

APPLICATION FOR REGISTRATION ON NATIONAL EMERGENCY RESPONSE COUNCIL ON HIV/AIDS (NERCHA)'S SUPPLIER DATABASE

THESE FORMS MUST BE COMPLETED, AND HAND DELIVERED TO:

The Tender Board.

National Emergency Response Council on HIV/AID

Plot 738

Farm 42

Emajika Road

Mbabane

TOGETHER WITH:

All required compulsory and or additional information

IN A SEALED ENVELOPE AND CLEARLY MARKED:

"Confidential Response to Expression of Interest EOI/001/2019

ENQUIRIES

Telephone: 2406 5000 Facsimile: 24065004/5

SUBMISSION DEADLINE: 24TH May 2019 at 10:00 AM

FOR OFFICIAL USE ONLY

NAME OF SUPPLIER	
CATEGORY #	
REGISTRATION NUMBER	
DATE APPROVED / DISAPPROVED	





INTRODUCTION AND GUIDELINES

The purpose of this Expression of Interest is to prequalify suppliers in terms of capacity and give prequalified suppliers an equal opportunity to submit quotations to NERCHA. It is envisaged however that this database will contribute to the efficient administration and procurement procedures at NERCHA.

Attached please find an official registration form to assist us in updating our database. It is imperative that suppliers read, with understanding, the application document carefully, complete it in full and signed by an authorised representative. Failure to do so will result in the applicant not qualifying for registration.

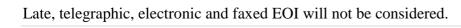
It is imperative that only documents with an original signature be submitted. A supplier registered on the Suppliers Database must notify NERCHA of any changes to information provided in the initial application form. Failure to do so may result in such a supplier being removed from the Suppliers Database and / or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.

Suppliers providing information incorrectly or fraudulently in their application form will be disqualified from tendering and removed from the Suppliers Database, in addition to any other action the organization may institute against such a supplier. Further, in the event of NERCHA being prejudiced financially, it reserves the right to take legal action against the supplier. Any alterations made by the applicant must be initialled. The use of correcting fluid is prohibited, and the use thereof will lead to non-registration of the applicant's business.

The statements of requirements will be evaluated on a pass or fail basis, to determine whether the supplier is substantially responsive and, if not, the significance of any variation from the requirements to qualify for registration.

The Expression of Interest (EOI) should be addressed and dropped in the Tender Box provided at the address above.

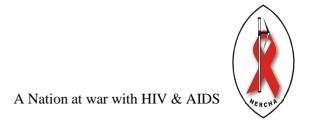
NERCHA reserves the right to accept/reject any EOI or stop the process of approval at any stage, at its sole discretion without assigning any reason, and shall bear no liability whatsoever consequent upon such decision. Clarity can be requested within the first week of the advert.







ľ	Name of business as registered with the Registrar of Companies
1	Name of business used for trading purposes, if different from 1.1 please state name of business
I	Registration number as registered with the Registrar of companies (if applicable):
ŀ	Postal address
I	Physical Address
	Please note that assessment/evaluation may involve business site inspection Felephone and facsimile number(s)
(Cellular number (s)
-	E-mail address (if available):
(Contact person (s):
	Income Tax Reference Number (please insert personal income tax # if the business is a sole proprietor and personal income tax numbers of all partners if is a partnership/other relevant registration #/
_	Are your company/business books of account audited (external) on an annual or regular basis? YES/NO



2. BUSINESS OWNERSHIP

2.1 Name (s) of business owners

Please state business directors/sole proprietors/partners/sole proprietors, joint ventures etc

Name of director or other applicable data as stated above	Capacity:
(Last name first)	(D) Director
	(P) Partner
	(M) Member
	(R) Proprietor
	(O) Other (please specify)

2.2 Business shareholder-ship

Name of shareholder	Shareholding (%)

For more information on business ownership, please attach forms: "J" and "C".

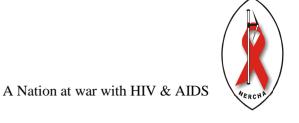
PLEASE ATTACH ADDITIONAL SHEET(S) IF NECESSARY





3. PREVIOUS BUSINESS INFORMATION

3.1	Did the business exist under a previous name? Tes No	
3.2	If yes what was the previous business name?	
3.3	Please state the previous owners in the space provided	
Name		Title
- 101		



4. REGISTRATION CATEGORY FOR YOUR BUSINESS

4.1 Business original registration documents

Please ($\sqrt{\ }$) tick whichever block is applicable to your business or firm

Public / private company	Certified certificate of incorporation
Sole proprietor	Certified copy of identity document
Joint venture	Certified copy of joint venture agreement
Partnership	Certified copy of partnership agreement
Trust	Certified copy of trust document
Not-for-profit making organization	Certified copy of Section 21 company
Co-operative society	Certified copy of proof of registration with the
	Ministry of Agriculture and
	Co-operatives

PLEASE ATTACH THE RELEVANT CERTIFIED COPY OF BUSINESS REGISTRATION DOCUMENT

4.2 Business current registration documents

DOCUMENT NAME	POINTS TO NOTE
1. Certified copy of trading licence	 Bear the business / trade name Valid for the current year Conform to the merchandise to supply
2. Original Tax Compliance Certificate	 Bear the business / trade name For the purpose of trading
3. Certified copy of labour compliance certificate	Bear the business / trade name
4. Certified copies of Forms C & J	Bear the business / trade name
5. VAT Registration Certificate if applicable	Bear the business / trade name
6. Police clearance for all company directors	
7. Certified Copies of ID's for all company directors	
8. Other registration /practicing certificate applicable	Certificate for professional services rendered



BUS	INESS PROFILE			
Produ	acts supplied/Services rendered			
Annu	al average turnover in Emalangeni (pas	st 3 yea	urs)	
Numb	per of employees: Full time:		Part time	
Branc	ches, Sales and Accounts departments			
	Location of branch (es) in Swaziland			
5.4.2	Sales department			
Key c	contact person			
Conta	act number	_Ext_	Fax	
5.4.3	Accounts department			
Key c	contact person			
Conta	act number	_Ext_	Fa	ax
Please	e state 4 (four) current main customers,	, key co	ontact person and contact d	letails:
No.	Name of customer		Contact person	Contact details
5.1.1				
5.1.2				
5.1.3				
5.1.4				

PLEASE ATTACH SEPARATE BUSINESS PROFILE IF THERE IS ADDITIONAL INFORMATION



6. CLASSIFICATION FOR NERCHA'S SUPPLIER DATABASE

IN ORDER TO BE IDENTIFIED / SOURCED AS A POTENTIAL SERVICE PROVIDER, YOUR BUSINESS NEEDS TO BE CLASSIFIED CORRECTLY.

6.1 Please tick the appropriate block to indicate the correct classification of your business as a service provider and location in Swaziland:						
Goods Printing Services	Consultant; Professional Service Provider	Secretariat Services (Rapporteur etc) Printing Design Services				
Hhohho Manzini Region Region	Lubombo Region	Shiselweni Region				
	of your core business, key words	ar company is correctly classified, that best describe your business				
Please complete the following	if you are a service provider:					
Our core business is:						
Key Words:						
Specializations:						



6.2 Please complete (tick) where applicable for your specific category: -

Comm	Description of commodity	Tick	Comm	Description of commodity	Tick
group			Group		
1000	Groceries & food supplies		22000	Construction services – steel works	
2000	Fruits and vegetables		23000	Construction materials	
3000	Office stationery & supplies		24000	Cement blocks	
4000	Computer stationery		25000	River and plaster sand	
5000	Computer equipment		26000	Architecture	
6000	Office equipment		27000	Project management services	
7000	Office furniture		28000	Video recording and documentaries	
8000	Printing services		29000	Catering services (outdoor)	
9000	Hospital/Medical equipment		30000	Motor vehicle tyres	
10000	Rapporteuring/Secretarial		31000	Vehicle breakdown services	
11000	Advertising and promotional		32000	Vehicle body builders	
12000	Sound systems hire		33000	Vehicle hire services	
13000	Stage performance services		34000	Hire services (Event planning, tents)	
14000	Conferencing facilities		35000	Consultancy Services	
15000	Construction services – brick works		36000	Drugs and Pharmaceutical products	
16000	Air-conditioning supplies & support		37000	Financial, insurance services	
17000	Tools, Outdoor gear, and general machinery		38000	Laboratory & testing equipment and supplies	
18000	Travel, food, lodging & entertainment		39000	Defense, security, safety equipment and supplies	
19000	Organizations, clubs, societies		40000	Cleaning equipment supplies	
20000	Education		41000	Sale of redundant/scrap/obsolete items	
21000	Management, business professionals		42000	Other (please specify)	



7.1 Please state entity or individual's specific expertise that is relevant and linked to the requirement categories of the NERCHA list:

Name of entity / individual	Expertise linked to the requirements of NERCHA

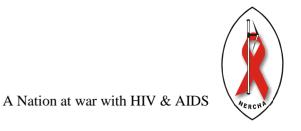
YOU MAY PROVIDE ADDITIONAL INFORMATION IF NECESSARY

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Λ.		Trade	reference	×

Please provide at least 3 (three) contactable TRADE references (Customers/Clients)
8.1.1
8.1.2
8.1.3
9. Previous / current projects (apart from NERCHA)
Please state in brief terms at least 3 previous or current projects undertaken in the last three financial years
9.1.1
9.1.2
0.1.3



10.1 Banking information

Banking institution name (main account):	
Branch (Name and Code):	
Branch (Name and Code).	
Banking Account Number	
Account Holder (operational account name)	
Type of account: (Current, Savings etc)	
Type of account. (Current, Savings etc)	

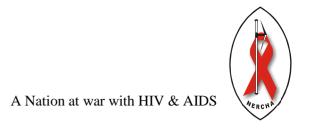
Please provide a copy of a cancelled cheque or letter from your bank), alternatively you can provide the banking information on bank letterhead)

10.2 Payment terms

PLEASE NOTE THAT THE SUPPLIER SHOULD BE WILLING TO GIVE NERCHA A CREDIT FACILITY OF 30 DAYS NET. THIS WILL ENABLE NERCHA TO PROCURE GOODS AND SERVICES EITHER BY PURCHASE ORDER OR OTHER FORM OF ENGAGEMENT AND PAY ONCE DELIVERY HAS BEEN MADE

10.3 Proof of payment

PLEASE ATTACH <u>ORIGINAL</u> RECEIPT IN RESPECT OF NERCHA'S TENDER DOCUMENT NO. PP/EOI/1/2019



11. CERTIFICATE OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

I / WE, THE UNDERSIGNED, WHO WARRANTS THAT I/WE ARE DULY AUTHORISED TO SIGN ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT, INCLUDING THE ANNEXURES / SUPPORTING / ADDITIONAL INFORMATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT; -

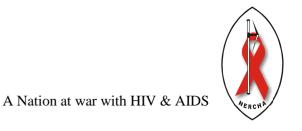
- 1. The supplier will be required to furnish documentary proof of information if he is required to do so.
- 2. If the information supplied is found to be incorrect then NERCHA may, in addition to any remedies it may have:
 - a) Recover from the supplier all costs, losses or damages incurred or sustained by the client as a result of breach of contract: and/or
 - b) Disqualify the supplier/ cancel the contract and claim any damages which NERCHA may suffer by having to make less favourable arrangements after such cancellations: and/or
 - c) Impose a penalty on the contractor as provided for in the relevant organization's regulations
 - d) Deregister the supplier registered on NERCHA Suppliers Database

Please note:

Your tax clearance certificate and trading licence are both valid for a period of 12 (twelve) months from the date of issue. You <u>may</u> be required to submit an updated certified copy of these documents on or before their expiry dates, in order to maintain your verified status on NERCHA supplier database, thereby to ensure your eligibility to conduct business with NERCHA.

Failure to do so may result in your immediate suspension on NERCHA's supplier database, to be considered only when a new tax clearance certificates and/or trading licence are submitted.

Signed on this	Day of	20
at	In his/her capacity as	
Signature	Name (in block letters)	
On behalf of: Supplier's name	Business Stamp	



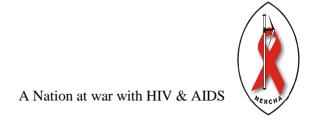
12. CHECKLIST

Please ensure that you have completed all sections in this application form as indicated in the categories below.

In cases of required, compulsory, accompanying, additional information and documentation, kindly label or group your attachments according to the following categories:

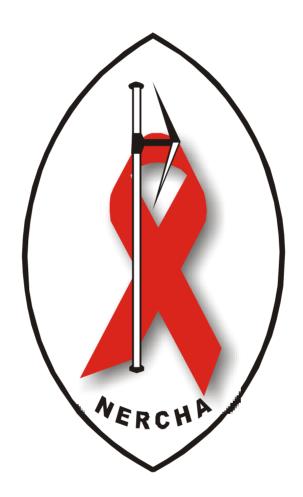
Category1 Particulars of business

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Category 2	Business ownership
Category 3	Previous business information
Category 4	Business registration category
Category 5	Business Profile
Category 6	Business classification for NERCHA's supplier database
Category 7	Specific and relevant expertise linked to NERCHA's requirements
Category 8	Trade References
Category 9	Banking details
Category 10	Proof of payment for NERCHA's tender document



13. CONCLUSION

NERCHA takes this opportunity to thank you and your company/business for applying to be incorporated in the NERCHA's Supplier Database.



NATIONAL EMERGENCY RESPONSE COUNCIL ON HIV/AIDS

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