



Bank of Namibia

BUSINESS PARTNERS/SUPPLIER REGISTRATION FORM

(LOCAL COMPANIES/SUPPLIERS)

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:

.....

Name of Contact Person:

.....

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 |
|----------------|-----------|-------------|----------------|------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

People with disability (Please ✓ the relevant box)

| | |
|-----|--|
| Yes | |
| No | |

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: _____

(Banking details certified as correct by Banking Institution)

Name and Surname: _____

Signature: _____

Designation: _____

Tel No: _____

Fax 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)
- Social Security Commission Compliance Certificate
- Good Standing Certificate from Inland Revenue

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

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 within 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: Director or Deputy Director

.....
Date

Procurement Division

.....
Full Name

.....
Signature (Procurement representative)

.....
Date