

FINANCE DEPARTMENT

All information provided will be considered valid until such time that new or revised information is provided to the Finance Department.

SUPPLIER REGISTRATION FORM

Please Note: In order to register, it is imperative that you complete the forms in full, sign and return by post or hand deliver or email to the NBC. All information contained herein will be treated as confidential.

The completion and return of this questionnaire shall not deemed to admit or imply any obligations whatsoever on Namibia Broadcasting Corporation to place your company on the approved/ pre-qualified supplier list. After receipt and consideration of this questionnaire, your company's application will be accepted or rejected, and no reason shall be given for such rejection. Acceptance shall not mean that your company will necessarily be invited to tender on every enquiry issued by Namibia Broadcasting Corporation.

The Namibia Broadcasting Corporation reserves the right not to register a supplier if any misconduct is suspected or any information omitted.

Contact Details: Procurement

Telephone Number: +264 61 291 3164/ +264 61 291 3288

Facsimile Number: +264 61 291 3361 E-mail Address: tenders@nbc.na

Postal Address: P O Box 321 Windhoek

Physical Address: Cullinan Street, Northern Industrial Area

All interested parties may be subjected to vetting in order to determine compliance with (equity, ownership, infrastructure, capacity, financial credibility etc.), and Suppliers that do not comply will be disqualified.

SECTION: A

1.	COMPANY PROFILE
1.1	Registered Name of Business
1.2	Title (Prof/ Dr/ Mr/ Ms) if one man concern



1.3	Trading Name
1.4	Registration Number (if applicable)
1.5	Date of Registration
1.6	Type of Business
Г	Public Company Ltd
-	Private Company (Pty) Ltd
ŀ	Close Corporation CC
ŀ	Sole Proprietorship
ŀ	Partnership
Ī	Other
Ī	Joint Venture
Ī	Consortium
	Trust
	Government/Parastatal
	Section 21 Company
4 -	WAT Devictor (in the
1./	VAT Registration No.
L	
1 Q	Social Security No.
1.0	
L	
1.9	Namibian Income TAX no.
L	
2.	COMPANY DETAILS
	2.1 MAIN AREA OF BUSINESS (Mark with X)
Ī	Manufacturing
Ī	Supplier of Services
Ī	Other (please specify)
Ī	Supplier of products
Ī	Import



2.2	PH	IYS	ICA	LA	DD	RES	SS	(Erf	, Ci	ty, (Coa	le, F	Reg	ion,	Со	unt	ry)				
2.3	PC	ST	AL	ADI	DRE	ESS	(P	osta	al a	ddr	ess	, Ci	ty, (Cod	e, F	Regi	ion,	Со	unt	ry)	
2.4	HE	AD	OF	FIC	EΤ	ELI	EPH	O	IE N	10.:				_							
2.5	HE	AD	OF	FIC	ΈF	AX	NO).:													
2.6	E-l	MAI	LA	DD	RES	SS:															
2.7 W	EBS	SITE	ΑC	DDR	ES	S:															
2.8	CC	TNC	'AC	T P	ERS	O	1:														
Title:			Ī																		
First	Nam	ie:				1		ı	1	1	1		ı	1	1	ı	1	ı	ı		
Surna	me					I	1	1	ı	ı	1		I	1	1	1	I	I	I		
Cellp	non	e nı	ımk	er:		ı			I	I			ı	1							



2.9 How would you like to receive your correspondence from us? (Mark with an (x) and fill in details of desired option(s)):

_	Post	[]:																				
_	Fax []:											-									
	E-ma	il []:																			
Į																						
	FINA								AN	KIN	IG [EΤ	AIL	S)								
Г	Name) ()	<u>Ban</u>	KING	IIIS	Stitu	tion	<u>.</u>	I	I				I		I	1					
Ĺ	Brand	h ~	000		d D	1000	<u></u>	040	<u>. </u>		<u> </u>	<u> </u>								<u> </u>	<u> </u>	<u> </u>
Γ	Branc	n n	ame T	and	и ві	and	л с	oae	<u>.</u>		1	1		ĺ		ĺ	ĺ					
-																						
L	1000	unt i	4,000	<u>. </u>																		
Γ	Acco	ו וווג	ype.	·		1			ĺ		1	1	1									
L	Acco	unt i	num	hor																		
Г	ACCO	11111	Turri	Der.																		
L						<u> </u>																<u></u>
• [Name		R/A	····	ΟU	NTI	NG	OF	FIC	ER				1	ı		T	Ī	I			
[Name)				NTI	NG	OF	FIC	ER												
[)				NTI	NG	OF	FIC	ER												
· [Name)				NTI	NG	OF	FIC	ER												
· [Name)				NTI	NG	OF	FIC	ER												
· [Name Physi	cal	addı			NTI	NG	OF	FIC	ER												
- [[Name	cal	addı			NTI	NG	OF	FIC	ER												
· [[Name Physi Telep	cal	addı			NTI	NG	OF	FIC	ER												
·. [[[Name Physi	cal	addı			NTI	NG	OF	FIC	ER												



