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Website: www.polmed.co.za

By completing and submitting this form you hereby grant permission to POLMED to capture this data as part of its supplier database profile. Completion of the form does not in any way guarantee any contracts whatsoever, but said information will be included on the POLMED supplier database.

Enquiries:

Tel: 012 818 7500

E-mail: procurement@polmed.co.za

Section 1 - Supplier Registration Information

| Company Name | |
|---------------------------------------|--|
| Company Registration Number | |
| Trading Name | |
| Income Tax Number | |
| VAT Number | |
| Contact Person Name | |
| Contact Number | |
| Cell phone Number | |
| E-mail address of contact person | |
| Website address | |
| Business Address | |
| Postal Address | |
| Brief description of company services | |



Section 2 - Services Category

| No | Service Category | Please Indicate |
|----|---------------------------------|-----------------|
| 1 | ICT - Hardware | |
| I | ICT - Software | |
| 2 | Legal and Risk Services | |
| 3 | Audit Services | |
| 4 | Finance | |
| 5 | Supply Chain Management | |
| 6 | Human Resources | |
| 7 | Marketing and Advertising | |
| 8 | Cleaning and Catering Services | |
| 9 | Health Care Services | |
| 10 | Office Refreshments | |
| 11 | Travel Management Services | |
| 12 | Office Stationery | |
| 13 | Office Furniture | |
| 14 | Facilities Management Services | |
| 15 | Professional Services | |
| 16 | (Please specify) | |
| 16 | Training | |
| 17 | Other Services (Please Specify) | |

Section 3 – B-BBEE Level of Contribution

POLMED is committed to transformation objectives in line with the B-BBEE Act.

The Scheme makes use of the Preferential Procurement Strategy when conducting procurement for goods and services.

B-BBEE Rating

Please tick next to your B-BBEE Level and attach your accredited B-BBEE certificate or a sworn affidavit.

| Criteria & B-BBEE Rating | Please Tick |
|--------------------------|-------------|
| | |
| Level 1 | |
| Level 2 | |
| Level 3 | |
| Level 4 | |
| Level 5 | |
| Level 6 | |
| Level 7 | |
| Level 8 | |
| Non - Compliant | |
| | |



| Type (| of E | ntity |
|--------|------|-------|
|--------|------|-------|

| Emerging Micro Enterprises | • | |
|---|---|--|
| Qualifying Small Enterprises | | |
| Generic Enterprises | | |
| Ownership held by black shareholder % | | |
| Ownership held by black female shareholders % | | |

Section 4 – Supplier's Declaration of Interest Conflict of interest includes:

- direct or indirect ownership by POLMED employees or members of the board and its committees, their spouses or immediate family in a contractor or supplier (service provider) which is, or intends to do business with the POLMED
- the POLMED employees or members of the board and its committees, their spouses or immediate family serving as an officer, director, employee, committee member, agent, representative or consult, to any current supplier or to any other organisation that does business with POLMED
- POLMED employees or member of the board and its committees, their spouses or immediate family receiving fees, commissions or other compensations from suppliers or service providers; and
- Amounts received by the POLMED employees or members of the board and its committees, their spouses or immediate family in the form of fees, donations, gifts must be disclosed.

Disclosure form:

| Do POLMED members of the board and its committees, employees, their spouse |
|---|
| or immediate family have any direct / indirect interest in your company? |
| No |
| YES |

Name of Person



Extent of Financial

Interest

(if yes, complete the following)

| Declaration Form: | | |
|--|---------------------------------|--------------------|
| l | understand that should m | ny business be |
| awarded a contract, said contract offered, will be subject to the information given on | | |
| this form being correct. | | |
| | | |
| Failure to disclose Conflict of inte | rest information amounts to m | nisrepresentation. |
| Should any misrepresentation be uncovered after commencement of contracted work, | | |
| the POLMED reserves the right to | terminate the contract and reco | over all payments |
| made to the business. | | . , |
| | | |
| | | |
| Signature | | Date |
| | | |

Nature of Relationship



Supplier Registration Documents Checklist

Please submit the following documents as attachments

| DOCUMENTS REQUIRED | | PLEASE TICK |
|--------------------|--|----------------|
| 1. | Completed and Signed Supplier Database Form | |
| 2. | Valid SARS tax pin certificate | |
| 3. | Certified copy of a valid B-BBEE Certificate OR sworn Affidavit | |
| 4. | Company Profile with at least three contactable references | |
| 5. | Certified copies of identity documents of owners in the case of a sole trader | |
| 6. | Bank Details Confirmation not Older than 3 months (bank statement, cancelled cheque or bank confirmation letter) | |
| 7. | Relevant accreditation (cidb, seta, coc, etc) if applicable | |
| 8. | Company registration documents | |
| 9. | Proof of Business Address | |