is allowed on the forms**

**The following must be attached:**

- 1. Original valid Tax Clearance Certificate**
- 2. Copy of Id**
- 3. Bank Statement or Canceled Cheque**  
***[A letter from the bank is not acceptable]***
- 4. Cipro Certificates [CK]**
- 5. Bank Detail Form must be signed at the bottom & Date!!**





# NATIONAL HEALTH REPUBLIC OF SOUTH AFRICA

## SUPPLIER MAINTENANCE:

BAS  
  PMIS  
  LOGIS  
  WCS  
  CONTRACTOR  
 CONSULTANT

Head Office Only	
Captured By:	_____
Date Captured:	_____
Authorised By:	_____
Date Authorised:	_____
Supplier code:	_____
Enquiries. :	_____
Tel. No.:	_____

OFFICE: .....

### The Director General : NATIONAL HEALTH

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/we understand that the credit transfers hereby authorised will be processed by computer through a system known as "ACB - Electronic Fund Transfer Service", and I/we understand that not additional advice of payment will be provided by my/our bank, but that the details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post. Please ensure information is validated as per required bank screens.

Please ensure

information is validate as per required bank screens .

I/We understand that bank details provided should be exactly as per the records held by the bank.

I/We understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

Company / Personal Details	
Registered Name	_____
Trading Name	_____
Tax Number	_____
VAT Number	_____
Title:	_____
Initials:	_____
First Name:	_____
Surname:	_____



Contact Details			
Business	<input type="text"/> Area Code	<input type="text"/> Telephone Number	<input type="text"/> Extension
Home	<input type="text"/> Area Code	<input type="text"/> Telephone Number	<input type="text"/> Extension
Fax	<input type="text"/> Area Code	<input type="text"/> Fax Number	
Cell	<input type="text"/> Cell Code	<input type="text"/> Cell Number	
Email Address	<input type="text"/>		
Contact Person:	<input type="text"/>		
		<p style="text-align: center; font-weight: bold; font-size: 1.2em;">PLEASE RETURN TO THE RELEVANT REGIONAL</p> <p style="text-align: center; font-size: 0.8em;">OFFICE THAT SUPPLIED THE FORM OR THE FOLLOWING ADDRESS:</p>	
Supplier Signature	Regional Office Sender		
Print Name	Print Name		
	Rank		
<input type="text"/> / <input type="text"/> / <input type="text"/> Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/> Date (dd/mm/yyyy)		

**NB: All relevant fields must be completed**

**NOTED**

**The form must be completed, signed and deliver. No tipex or scratching is allowed on the forms**

**The following must be attached:**

- 1. Original valid Tax Clearance Certificate**
- 2. Copy of Id**
- 3. Bank Statement or Canceled Cheque**  
*[A letter from the bank is not acceptable]*
- 4. Cipro Certificates [CK]**
- 5. Bank Detail Form must be signed at the bottom & Date!!**

## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, 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, shareholder<sup>2</sup>): .....

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.

<sup>1</sup>"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.

<sup>2</sup>"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 employed by the state and who may be involved with the evaluation and or adjudication of this bid? **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? **YES/NO**

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? **YES/NO**

2.11.1 If so, furnish particulars:

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

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

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Persal Number

**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

.....  
 Date