SECTION B

SHAREHOLDING INFORMATION

P D N

PAN

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

Multiple copies of this page may be submitted if required 1.1.1 First name Surname/Company **Identification Number/ Company Registration Number Percentage Share** % Race Capacity D | P | M | R | O | Gender F E M A L Ε M A L Ε P D N P A N People with disability Gender: Yes [] or **No** [Does the person also fulfill an Executive Management function in the business (involved in management)? Yes [] or **No** [1.1.2 First name Surname/Company **Identification Number/ Company Registration Number** Percentage Share % Capacity D P M R O Gender F | E | M | A | MALE LE



Ra	ce													ı							
Pe	opl	e wi	ith (disa	abil	ity (Gen	der	: Y	es [] or	No	[]						
						so f in ı												ion]	in t	he	
1.1	.3	Fir	st r	nam	ie	1	1	ı	1	1	1	1	•		•		,	ı		ı	
		Su	rna	me	/Co	mp	any	, <u> </u>													
lde	entif	ica	tior	Nι	ımk	oer/	Co	mpa	any	Re	gist	rati	on l	Nun	nbe	r					
									_												
Pe	rce	ntac	ge S	Sha	re		•	•	•	•	•	•	•		•	•			•		
			, %																		
Ca	pac	itv																			
D	Р	M	TR	2 (C																
	end		<u> </u>	, ,																	
F	E	-		L				М	^	L		1									
Р	D	N				E A		IVI	Α_	<u> </u>	<u>_</u>	<u> </u>									
<u> </u>		IN			<u> </u>	А	N														
Ka	се	ı		ı		1	1		1	1	1	1		ı		ı	Γ	1		1	
Pe	opl	e wi	ith (disa	abil	ity (Gen	der	: Y	es [] or	No	[]						
						so f in ı												ion]	in t	he	
1.1	.4	Fir	st r	nam	ne.																
					Ī																
		Su	rna	me	/Co	mp	anv	,	1	1	1	1	1		1			·		·	
						<u> </u>	<u> </u>														
	ntif	ica	tion	Nı	ıml	oer/	Co	mn:	anv	Re	niet	rati	on I	Nun	nhe	r		<u> </u>	<u> </u>	<u> </u>	
146	, 1 I I I	ıca	01	. 146	41116	3017		pe	411 <u>y</u>	116	gist	all	<u> </u>	Tui	156						
L Da	rce	ata:	70 6	Sh.c	rc	1		<u> </u>										<u> </u>		<u> </u>	
<u>e</u>	ı ce	แส			ıe																
<u></u>			%																		
	pac				_																
D	P	M	F	((C																
	end	1										1	1								
F	Ε	M	Α	_		E		М	Α	L	Ε										
Р	D	Ν		F)	Α	N														
Ra	се																				



People with disability Ge	nder: Yes [] or No []	
Does the person also fulf business (involved in ma				tion in the
*****	*******	******	******	ŧ
SECTION C				
STAFFING PROFILE				
	MALE	FEMALE		
PDN				
PA				
People with Disability				
TOTAL EMPLOYEES				

SECTION D

1. NATIONAL PRESENCE (please give details of places in Namibia where your business is operating)

BRANCH NAME	TOWN	REGION	CONTACT PERSON	TELEPHONE NO.

2. BRANDS/TRADE NAMES

(Please supply a list of brand names/trade names currently marketed by your company)

1	8	15
2	9	16
3	10	17
4	11	18
5	12	19
6	13	20
7	14	21



3. SUPPLIER CATALOGUE FORM

Yes/No	Comments
	Yes/No

4. TRADE REFERENCES

Please list your top 3 Customers (in terms of size of order and N\$ spent)

4.1	Βι	ısin	ess	Na	ıme									
	Co	nta	ct I	Pers	son									
	Co	nta	ct l	Nun	nbe	r								



		Good	s/S	ervi	ice l	Pro	vide	ed										
]				
		'ears					od	s/S	ervi	се								
	T	o th	е Ві	usir	ness	3			_									
	(ontr	act	Ex	piry	Da	te		_									
			<u> </u>	/														
		I\$ Sp	ent	:		T	T		-									
	4.2 E	Rucir		· NI-	mo													
	4.Z L	Jusii	1633	INC	11116			1										
		onta	act I	Der	SOn			<u> </u>	1		1			<u> </u>	 <u> </u>	<u> </u>		
	(onta	act l	Nur	nbe	r												
]				
	(Good	s/S	ervi	ice	Pro	vide	ed		<u> </u>				j				
]				
	Y	'ears	pre	ovic	ding	Go	od	s/S	ervi	ce	1	1	1	i				
		o th																
	(ontr	act	Ex	piry	Da	te											
	/			/														
	N	1\$ Sp	ent			,	,		_									
	4.3 E	Busir	ess	Na	me	!	1			1		1	1	1	1	1		
			L															
		onta	act	er	son	1	1	1		1		1						
		\ \ \ \ \	24	\ \1														
		onta	ICT I	านก	9011	ľ	ĺ	1		1		1		1				
<u> </u>	ods/\$	Sorvi	00.	Dro	vida	\		<u> </u>										
	OUS/	Sei vi	Lei	10	Viue	; u		1				Τ		1				
	\	ears	: nr) Vic	ling	ı Ga) 	- - -	⊥ ≙rvi		1		1	j				
		o th					,ou.	3/ 0	CIVI	CE								
	<u> </u>	1		1011					1									
<u> </u>		ontr	act	Ex	pirv	Da	te											
	<u> </u>			/	<u>,</u>				1									
	N	I\$ Sp	ent		1				_									
			•	•				•										



SECTION E

1. ACCREDITATION

Please forward a list of national/ international accreditations your company has received for example: ISO, etc

Institution	Ye	ar	Number

SECTION F

1. OBLIGATORY DOCUMENTS

It is a requirement that certified copies of the following documents should be attached to this application where applicable. Failure to submit these forms may lead to disqualification

- Copy of Certificate of Registration/ Founding Statement;
- Proof of Accreditation (where applicable);
- Names of Directors/ Owners/ Members/ Shareholders/ Trustees;
- Copy of Identification Document of all Shareholders;
- Resolution (on Company Letterhead) authorizing signatory to sign on behalf of the company;
- Shareholder agreements/ certificate for companies with Black Economic
- Empowerment Policy or Programme:
- BEE Policy and or BEE Programme;
- BEE Certificate (Certificate should be applied for from NPPC-Namibia Preferential Procurement Council)
- Latest abridged financial statements/ letter of good standing from auditors of business:
- Copy of VAT Certificate (where applicable)
- Construction companies: attach a list of previous projects completed in tabular format, i.e. name of project; start and completion dates; value of



each project; name of quantity surveyor / main contractor/ owner and telephone numbers;

- Copy of Social Security Commission Compliance Certificate;
- Any other registration certificate pertaining to your relevant industry, for example SOB for security companies;
- Original Cancelled cheque / Letter from Bank.

If there are any changes to the information supplied on this form, please inform the Namibia Broadcasting Corporation or the Tender Board Secretary at tenders@nbc.na with 14 working days. Outdated information could lead to your company not being invited to tender.

2. DECLARATION OF INTEREST

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

	re you or any person associated with your Proposal, mployees of Namibia Broadcasting Corporation?	Yes	No
lf	so, state particulars		
			-
			-
	ave you, or any person associated with your Proposal, ny relationship (family, friend, other) with any person		



	If so, state par	rticulars	
D I the und	OCUMENT ersigned warran	nts that the information	or information supplied in contained in this form is correct, a nined herein on behalf of my busined
SIGNED	ON THIS	DAY OF	2016 AT
SIGNAT			DESIGNATION



OFFICIAL USE:

Recommendation by Business Unit concerned:					
Supplier/ Contractor Classification:					
Signature: Section Head/Manager		Date			
Signature: Head of Department		Date			
Procurement					
Full Name					
Signature		Date			
Approval / Rejection Procurement Manager					
Signature		Date			
For official use only:					
Namibia Broadcasting Corporation Supplier No.:					
Comments:					
Supplier Vetted by:	Date:				
Signature:					
Supplier Registered by:	_ Date:				
Signature:					



ANNEXURE 1

This annexure contains the explanation of terms used in the Namibia Broadcasting Corporation Supplier Registration Form.

Kindly read this thoroughly before you fill in the form.

1. SHAREHOLDERS DETAILS

Explanation of abbreviations used in the following table:

Capacity	Director (D)	Partner (P)	Member (M)	Proprietor (R)	Other (O)
Previously Disadvantaged Namibian(s) - PDNs					
Previously Advantaged Namibian (s) - PANs					

2. OTHER ABBREVIATIONS

F = Female M = Male N = No Y = Yes

PDNs = Previously Disadvantaged Namibians as defined in the AA Act no

29 of 1998

PANs = Previously Advantaged Namibians
