

National Empowerment Fund

RFI No: NEF 03/2009

**DATABASE REGISTRATION: ACTUARIAL &
ACCOUNTING CORPORATE ADVISORY SERVICES**

CLOSING DATE : 30/04/2009
TIME : 14H00

Determine approval/declining criteria per evaluation list
Examples of evaluation list

Evaluation List for NEF Supplier Database Registration

COMPANY: _____

<u>Information/documents attached</u>	<u>Information/documents not attached</u>
<input type="checkbox"/> Fax number	<input type="checkbox"/> No fax number
<input type="checkbox"/> E-mail address	<input type="checkbox"/> No E-mail address
<input type="checkbox"/> Physical or postal address	<input type="checkbox"/> No physical or postal address
<input type="checkbox"/> Commodities listed	<input type="checkbox"/> Commodities not listed
<input type="checkbox"/> Application form completed	<input type="checkbox"/> Application form not fully completed
<input type="checkbox"/> All pages received	<input type="checkbox"/> All pages not received
<input type="checkbox"/> Application form signed	<input type="checkbox"/> Application form not signed
BBBEE Status: <input type="checkbox"/> Sufficient Information/Completed	BBBEE Status: <input type="checkbox"/> Insufficient Information/Not completed
<input type="checkbox"/> SARS certificate attached	<input type="checkbox"/> SARS certificate not attached
<input type="checkbox"/> CIPRO certificate attached	<input type="checkbox"/> CIPRO certificate not attached
<input type="checkbox"/> CK1 certificate attached	<input type="checkbox"/> CK1 certificate not attached
<input type="checkbox"/> CK2 certificate attached	<input type="checkbox"/> CK2 certificate not attached
<input type="checkbox"/> Company profile attached	<input type="checkbox"/> Company profile not attached

FOR OFFICE USE ONLY

<u>SUPPLIER APPLICATION</u>	<u>SUPPLIER APPLICATION</u>
<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined

Updated Valid SARS TAX CLEARANCE

Y
N

 Expiry Date: _____

Data Updated

Checked by : _____ Captured by : _____
Date : _____ Date : _____

P.O.Box 31, Melrose Arch, Melrose North, 2076
E-mail: rakhuduwen@nefcorp.co.za
Tel: (011) 305 8000
Fax: (011) 305 8001

**TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON
THE DATABASE OF THE NEF**

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

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 Department.

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.

When completed this questionnaire, please fax to:

(011) 305 8001

For Attention: The Supplier Database Administrator

Procurement Office

or alternatively send it to:

P.O.Box 31,

Melrose Arch, Melrose North

2076

**For attention: The Supplier Database Administrator
Supply Chain Management**

SUPPLIER INFORMATION QUESTIONNAIRE		Ref No.	SCM/SE/Reg 2	Rev No.	3	Dated	1/10/2008
<p>NB: THIS DOCUMENT TO BE DULY COMPLETED BY THE SUPPLIER</p> <p>All the information contained in this Supplier Information Questionnaire will be treated as strictly confidential.</p> <p>Kindly address your reply to:</p> <p>_____</p> <p>NEF Supplier Database Administrator</p> <p>_____</p> <p>Supply Chain Management representative</p> <p>_____</p> <p style="text-align: center;">IMPORTANT NOTE</p> <p>Please note that the supply or completion of this supplier information questionnaire does not constitute an offer nor agreement between your enterprise and NEF Trust.</p> <p>Please note that <u>all</u> answers to the questions contained herein are <u>material</u> and shall form the basis of the contract (if any) between your enterprise and NEF Trust. In the event that <u>any</u> answer furnished is incorrect, inaccurate, misleading or amounts to a misrepresentation of whatsoever nature, NEF Trust reserves the right, exercised in its sole and absolute discretion, to cancel the contract with your enterprise or take other appropriate legal action against your enterprise.</p>							
1) Registered Name of Enterprise:				2) Registration No. of Enterprise			
3) Division of:							
4) Full Previous Name/s:							
5) Full "Trading As" Name:							
6) Web Site address: (If available):							
7) Registered e-mail address (If available):							
8) Postal Address:							
						Postal Code:	
9) Physical Address:							
						Postal Code:	
10) Telephone Code & No.			11) Fax Code & No.			12) VAT Registration No.	
13) Name of Bank:				14) Name of Branch:			
15) Bank Account Number:			16) Branch Code:			17) Type Of Account:	
18) Account Holder Name:							
19) Your Enterprise's Turnover (Indicate with X)		Less than R 5 Million :		Less than R 35 Million :		Above R 35 Million :	
20) Number of Employees currently employed :							

