

National Empowerment Fund

RFI No: NEF 02/2014

**REQUEST FOR INFORMATION:
PROVISION OF COURIER SERVICES
FOR THE NEF**

**CLOSING DATE : 17/03/2014
TIME : 14H00**

P.O.Box 31, Melrose Arch, Melrose North, 2076
E-mail: nkhahlem@nefcorp.co.za or tofilex@nefcorp.co.za
Tel: (011) 305 8000

**TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON
THE DATABASE OF THE NEF**

All suppliers are herewith invited to register as an approved supplier on the database of the NEF.

In order to comply with the procedures set out in the Accounting Officers Procurement Procedures (AOPP), as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999)(PFMA), the Department developed a supplier database to be used by the procurement office.

Preference will be given to registered suppliers but it does not necessarily follow that suppliers who are not yet registered will be totally exempted from quoting for the supplying of goods or services to the Department. It is envisaged however, that this database will contribute to efficient administration and compliance with the PFMA.

Attached please find an official registration form to assist us in updating our database according to legislation. **It is imperative that suppliers read the application document carefully, complete it in full and sign it. Please note that an Original Valid Tax Clearance Certificate, copy of BEE Certificate, CIPRO Certificate and Company Profile must be attached.**

When completed please hand deliver the original document to the following physical address:

**187 Rivonia Road, West Block,
Morning side, 2057**

or alternatively post it to:

**P.O.Box 31,
Melrose Arch, Melrose North
2076**

**For attention: The Supplier Database Administrator
Supply Chain Management**

SUPPLIER INFORMATION QUESTIONNAIRE	Ref No.	SCM			Dated	
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NB: THIS DOCUMENT TO BE DULY COMPLETED BY THE SUPPLIER

All the information contained in this Supplier Information Questionnaire will be treated as strictly confidential.

Kindly address your reply to:

NEF Supplier Database Administrator

Supply Chain Management representative

IMPORTANT NOTE

Please note that the supply or completion of this supplier information questionnaire does not constitute an offer nor agreement between your enterprise and NEF Trust.

Please note that all answers to the questions contained herein are material and shall form the basis of the contract (if any) between your enterprise and NEF Trust. In the event that any answer furnished is incorrect, inaccurate, misleading or amounts to a misrepresentation of whatsoever nature, NEF Trust reserves the right, exercised in its sole and absolute discretion, to cancel the contract with your enterprise or take other appropriate legal action against your enterprise.

1) Registered Name of Enterprise:		2) Registration No. of Enterprise	
3) Division of:			
4) Full Previous Name/s:			
5) Full "Trading As" Name:			
6) Web Site address: (If available):			
7) Registered e-mail address (If available):			
8) Postal Address:			
			Postal Code:
9) Physical Address:			
			Postal Code:
10) Telephone Code & No.		11) Fax Code & No.	
		12) VAT Registration No.	
13) Name of Bank:		14) Name of Branch:	
15) Bank Account Number:		16) Branch Code:	
		17) Type Of Account:	
18) Account Holder Name:			

19) Your Enterprise's Turnover (Indicate with X)	Less than R 5 Million :	Less than R 35 Million :	Above R 35 Million :				
20) Number of Employees currently employed :							
21) Geographical location/region for conducting of Primary Business : (Province and nearest city/town)							
22) Type of Business or Services offered:							
B) Secondary :							
23) List the Shareholders/Directors/Members/Owners of your Enterprise (Attach own list if space provided is inadequate) (Proof Required)							
Full Names & Surname (No Initials)	Identity No	Race	Disability (Y/N)	Gender	% Share	Cell Phone No	Title/Position
a)							
b)							
c)							
d)							
e)							
f)							
g)							
24) List The Key Contact Persons In your Enterprise, i.e. Sales (Orders), Marketing, Accounts, etc.							
Full Names & Surname (No Initials)	Identity No	Cell Phone No	Title/Position	E-Mail Address			
a)							
b)							
c)							
d)							
e)							
f)							
g)							

25) PLEASE INDICATE (MARK WITH X) ONE OF THE FOLLOWING AS BEING REPRESENTATIVE OF YOUR ENTERPRISE AND INDENT THE RELEVANT DOCUMENTATION AS INDICATED:

a) Sole Proprietor		e) Trust		i) Private Company	
b) Partnership		f) Section 21 Company		j) Public Company	
c) Association		g) Parastatal		k) Other	
d) Closed Corporation		h) Medical Company			

26) MANDATORY DOCUMENTATION REQUIRED (Please provide certified copies unless otherwise indicated)

a) VAT Registration Certificate (VAT 103) (Please state if not registered for VAT)	
b) Valid Certified Tax Clearance Certificate.	
c) Original bank letter confirming account details. (Must include bank official information i.e. Name, contact number)	
d) In event of the Company changing it's Name, Ownership or Type. (Relevant CM 9, CM 29, CM 45 must be submitted in writing).	
e) Company Profile and Management Structure.	
f) Tax Directive / IRP30 (when Business Type is also Labour Broking)	
g) Certificates of Recognised BEE Ratings.	

27) OTHER DOCUMENTATION THAT MAY BE REQUIRED (Will be requested when applicable)

a) ISO Certification achieved (ISO 9001; ISO 14001; OSHAS 18001)	
b) Statutory/Legislative Certification (UIF, Flameproof; Lifting tackle etc.)	
c) Workmen's Compensation Certificate	
d) Identity Documents (where applicable).	

NB: If documents can not be provided, please list line number and provide motivation.

28) INDEMNITY DECLARATION:

I, (Name) in my capacity as..... (Designation)

of..... (Company Name) hereby confirm that I have completed the details and set out the information requested above in this base information questionnaire, on behalf of (Company Name) I furthermore hereby warrant and confirm that a) I am duly authorized to provide the information as set out above in this questionnaire on behalf of(Company Name) and b) that all information given in this supplier base questionnaire is true and correct.

Date:

Signature:

Identity No:

Cell Phone No:

E-Mail Address:

NB: NEF RESERVES IT'S RIGHTS TO CONSIDER THE DATA CONTAINED IN THIS DOCUMENT

COMPULSORY LIST OF RETURNABLES

- Original valid Tax Clearance Certificate
- BEE credentials / rating certificate and the breakdown of the seven elements
- Completed and signed document
- CK Certificate
- Company Profile
- Bank confirmation letter or a cancelled cheque
- The following information also needs to be provided to the National Empowerment Fund:
 - Names and details of Senior Management.
 - Shareholders Certificate.
 - Details of employees at an Operational Level.
 - Percentage of ownership by:
 1. Black Shareholders
 2. Black Women
 3. White Women
- Traceable references (a minimum of 3 references are required)
- Rate schedule to be attached

Failure to submit the required documents will result in the application being non-compliant and will be disqualified.



I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder