



**Bank of Namibia**

**BUSINESS PARTNER/SUPPLIER REGISTRATION FORM**

(FOREIGN SUPPLIERS ONLY)

**NB:** The completion and return of this questionnaire shall not be deemed to admit or imply any obligations whatsoever on Bank of Namibia to place your company on the approved/pre-qualified vendor list. After receipt and consideration of this questionnaire, your company's application will be accepted or rejected. Acceptance shall not mean that your company will necessarily be invited to tender on enquiry issued to Bank of Namibia. Information in this Questionnaire received will be treated with confidentiality.

**SUPPLIER DETAILS**

**Registered Name of Company:**

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**Trading name of the Company:**

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**Company/CC Registration Number:**

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**Date of Registration:**

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**Postal code:**

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**Country:**

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**District:**

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**Telephone code & number:**

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**Name of Contact Person:**

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**E-mail Address:**

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**Business Physical Address:**

Street Name & Number .....

House No .....

City/ Town .....

Country .....

**Business Postal Address:**

P o Box .....

Postal Code .....

City/Town .....

Country .....

**Type of Business** (Please ✓ the relevant box)

Public Company Ltd	
Private Company (Pty) Ltd	
Close Corporation CC	
Sole Proprietorship	
Partnership	
Other (please specify)	

**Small Medium Enterprise Status** (Please ✓ the relevant box)

Very Small	
Small	
Medium	
Large	

**Area of Business** (Please ✓ the relevant box)

Manufacturing	
Supplier of Services	
Import	
Supplier of products	
Other (please specify)	

## SHAREHOLDING/OWNERSHIP INFORMATION

List all persons who are shareholders/owners or have an ownership interest in the business. Shareholding must add up to 100%.

Name & Surname	ID Number	Citizenship	% of Ownership	Race	Female or Male

## REFERENCES OF PREVIOUS CLIENTS

Company/Institution Name	Contact Person	Value of Contract	Description of Work

## BANKING DETAILS

Bank Account Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Code & Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

IBAN Number (Non-Resident only) \_\_\_\_\_

**Residence status** (Please ✓ the relevant box)

Resident account	
Non-Resident account	

*(Banking details Certified as correct by Banking Institution)*

Name and Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Tel No: \_\_\_\_\_

**DATE STAMP OF BANK**

**OBLIGATORY DOCUMENTS**

*It is a requirement that certified copies of the following documents should be attached to the application form. Failure to submit these documents may lead to disqualification.*

- Copy of Certificate of Registration/Founding Statement;
- Copy of ID of all Shareholders;
- Confirmation of banking details (letter from the bank)

**DECLARATION OF INTEREST**

All Service Providers are required to declare any interest that they or their employees may have in Bank of Namibia, or that any Bank of Namibia employee may have in the Service Provider. To that effect the following must be duly stated by the authorized signatory:

1. Are you or any person associated with your Proposal, employees of Bank of Namibia? Yes No

If so, state particulars

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2. Have you, or any person associated with your Proposal, any relationship (family, friend, other) with any person employed in Bank of Namibia who may be involved with Yes No the evaluation and adjudication of this Tender/Proposal?

If so, state particulars

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**CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT**

I/We the undersigned warrants that the information contained in this form is correct, and I/We are fully authorized to furnish the information contained herein on behalf of the business.

**Name and Surname:** \_\_\_\_\_

**Signature (Duly Authorized to Sign):** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**On Behalf of (Name of Business):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed At:** \_\_\_\_\_

*If there are any changes to the information supplied on this form, please inform the Bank of Namibia Procurement Division or the Tender Committee Secretary with 14 working days. Outdated information could lead to your company not being invited to tender.*

**OFFICIAL USE:**

**Recommendation by Department concerned and vetting of vendor:**

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Signature: Director or Deputy Director

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Date

**Procurement Division**

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Full Name

.....  
Signature (Procurement representative)

.....  
Date