21) Geographical location/region for conducting of Primary Business : (Province and nearest city/town)

22) Type of Business Your Enterprise Specializes in, i.e. Consulting Services, Legal Services, Stationery and Office Furniture, General Maintenance, Financial Services, Marketing, etc.

A) Primary :

B) Secondary :

23) List the Shareholders/Directors/Members/Owners of your Enterprise (Attach own list if space provided is inadequate) (Proof Required)

Full Names & Surname (No Initials)	Identity No	Race	Disability (Y/N)	Gender	% Share	Cell Phone No	Title/Position
a)							
b)							
c)							
d)							
e)							
f)							
g)							

24) List The Key Contact Persons In your Enterprise, i.e. Sales (Orders), Marketing, Accounts, etc.

Full Names & Surname (No Initials)	Identity No	Cell Phone No	Title/Position	E-Mail Address
a)				
b)				
c)				
d)				
e)				
f)				
g)				

25) PLEASE INDICATE (MARK WITH X) ONE OF THE FOLLOWING AS BEING REPRESENTATIVE OF YOUR ENTERPRISE AND INDENT THE RELEVANT DOCUMENTATION AS INDICATED:

a) Sole Proprietor		e) Trust		i) Private Company Provide Company Reg Cert (CM1)	
b) Partnership		f) Section 21 Company		j) Public Company Provide Company Reg Cert (CM1)	
c) Association		g) Parastatal		k) Other	
d) Closed Corporation		h) Medical Company Provide medical Practice number			

26) MANDATORY DOCUMENTATION REQUIRED (Please provide certified copies unless otherwise indicated)	
a) VAT Registration Certificate (VAT 103) (Please state if not registered for VAT)	
b) Valid Certified Tax Clearance Certificate.	
c) Original bank letter confirming account details. (Must include bank official information ie. Name, contact number)	
d) In event of the Company changing it's Name, Ownership or Type. (Relevant CM 9, CM 29, CM 45 must be submitted in writing).	
e) Workmen's Compensation Certificate	
f) Tax Directive / IRP30 (when Business Type is also Labour Broking)	
g) Tax Questionnaire (Form B)	
27) OTHER DOCUMENTATION THAT MAY BE REQUIRED (Will be requested when applicable)	
a) Certificates of Recognised BEE Ratings.	
b) ISO Certification achieved (ISO 9001; ISO 14001; OSHAS 18001)	
c) Statutory/Legislative Certification (UIF, Flameproof; Lifting tackle etc.)	
d) Company Profile and Management Structure.	
e) Identity Documents (where applicable).	
NB: If documents can not be provided, please list line number and provide motivation.	
28) INDEMNITY DECLARATION:	
I, (Name) in my capacity as..... (Designation)	
of..... (Company Name) hereby confirm that I have completed the details and set out the information requested above in this base information questionnaire, on behalf of	
(Company Name) I furthermore hereby warrant and confirm that a) I am duly authorized to provide the information as set out above in this questionnaire on behalf of(Company Name) and b) that all information given in this supplier base questionnaire is true and correct.	
Date:	Signature:
Identity No:	Cell Phone No:
E-Mail Address:	
NB: NEF RESERVES IT'S RIGHTS TO CONSIDER THE DATA CONTAINED IN THIS DOCUMENT	