

# SUPPLIER DECLARATION FORM (DATABASE APPLICATION)

# **PART 1 – GENERAL TENDER INFORMATION**

TENDER ADVERTISED 24 September 2023

TENDER CLOSING DATE/TIME [31 October 2023] (12h00 – Local SA Time)

SITE VISIT DATE & TIME N/A

**VENUE FOR SITE VISIT** N/A

TENDER SUBMISSION EMAIL Applications must be submitted via an email

ADDRESS

**HPCSA TENDER** Ms. Makhanthisa

REPRESENTATIVES

email: Tenders@hpcsa.co.za

# <u>Health Professions Council of South Africa</u> This form must be completed and submitted with proposal:

Health Professions Council of South Africa
P O Box 205
PRETORIA
0001

553 Madiba (previously known as Vermeulen) Street
Arcadia
PRETORIA
0007

Please complete the form fully and use a black pen. Illegible or incomplete forms will be rejected.

**Direct enquiries to Procurement Officer** 

Email: Tenders@hpcsa.co.za

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS AS NO COPIES WILL BE MADE BY THE COUNCIL

# **TYPE OF BUSINESS**

Indicate the sector by ticking the appropriate block in column.

	TYPE OF SERVICE	YES	NO
1	Facilities Services (Refer to Service Requirements Attached under <b>Annexure A</b> )		

# Where applicable under mentioned documents must be attached with proposals

# Please tick box

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	Y	N	NA
BEE/B-BBEE Status – A valid B-BBEE Verification Certificate/Affidavit			
CSD Report			
Other applicable legislated certificates (Certified)			
Valid Workman's compensation certificate (certified)			
Company registration document (certified)			
Proof of ownership/ shareholder certificate (certified)			
Valid Tax clearance certificate/Pin			
Proof of banking document			
Comprehensive company profile			
SBD Forms 4, 8 & 9			
SBD 6.1			

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Contact person for correspondence address
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### SALES AND ACCOUNTS DEPARTMENTS

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# FINANCIAL DETAILS (BANKING)

# **Accounts Department**

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NB: Documentary proof of banking institution must be supplied (cancelled cheque/ bank statement)

Explanation of abbreviations used in the following tables:

Capacity		HDI status	
Director	D	HDI	Н
Partner	Р	Women	W
Member	М	Disabled	D
Priority	R		
Other	0		

Proof of disability provided by a recognized institution in the case of handicapped persons must be supplied.

# NB: certified copy of shareholder certificates or proof of ownership must be supplied

Complete the following for the shareholders who are actively involved in the management and daily business operation of the business.

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Disabled (permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered in a manner considered normal for a human being)

Are you actively involved in the management and daily business operations of the business? (please provide a written breakdown e.g company profile)

First name

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Disabled (permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered in a manner considered normal for a human being)

Are you actively involved in the management and daily business operations of the business? (Please provide a written breakdown e.g company profile)

# **CONTACTABLE REFERENCES**

Please supply a list containing the names, telephone numbers and client relationship of a minimum of three contactable references

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# CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

- 1. The information supplied is correct.
- 2. All copies of relevant information are attached.
- 3. Take note that payment will be effected 30 days after delivery was effected if delivered with an original invoice

# PERSONAL INFORMATION IN BLOCK LETTERS

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**Authorization for electronic transfer of funds (EFT)** 

PLEASE COMPLETE IN BLOCK LETTERS

Company name/Surname																			
Company Account Holder																			
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