

APPLICATION FOR REGISTRATION AS A QUALIFIED PROFESSIONAL

Please complete the form in full – you may attach a CV but the form MUST be fully completed

A. SUPPLIER INFORMATION					
SURNAME:		FIRST NAMES:			
CELLPHONE NUMBER:	LANDLINE CONTACT NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:		
DATE OF BIRTH:	ID NUMBER:				
DO YOU HAVE A DISABILITY? [YES/NO]		ARE YOU A SOUTH AFRICAN CITIZEN?			
IF NO, WHAT IS YOUR NATIONALITY?		PASSPORT NUMBER:			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR HAVE YOU EVER BEEN DISMESSED FROM EMPLOYMENT?		DO YOU OWN ANY BUSINESS [ES]?			
WHAT IS YOUR AREA OF EXPERTISE?		IF YOUR PROFESSION OR OCCUPATION REQUIRES STATE OR OFFICIAL REGISTRATION, PROVIDE DATE AND PARTICULARS OF REGISTRATION.			
LIST OF YOUR	TERTIARY QUALIFICATIONS PL	US THE YEAR AND INSTITUT	ION OBTAINED		
QUALIFICATION	YEAR OBTAINED	INSTITUTION	IS THE COPY OF THE QUALIFICATION ATTACHED?		

	[Indicate to what extended good, fair or poor]	nt i.e. [Indicate to who	at extent i.e.		te to what extent i.e
RATES PER HOUR						
NORK HISTORY						
List your previous employment year	Position	Date of e	Date of employment [start and end date]		son for ng	Contactable reference
MAJOR ACHIEVEMENTS IN						
Brief description	Which employer	r? 	Date		Value of	project

Read

Write

LANGUAGE PROFICIENCY
[List the languages here]

Speak

DISCLOSURE OF INTERESTS					
PROVIDE DETAILS	AVERAGE REMUNERATION PER ANNUM	VALUE OF PROJECT			
	PROVIDE DETAILS	REMUNERATION			

DOCUMENTATION WHICH MUST BE ATTACHEDTO THIS DOUCMENT : [Compulsory]		
Copies of certificates	Copy of ID	
Copy of passport	Copy of Driver's licence	
Curriculum Vitae	Copies of any professional institutions	

B. Declaration of past SCM practices (customised and based on the standard bidding document no 8)

- 1 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- The bid/quotation of any bidder/ supplier may be disregarded if that bidder/supplier, or any of its directors have
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.

In order to give effect to the above, the following questionnaire must be completed and submitted with the application form.

Item	Question	Yes	No				
4.1	Is the bidder/ supplier or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?	Yes	No 🗆				
	(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).						
	The Database of Restricted Suppliers now resides on the National Treasury's website(www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.						
4.1.1	If so, furnish particulars:						
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.	Yes	No 🗌				
4.2.1	If so, furnish particulars:						
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes	No				
4.3.1	If so, furnish particulars:						
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes	No				
4.4.1	If so, furnish particulars:						
	CERTIFICATION						
INFORMA	IDERSIGNED (FULL NAME) CERTIFY ATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.I ACCEPT THAT LATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARA F						
I FURTHE	ER UNDERSTAND THE REQUIREMENTS STIPULATED IN THIS APPLICATION FORM AND H TO THE REQUIREMENTS STATED IN THE ATTACHED INFORMATION SHEET	AVE NOT	ED AND				



Signature:Date:

Name and Surname: