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SUPPLIER APPLICATION FORM

**NATIONAL HEALTH LABORATORY SERVICES
(NHLS)**

(STRICTLY CONFIDENTIAL)

If you have any questions related to any of the information required in this application form, kindly contact Mr. Theo van der Vyver (011) 386 6166

Please Note: This application can be filled in using MS Word. Cells will automatically increase in size if you need more than one line.

1 Company Information					
1.1 Full Registered Name of Company					
1.2 Registration Number					
1.3 Trading As					
1.4 Year Founded					
1.5 Type of Organization					
Public Private Co. Partnership Closed Corporation Proprietorship					
1.6 Type of Supplier/Business (place an 'X' alongside as many as applicable)					
Manufacturer		Service Industry		Original Sales Agency	
Wholesaler		Small Business		Local Sales Agency	
Importer		Entrepreneur		Regional Sales Agency	
Other (specify):				National Sales Agency	
1.7 Postal Address					

1.8 Physical Address
1.9 Number and location of branches/factories/depots
1.10 Telephone Numbers
1.11 After Hours Telephone Numbers
1.12 Fax Numbers
1.13 Company Email Address
1.14 Website Address
1.15 Does your company close for December Holidays? If yes, for what period?
1.15.1 Who is the emergency contact during this period?
1.16 Labour Unions
1.17 ISO Listed
1.18 Do you operate your own delivery fleet?
1.19 What is your delivery lead time?
1.20 How many sales personnel do you have?

1.21 How many service personnel do you have?		
1.22 Does your company have an environmental policy? If yes, please provide details...		
1.23 Does your company have an employment equity policy? If yes, please provide details...		
1.24 Does your company or your principal company have a formal quality policy? If yes, please provide details...		
1.25 Has the quality system been audited by an outside authority? If yes, please provide details...		
1.26 History of name changes (please provide only name and date of name change alongside, beginning with the first name)		
1.27 Does your company or any of its employees have a vested interest in the NHLS? If yes, please provide details:		
	No 1.	No 2.
Name of your employee		
Name of NHLS employee		
NHLS Department		
Nature of relationship		
1.28 Current Major Customers (may be used as references)		
Company	Contact Person	Telephone

2 Company Ownership		
2.1 Major Shareholders		
No.	Individual / Entity Name	% Shareholding
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
2.2 Is your company a subsidiary of another company? If yes, list details below:		
A)	REGISTERED NAME OF COMPANY	
	REGISTRATION NO	
	ADDRESS	
	CONTACT PERSON	
2.3 Does your company have any affiliated or subsidiary companies? If yes, list details below:		
A)	REGISTERED NAME OF COMPANY	
	REGISTRATION NO	
	ADDRESS	
	CONTACT PERSON	
B)	REGISTERED NAME OF COMPANY	
	REGISTRATION NO	

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	ADDRESS	
	CONTACT PERSON	
c)	REGISTERED NAME OF COMPANY	
	REGISTRATION NO	
	ADDRESS	
	CONTACT PERSON	

3 Finance, Banking & Insurance			
3.1 Banking Information			
Bank		Branch	
Account No		Branch Code	
3.2 Financial History: what is your organisation's turnover for the past 3 years?			
Year 1			
Year 2			
Year 3			
3.3 Insurance Information			
Insurance Co.		Contact Person	
Policy No.		Telephone	
<i>Please note that you are required to attach proof of Workmen's compensation, and if any staff member from you company will be on NHLS property, you will need to show proof of liability insurance of R 1 million.</i>			
3.4 Additional Information			
Vat Reg. No.			
NHLS' Credit Limit			
% Discount Allowed			
Payment Terms	Strictly 30 days after statement		

4 Company Product Information	
4.1	What range of products/services do you offer?
4.2	Do your products have brand/trade names? If yes, please specify.
4.3	Are any of your products locally manufactured? If yes, please specify.
4.4	If imported, please indicate country of origin and currency purchased in?
4.5	Please provide details of your stockholding policy (if applicable)
4.6	Do you have any existing or new products which would be of particular interest to the NHLS?

5 Personnel and Contact Information

List all directors, senior managers and additional contacts that may be required.
 Place an 'X' in one or more of the last four columns by referring to the legend below:

No.	Name	Telephone	Cell	Email	D	S	G	E
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Legend	
D	Director
S	Senior Manager
G	General Contact
E	Emergency Contact

5.1 Employee Breakdown

	Black	White	Coloured	Indian	Disabled
Male					
Female					

5.2 Black economic empowerment: Indicate the percentage of ownership per category, and attach shares certificates (Directors)

	Black	White	Coloured	Indian	Disabled
Male					
Female					

BLACK ECONOMIC EMPOWEMENT QUESTIONNAIRE

NB: KINDLY ATTACH A SANAS ACCREDITED BBBEE CERTIFICATE AS WELL.

A. TYPE OF COMPANY (*Mark appropriate box with an X*)

SOLE TRADER	
PARTNERSHIP	
CLOSE CORPORATION	
PRIVATE COMPANY	
PUBLIC COMPANY	
JOINT VENTURE	

B. COMPANY CLASSIFICATION (*Mark appropriate box with an X*)

MANUFACTURER				
SUPPLIER				
PROFESSIONAL SERVICE PROVIDER				
OTHER SERVICE PROVIDER E.G. TRANSPORTER				
	Micro	Very Small	Small	Medium
Total full time paid employees	<5	<20	<50	<200
Total Annual turnover	<R150K	<R3M	<R7.5M	<R30M
Total Gross Assets (less fixed property)	<R100K	<R800 K	<R4.5M	R18 M

C. PERCENTAGE SHAREHOLDING/OWNERSHIP

	PERCENTAGE SHAREHOLDING/OWNERSHIP (%)
HDI (INCLUDING FEMALE EQUITY)	
WHITE	
INDIAN	
COLOURED	

D. GENDERED CLASSIFICATION OF SHAREHOLDING / OWNERSHIP

	TOTAL NUMBER	PERCENTAGE SHAREHOLDING/OWNERSHIP (%)
HDI MALE		
HDI FEMALE		
HDI DISABLED PERSON		

	PERCENTAGE SHAREHOLDING/OWNERSHIP(%)
WHITE MALE	
WHITE FEMALE	
WHITE DISABLED PERSON	

	PERCENTAGE SHAREHOLDING/OWNERSHIP(%)
INDIAN MALE	
INDIAN FEMALE	
INDIAN DISABLED PERSON	

	PERCENTAGE SHAREHOLDING/OWNERSHIP(%)
COLOURED MALE	
COLOURED FEMALE	
COLOURED DISABLED PERSON	

E. OCCUPATIONAL PARTICIPATION – MALE (insert numbers)

	AFRICAN	WHITE	COLOURED	INDIAN
Company Total				
Top Management – Include Executive Directors				
Senior Management				
Professional Qualified Specialists				
Technically & Academically skilled				
Semi Skilled				
Interns				

F. OCCUPATIONAL PARTICIPATION: FEMALE (insert numbers)

	AFRICAN	WHITE	COLOURED	INDIAN
Company Total				
Top Management – Include Executive Directors				
Senior Management				
Professional Qualified Specialists				
Technically & Academically skilled				
Semi Skilled				
Interns				

LIST OF SHAREHOLDERS

NAME	DATE/POSITION OCCUPIED IN ENTERPRISE	ID NUMBER	HDI STATUS			PERCENTAGE BUSINESS OWNERSHIP (%)
			HDI	FEMALE	DISABLED	

I, the undersigned (print name) _____ in my capacity as (designation) _____ hereby warrant that I am duly authorised by the company to make this application on its behalf and that the above information is true and correct and that any false information provided could lead to the immediate delisting by the NHLS from its approved suppliers list of the business presented herein. I further undertake to inform the NHLS immediately and in writing of any changes with regard to the shareholders/ partners/ members or proprietor of this business as well as any vested interest, which may occur at any stage. I also accept that all orders placed for goods and/or services shall be subject to the NHLS terms and conditions, as amended from time to time.

Signature: _____ Date: _____

6 ATTACHMENTS TO ACCOMPANY THIS APPLICATION:

- 6.1 NB: original cancelled cheques
- 6.2 Company:
 - 6.2.1 Cm3: certificate of incorporation
 - 6.2.2 Cm22: notice of registered office and postal address
 - 6.2.3 Cm29: contents of register of directors, auditors and officers or closed corporation: CK1: Deed of Foundation
- 6.3 Organisation chart of the group of companies.
- 6.4 Organogram of your company
- 6.5 Portfolio of products (on CD/DVD if possible)
- 6.6 Vat registration certificate
- 6.7 Tax clearance certificate
- 6.8 Company's letterhead
- 6.9 Directors/ partners information (if applicable) & copy's of directors ID's
- 6.10 Insurance certificates:
 - 6.10.1 Proof of Workmen's Compensation
 - 6.10.2 Proof of liability insurance of R 1 million (if any person from your company will be on NHLS property at any time)

NB: WITHOUT THESE DOCUMENTS THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE, AND WILL NOT BE REGISTERED

ATTACHMENT A – Please indicate your classification by circling where applicable				
CLASSIFICATION OF SMALL BUSINESSES IN TERMS OF THE NATIONAL SMALL BUSINESS ACT, 1966				
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
Sector or sub-sectors in accordance with the Standard Industrial Classification	Size of class	Total full time equivalent of paid employees	Total annual turnover	Total gross asset value (fixed property excluded)
	Less Than	Less than	Less than	Less than
Agriculture	Other Medium Small Very small Micro	100+ 100 50 10 5	R4.00 m+ R4.00 m R2.00 m R0.40 m R0.15 m	R4.00m+ R4.00m R2.00m R0.40m R0.10m
Mining and Quarrying		200+ 200 50 20 5	R30.00m+ R30.00m R7.60m R3.00m R0.15m	R18.00m+ R18.00m R4.60m R1.80m R0.10m
Manufacturing		200+ 200 60 20 5	R40.00m+ R40.00m R10.00m R4.00m R0.15m	R15.00m+ R15.00m R3.76m R1.50m R0.10m
Electricity, gas and water		200+ 200 50 20 5	R40.00m+ R40.00m R10.00m R4.00m R0.15m	R15.00m+ R15.00m R3.75m R1.60m R0.10m
Construction		200+ 200 50 20 5	R20.00m+ R20.00m R5.00m R2.00m R0.15m	R4.00m+ R4.00m R1.00m R0.40m R0.10m
Retail and motor trade and repair		100+ 100 80 10 5	R30.00m+ R30.00m R18.00m R3.00m R0.16m	R5.00m+ R5.00m R2.60m R0.50m R0.10m
Wholesale trade, commercial agents an allied services		100+ 100 50 10 5	R50.00m+ R50.00m R25.00m R6.00m R0.15m	R8.00m+ R8.00m R4.00m R0.6m R0.10m
Catering, Accommodation and other trade		100+ 100 60 10 5	R10.00m+ R10.00m R6.00m R1.00m R0.15m	R2.00m+ R2.00m R1.00m R0.20m R0.10m
Transport storage and communications		100+ 100 50 10 6	R20.00m+ R20.00m R10.00m R2.00m R0.16m	R5.00m+ R5.00m R2.50m R0.50m R0.10m
Finance and Business Services		100+ 10 50 10 5	R20.00m+ R20.00m R10.00m R2.00m R0.16m	R4.00m+ R4.00m R2.00m R0.40m R0.10m
Community, Social and Personal Services		100+ 100 50 10 6	R10.00m+ R10.00m R5.00m R1.00m R0.15m	R6.00m+ R5.00m R2.50m R0.10m R0.10m

7 INTERNAL OFFICE USE ONLY

APPROVAL:-

7.1 PROCUREMENT

NAME _____ SIGNATURE _____ DATE _____

7.2 ACCOUNTS PAYABLE

NAME _____ SIGNATURE _____ DATE _____

7.3 CREDITORS CONTROLLER (SUPPLIER MASTER MAINTENANCE)

NAME _____ SIGNATURE _____ DATE _____

7.4 BANK CONTROLLER

NAME _____ SIGNATURE _____ DATE _____

SUPPLIER NUMBER: (ORACLE)	
SUPPLIER CLASSIFICATION (ORACLE)	
PAYGROUP:	
PAY PRIORITY:	
PAYMENT METHOD:	
PAYMENT TERMS:	
SITE NAME:	
VAT VERIFICATION:	
VAT DEFAULT CODE:	