



**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 ADDRESS	EMAIL Applications must be submitted via an email
HPCSA TENDER REPRESENTATIVES	Ms. Makhanthisa email: Tenders@hpcsa.co.za

Health Professions Council of South Africa

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 Annexure A)		

Where applicable under mentioned documents must be attached with proposals

Please tick box

	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			

BUSINESS PARTICULARS

Name of Business

Physical address

City

Province

Postal address (if not same as above)

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Province

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address

Web page address

Contact person for correspondence address

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SALES AND ACCOUNTS DEPARTMENTS

Sales Department

Contact name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FINANCIAL DETAILS (BANKING)

Accounts Department

Banking institution name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Town/City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Banking account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account type

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account holder's name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

HDI INFORMATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Capacity

D	P	M	R	O
---	---	---	---	---

M F (sex)

--	--

HDI status

H	W	D

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Capacity

D	P	M	R	O
---	---	---	---	---

M F (sex)

--	--

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CONTACTABLE REFERENCES

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

Contact person

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client Relationship

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact person

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client Relationship

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact person

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client Relationship

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

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

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone

Capacity

On behalf of the (supplier's Name)

Signed and sworn to before me at _____ on this the _____ day of 2023 by the Deponent, who has acknowledged that he / she knows and that understands the contents of this Affidavit, that it is true and correct to the best of his /her knowledge and that he /she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oath

Signature: Applicant on behalf of supplier

Authorization for electronic transfer of funds (EFT)

PLEASE COMPLETE IN BLOCK LETTERS

