



Powercom (Pty) Ltd Erf 8161, Building no.4, Julius K Nyerere street, Southern Industrial Area | P.O.Box 40799 Ausspannplatz, Windhoek, Namibia

## MASTER DATA FORM

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Fax number(s) : \_\_\_\_\_

Description of principle business: \_\_\_\_\_

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## REGISTRATION AS A PROSPECTIVE SUPPLIER WITH POWERCOM (PTY) LTD

Dear Supplier

PowerCom values its relationships with suppliers and envisages that the Prospective Supplier Databases allows efficient administration of prospective suppliers as well as meeting the requirements of PowerCom policies and the Public Procurement Act, 2015 (Act No. 15 of 2015) and Public Procurement Regulations.

PowerCom gives preference to those suppliers and service providers who have registered themselves on the Prospective Supplier Database when issuing requests for quotations.

### **Registration Process**

Please complete the official registration form in full, sign as required and initial all pages. Attach all supporting documents as requested.

**PowerCom** reserves the right to reject any incomplete application form accompanied by insufficient information.

### **SUPPLIER DATABASE REGISTRATION FORM TO BE COMPLETED BY ALL BUSINESSES SEEKING TO CONDUCT BUSINESS WITH PowerCom**

#### **The following important notes should be read carefully before the completion of this form**

1. It should be noted that PowerCom (PTY) Ltd reserves the right to accept or reject any application without being obliged to give any reasons in this respect. Suppliers that have been registered onto the Suppliers Database may have the opportunity to bid or quote on PowerCom's acquisition requirements. Registration onto the Supplier Database does not guarantee business opportunities.
2. This form must be completed in full, initialed and signed by the duly authorized signatory.
3. Full signatures are required when alterations are made in this document.
4. If the information required is not applicable to your business, clearly insert the symbol "N/A" in the appropriate space.
5. If the space provided is left blank, your registration form will be regarded as incomplete and your business will not be registered on the database.
6. Suppliers must comply with all the registration criteria for registration to be finalized – failure to do so may result in the application being declined.



**SME Certificate:**

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**Company Insurance Number, if applicable**

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**Original Tax Good Standing Certificate Attached**

<b>YES</b>	<b>NO</b>
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**Expiry Date:**

Y	Y	Y	Y	/	M	M	/	D	D
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**Original SSC Good Standing Certificate**

<b>YES</b>	<b>NO</b>
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**Expiry Date:**

Y	Y	Y	Y	/	M	M	/	D	D
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**Company Profile Attached**

<b>YES</b>	<b>NO</b>
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**Company Registration documents attached**

<b>YES</b>	<b>NO</b>
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**Number of Years in Business**

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**Type of Business (Please tick the relevant box)**

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

**Small Medium Enterprise Status (Please tick the relevant box)**

Very Small	
Small	
Medium	
Large	

**Area of Business (Please tick 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	Female or Male

### People with disability (Please tick 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	Female or Male

### Postal Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Physical Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contact Persons

#### Finance Department

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Sales Department

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## 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)

Name and Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email address: \_\_\_\_\_

**Note: all information is compulsory, except where the vendor is not registered for VAT purposes and also not registered with the Ministry of Trade & Industry.**

## Documentation to be attached to this application form

Item No	Documentation required	Attached	If not included provide reason
1	Original certified copy of company registration forms		
2	Original valid tax good standing certificate		
3	Original certified copies of shareholder certificates documents		
4	Original certified copies of shareholders / directors / owners / members identity documents.		
5	Original certified copy of accreditation certificate for relevant industry		
6	Valid SME Registration Certificate to support SME status claim		

7	Certified copy of Affirmative Action Compliance or Exemption Certificate		
8	Company Profile		
9	Bank detail verification letter (with a bank stamp on it) – obtain it from your bank		
10	Certified copy of NPPC		

**NB: SUPPLIERS ARE REQUESTED TO ATTACH THEIR TERMS AND CONDITIONS TO THIS FORM**

**DECLARATION OF INTEREST**

All service providers are required to declare any interest that they or their employees may have in PowerCom, or that any PowerCom employee may have in the service provider. To that effect the following must be duly stated by the authorized signatory:

Are you or any person associated with your proposal employees of PowerCom? Yes/No If so, state particulars

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Have you, or any person associated with your proposal any relationship (family, friend, other) with any person employed at PowerCom who may be involved with the evaluation and adjudication of this tender/proposal? Yes/No If so, state particulars

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**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.

Please note that only authorized signatories may approve this document and that the all pages should be initialed by each signatory

Name and Surname: \_\_\_\_\_

Signature (Duly authorized to sign): \_\_\_\_\_

Designation: \_\_\_\_\_

On behalf of (Name of Business) \_\_\_\_\_

Date: \_\_\_\_\_ Signed at: \_\_\_\_\_

**OFFICIAL USE:**

**Recommendation by Procurement department for vetting of vendor:**

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**Signature: Procurement Assistant**

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**Date**

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**Signature: Procurement Officer**

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**Date**

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**Signature: Senior Manager Finance**

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**Date**

For official use only:

Version 1

PowerCom Supplier No:

Comments:  
\_\_\_\_\_

Audited by:

Date: