

Bank of Namibia



SUPPLIER REGISTRATION FORM

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:

.....

Trading name of the Company:

.....

Company/CC Registration Number:

.....

Date of Registration:

.....

VAT Registration Number:

.....

Social Security Number:

.....

Namibian Income Tax Number:

.....

Telephone Number:

.....

Fax Number:

.....

E-mail Address:

.....

How would you like to receive your correspondence from us? (Please √ the relevant box)

Telephone	
Postal	
Fax	
Email	

Name of Contact Person:

.....

Business Physical Address:

.....
.....
.....

Business Postal Address:

.....
.....
.....

Type of Business (Please √ the relevant box)

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

Small Medium Enterprise Status (Please √ the relevant box)

Very Small	
Small	
Medium	

Large	
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Area of Business (Please ✓ the relevant box)

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

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

People with disability (Please ✓ the relevant box)

Yes	
No	

Does the person also fulfill an Executive Management function in the business? If yes, please complete below table

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

NATIONAL PRESENCE

Please give details of places in Namibia where your business is operating

Town	Region	Contact Person	Telephone

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: _____

(Certified as correct by Banking Institution)

DATE STAMP OF BANK

Name and Surname: _____

Signature: _____

Designation: _____

Tel No: _____

Fax No: _____

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;
- Resolution (on Company letterhead) authorizing signatory to sign on behalf of the company;
- NPPC Certificate
- SME Certificate (**Compulsory for SME**)
- VAT Certificate
- Social Security Commission Compliance Certificate (**Not older than 30 days**)
- Good Standing Certificate from Inland Revenue (**Not older than 30 days**)
- Audited Financial Statements (**Not older than 2 years**) for large corporates **OR** Letter from Accounting Officer for smaller Business (SME) including close corporations

1. 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

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 the evaluation and adjudication of this Tender/Proposal? Yes No

If so, state particulars

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:

.....
Signature: Senior Admin Assistant

.....
Date

.....
Signature: Director

.....
Date

Procurement Division

.....
Full Name

.....
Signature (Procurement representative)

.....
Date

.....
Signature: Deputy Director (GS)

.....
Date

For official use only:

Version 1

Bank of Namibia Supplier No.:

Comments:

Audited by:

Date: