

| Erf 35 Dr Theo Ben Gurirab Street | P.O. Box 2923 Windhoek | Tel: +264 61 374 300 | Fax: +264 61 374 305 |

INVITATION FOR SUPPLIER AND CONTRACTOR REGISTRATION IN ECB VENDOR MANAGEMENT SYSTEM

The Electricity Control Board (‘the ECB) herewith invites prospective suppliers of services and contractors to submit their credentials for consideration for future request of rendering specialized services. The purpose of this registration is to establish a Register of Contractors and Suppliers of Services for future ECB procurement of specialized goods and services

Only duly registered Contractors/Suppliers will be listed on the ECB Vendor Management System. To facilitate the qualification process, applicants must ensure that the specified supportive documentation must accompany the application and hence inadequate documentation will disqualify your application.

To give all registered suppliers an equal opportunity, the ECB is populating its prospective supplier database, which will assist with the procurement of goods and services for the following:

Advertising (placement of advertisement)	Landscaping
Architecture	Logistics, Household Goods and Services
Assets, Goods & Related Services	Photocopy
Building/Construction and renovations	Plumbing
Car hire	Printing & design related services
Catering	Stationery & related goods
Courier services	Rental services
Corporate Clothing and Gifts	Security
Internal decor	Welding
Electrical services	
Events Management	
HR & Related Services	
IT & Related Services	
SUBMISSION:	Required submission information to be provided together with ECB Supplier Application Form. Applications to be collected at the reception: ECB, Erf 35 Dr Theo Ben Gurirab Street, Windhoek
ENQUIRIES:	Ms. Ester Hamukwaya Tel: +264 61 374 300 Email: ehamukwaya@ecb.org.na
COMPLETED SUPPLIER APPLICATION FORM:	To be submitted together with supportive documents and delivered at the ECB reception

ECB SUPPLIER REGISTRATION FORM

This application form must be completed by suppliers, to register suppliers on the ECB vendor management system.

For your application to be processed, the following documentation MUST accompany this form, failing to do so, your application will not be considered.

DOCUMENTATION REQUIRED	CATEGORY OF SUPPLIER	TICK THE RELEVANT BOX INDICATING SUBMISSION OF THE REQUIRED DOCUMENTS
Original stamped letter from the bank, verifying the banking details of your business.	All suppliers	
Certified copy of your business registration documents if you are incorporated as a partnership, close corporation or a company	All suppliers	
Certified copies of the ID documents of directors and shareholders / partners / members / sole proprietor	All suppliers	
A valid and original tax clearance certificate	All suppliers	
Proof of registration with the Social Security Commission (i.e. reference number issued by the SSC)	All suppliers who are employers in terms of the Social Security Commission Act	
Proof of registration with the Compensation Fund for Workers' Compensation	All suppliers who are employers in terms of the Compensation for Occupational Injuries.	
Proof of professional registration or a copy of any other registration certificate pertaining to your relevant industry, e.g. ECB (Electrical Contractors Board)	All suppliers, where applicable	
<ul style="list-style-type: none"> • Shareholder certificates or the shareholder's agreement (for companies); OR • association agreements (for close corporations); OR • partnership agreements (for partnerships and joint ventures), confirming the nationality of each shareholder and the percentage of Black ownership and Black management within the business	All suppliers	
Latest verified annual financial statements confirming annual turnover, Net Profit Before Tax (NPBT) and total cost of labour NB: Financial statements must be verified by an auditor for a company or a certified accounting officer for a close corporation, partnership or sole proprietorship.	All suppliers	
Letter signed off by an auditor or a certified accounting officer confirming that the entity is newly incorporated and is in its first year of operation	All suppliers	

SECTION 1: COMPANY DETAILS

1.1 Name of Business ("Company trading as): _____

(Contracts/orders will be placed on this name and invoices must reflect this name)

1.2 Owner Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname/s: _____
_____ *(If trading as a Sole-Proprietor or a Partnership)*

1.3 Physical address of Business:

Building / complex name: _____

Street name and number: _____

Suburb: _____ City: _____

Code: _____ Country: _____

1.4 Contact details of Business: *(This is the address to which an invitation to tender/request for services / enquiry and orders / contracts will be sent to)*

Postal address: _____

P O Box/ Private Bag: _____ City/Town: _____ Code: _____

Telephone number of Business: Code: _____ Number: _____ Ext. _____

Alternative number of Business: Code: _____ Number: _____

Fax number of Business: Code: _____ Number: _____

Is this a dedicated Fax number? (Y/N) _____

Business e-mail: _____ Website: _____

1.5 Admin/Sales representative contact person Name: _____

Position: _____ Email Address: _____

Tel: _____

Accounts representative contact person Name: _____

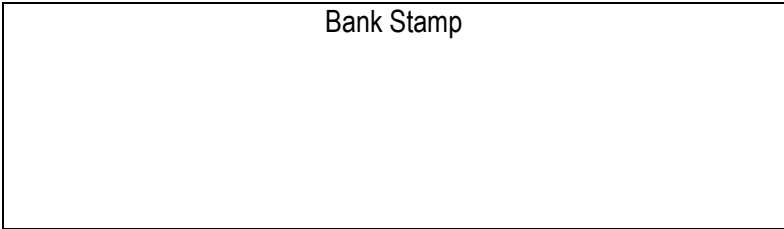
Position: _____ Email Address: _____ Tel: _____

1.6 Banking details of Business:

Bank: _____ Branch Name: _____

Account Number: _____ Branch Code: _____

Swift Code Number: _____ Account Type: _____



1.7 Is your business owned or partly-owned by government? (Y/N) _____

1.8 Business Registration number (if applicable) _____
(In the case of a sole proprietor or partnership, please furnish identity numbers plus copies of the identity documents of the owners)

1.9 Tax number of business: _____

1.10 VAT registration number: (if applicable) _____

SECTION 2: TYPE OF BUSINESS

2.1 Is your Business: *(please tick or choose)*

An agent Manufacturer Distributor Consultant Contractor Professional Services

Other (specify) _____

If yes, specify _____

- A Multinational Company based in Namibia with overseas headquarters, operating as a “Global Practice” which restricts the alienation of equity or the sale of businesses in its regional operations? Y/N ____ (If yes, please provide documentation confirming operation as a Global Practice).
- Owned or partly owned by a Trust (Y/N) ____ Private Equity Fund (Y/N) ____ Broad-Based Ownership Scheme (Y/N) ____ Employee Ownership Scheme (Y/N) ____
- Number of full time employees _____

2.2 Business specialization

List all your Products / Services that your business can manufacture and/ or supply to the ECB

Attach a separate list if the space provided is not enough

2.3	Region/s:	Cities/Towns:	
	Caprivi		Please indicate with an (x) the geographical areas where your business is willing and capable of supplying services and/or products to the ECB:
	Erongo		
	Hardap		
	Karas		
	Kavango		
	Khomas		
	Kunene		
	Ohangwena		
	Omaheke		
	Omusati		
	Oshana		
	Oshikoto		
	Otjozondjupa		
	OTHER (specify)		

SECTION 3: BUSINESS EXPERIENCES AND PAST PERFORMANCES

For ECB to build up a profile of its suppliers, we would like you to complete the following:

3.1 Commercial

Name 3 commercial references/referees of previous projects / contracts and provide their name(s) and telephone number(s):

3.2 Financial

Has your business ever been declared insolvent or had a judicial management order granted against it?

(Y/N) _____ If yes, please elaborate: _____

3.3 Technical

Are you working on accredited National or International Standards? (Y/N) _____ If yes, indicate products and to which standards they apply: _____

3.4 Quality

Does your business operate a Quality Management System which includes:

- Quality policy and objectives (Y/N) _____
- Document and record control system (e.g. proof of competence, minutes of meetings and references) (Y/N) _____
- Procedure for non-conforming products / services (Y/N) _____
- Procedure for corrective and preventative action (Y/N) _____

Has your Quality Management System been assessed and certified by any Nationally or Internationally recognized accreditation body? (Y/N) _____ If yes, please provide a copy of the certificate.

3.5 Safety

Does your business have an Occupational Health and Safety Policy complying with the Health and Safety provisions of the Labour Act 11 of 2007 and commitment to improving health and safety performance? (Y/N) _____ If yes, attach a copy of this policy.

Are you registered with the Social Security Commission and or Workmen's Compensation Fund for Compensation for Occupational Injuries _____ Registration number _____

Has your business experienced any incident that resulted in a fatality or serious injury? (Y/N) _____ If yes, provide details thereof.

Has any non-conformances or prohibition notices been issued by the Ministry of Labour and Social Welfare to your business on previous projects? (Y/N) _____ If yes, provide details thereof.

Do you maintain the integrity and safety of all health and safety related equipment and do you have an effective maintenance schedule? (Y/N) _____ If no, provide reasons?

3.6 Environmental

Do you have an Environmental Management System in place? (Y/N) _____

Does your facility routinely work with any hazardous substances? (Y/N) _____

Has your Environmental Management System been assessed and certified by any Nationally or Internationally recognized accreditation body? (Y/N) _____ If yes, please provide a copy of the certificate.

3.7 Energy Efficiency

What is the total energy used to produce your products? (kWh or MJ) _____

[If you are a service provider, derive your total embedded energy from the use of energy to deliver your services (e.g., driving, use of computers, flights, etc)].

Does your business have energy usage reduction targets (in kWh/product or MJ/product)? (Y/N) _____ If yes, fill in the target: _____

Have you taken any measures to improve on energy efficiency of your products / your facilities in the last 5 years? (Y/N) _____ If yes, please provide details of such improvements benchmarked against standard practices or product, including kWh reduction or reduction in electricity bill(s):

SECTION 4: CONFIRMATION

I _____ (Name) the _____ (Designation)

On the _____ (Date) _____ (signature)

the undersigned, hereby confirm and acknowledge that all information provided is correct and complete. I also pledge to keep you informed should this information change in future.