



Prospective suppliers are herewith invited to register as approved suppliers on POLMED's official Suppliers Database. In order to comply with the processes and procedures set out in our Procurement Policy, POLMED developed a Suppliers Database to register all suppliers providing goods and services.

Preference will be given to registered suppliers. However, it does not necessarily follow that those suppliers that are not registered will be completely excluded from quoting for the supply of goods or services to POLMED. It is envisaged that the Suppliers Database will contribute to efficient administration and compliance with our Procurement Policy.

The official request for registration (Supplier Registration Form) must be completed in full by prospective suppliers. It is imperative that suppliers read the form carefully, complete all sections in full, sign and date the form. Please note that an original and valid/current Tax Clearance Certificate must be submitted together with the Supplier Registration Form.

Enquiries

Tel: 012 818 7500

Fax: 012 349 1932

Email: procurement@polmed.co.za

The completed Supplier Registration Form and documentation must be submitted for the attention of Charlotte Mkhondo in one of the following ways:

Email: procurement@polmed.co.za

Hand delivery :

Charlotte Mkhondo: POLMED
Crestway Office Park - Block A
20 Hotel Street
Perseuor Park
Lynnwood, Pretoria
0081

Required documentation

- Please ensure all documents listed below are attached (where applicable) to the completed Supplier Registration Form.
- All documents must be provided in its original format and/or be certified.
- Please tick submitted documents in the list below:

NAME	ATTACHED
Certified copy of Company Registration Certificate	<input type="checkbox"/>
Company profile (maximum 3 pages)	<input type="checkbox"/>
Certified copies of Directors' identity documents	<input type="checkbox"/>
Certified copy of Accreditation Certificates	<input type="checkbox"/>
Cancelled cheque or bank verification letter	<input type="checkbox"/>
Any relevant Independent Agency Ratings or Industrial Endorsement	<input type="checkbox"/>
Proof of disability (doctor's letter)	<input type="checkbox"/>
Original of certified copies of Proof of Ownership/Shareholding Certificate	<input type="checkbox"/>

For office use only	
Status	Approved <input type="checkbox"/> Declined <input type="checkbox"/>