



ECB SUPPLIER REGISTRATION FORM

This application form must be completed by suppliers in order to register suppliers on the ECB vendor management system.

In order for your application to be processed, the following documentation MUST accompany this form, failing which, your application will not be considered.

DESCRIPTION	MANDATORY DOCUMENTS	TICK THE RELEVANT BOX INDICATING SUBMISSION OF THE REQUIRED DOCUMENTS
Certified company registration documents	*	
Certified ID(s)	*	
Proof of ownership / shareholders (certificate)	*	
Original bank letter (stamped) / original cancelled cheque	*	
Valid Good Standing Social Security Certificate	*	
Valid Affirmative Action Compliance Certificate	*	
Certificate Indicating S ME S tatus (for tenders reserved to S ME 's)	*	
Valid Good Standing Tax Certificate (original)	*	
Registration with the Procurement Policy Unit (for tenders reserved categories of bidders and goods)	*	
Joint venture agreement		
Electricity, water & rates statement / lease agreement	*	
Completed ECB supplier registration form	*	
Proof of professional registration to your relevant industry or body		
Letter signed off by Auditor / Accounting Officer	*	
Three trade references (letter confirming type of jobs completed, contact person & number)	*	
Organizational / individual profile		

SECTION A: GENERAL

Name of Business ("Company trading as) : _____

(Contracts/orders will be placed on this name and invoices must reflect this)

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname/s : _____

(If trading as a Sole-Proprietor or a Partnership)

Physical address of Business:

Building / complex name: _____

Street name and number : _____

Suburb : _____ City : _____

Code: _____ Country: _____

Postal address of Business: *(This is the address to which an invitation to tender/request for services / enquiry and orders / contracts will be sent to)*

Postal address: _____

P O Box/ Private Bag : _____ City/Town: _____ Code: _____

Telephone numbers of Business: Code: _____ Number: _____ Ext. _____

Alternative number of Business: Code: _____ Number: _____

Is this a dedicated Fax number? (Y/N) _____

Business e-mail : _____ Other _____

Your own business Contact person/Sales representative Name and Telephone

Number: _____ Tel: _____

Is your business owned or partly-owned by government? _____ (Y/N)

Business Registration number (if applicable) _____

(In the case of a sole proprietor or partnership, please furnish identity numbers plus copies of the identity documents of the owners)

Tax number of business: _____

VAT registration number: (if applicable) _____

Is your Business:

- An agent ____ Manufacturer ____ Distributor ____ Consultant ____ Contractor ____ Professional Services ____ Other (specify) _____
- Governed by a Sector Code? Y/N ____

If yes, specify _____

- A Multinational Company based in Namibia with overseas headquarters, operating as a “Global Practice” which restricts the alienation of equity or the sale of businesses in its regional operations? Y/N ____ (If yes, please provide documentation confirming operation as a Global Practice).
- Owned or partly owned by a Trust (Y/N) ____ Private Equity Fund (Y/N) ____ Broad-Based Ownership Scheme (Y/N) ____ Employee Ownership Scheme (Y/N) _____

List all your Products / Services that your business can manufacture and/ or supply to the ECB
Attach a separate list if the space provided is not enough

Please indicate (x) the geographical areas where your business is willing and capable of supplying services and/or products to the ECB:

Region/s:	Cities/Towns:
Caprivi	
Erongo	
Hardap	
Karas	
Kavango	
Khomas	
Kunene	
Ohangwena	
Omaheke	

Omusati		
Oshana		
Oshikoto		
Otjozondjupa		
OTHER (specify)		

SECTION B: SUPPLIER AND/OR CONTRACTORS PROFILE

In order for ECB to build up a profile of its suppliers, we would like you to complete the following:

<p><u>Commercial</u></p> <p>Name 3 commercial references/referees of previous projects / contracts and provide their name(s) and telephone number(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Financial</u></p> <p>Has your business ever been declared insolvent or had a judicial management order granted against it? (Y/N)_____ If yes, please elaborate:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Technical

Are you working on accredited National or International Standards? (Y/N)_____ If yes, indicate products and to which standards they apply:_____

Quality

Does your business operate a Quality Management System which includes:

- Quality policy and objectives (Y/N) _____
- Document and record control system (e.g. proof of competence, minutes of meetings and references) (Y/N) _____
- Procedure for non-conforming products / services (Y/N) _____
- Procedure for corrective and preventative action (Y/N) _____

Has your Quality Management System been assessed and certified by any Nationally or Internationally recognized accreditation body? (Y/N)_____ If yes, please provide a copy of the certificate.

Safety

Does your business have an Occupational Health and Safety Policy complying with the Health and Safety provisions of the Labour Act 11 of 2007 and commitment to improving health and safety performance? (Y/N)_____ If yes, attach a copy of this policy.

Are you registered with the Social Security Commission and or Workmen's Compensation Fund for Compensation for Occupational Injuries _____ Registration number _____

Has your business experienced any incident that resulted in a fatality or serious injury? (Y/N)_____ If yes, provide details thereof.

Has any non-conformances or prohibition notices been issued by the Ministry of Labour and Social Welfare to your business on previous projects? (Y/N)_____ If yes, provide details thereof.

Do you maintain the integrity and safety of all health and safety related equipment and do you have an effective maintenance schedule? (Y/N)_____ If no, provide reasons?

Environmental

Do you have an Environmental Management System in place? (Y/N) _____

Does your facility routinely work with any hazardous substances? (Y/N)_____

Has your Environmental Management System been assessed and certified by any Nationally or Internationally recognized accreditation body? (Y/N)_____ If yes, please provide a copy of the certificate.

Energy Efficiency

What is the total energy used to produce your products? (kWh or MJ) _____

[If you are a service provider, derive your total embedded energy from the use of energy to deliver your services (e.g., driving, use of computers, flights, etc)].

Does your business have energy usage reduction targets (in kWh/product or MJ/product)? (Y/N)_____ If yes, fill in the target: _____

Have you taken any measures to improve on energy efficiency of your products / your facilities in the last 5 years? (Y/N)_____ If yes, please provide details of such improvements benchmarked against standard practices or product, including kWh reduction or reduction in electricity bill(s):
