



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 DISMISSED 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 PLUS THE YEAR AND INSTITUTION OBTAINED			
QUALIFICATION	YEAR OBTAINED	INSTITUTION	IS THE COPY OF THE QUALIFICATION ATTACHED?

LANGUAGE PROFICIENCY			
<i>[List the languages here]</i>	Speak <i>[Indicate to what extent i.e. good, fair or poor]</i>	Read <i>[Indicate to what extent i.e. good, fair or poor]</i>	Write <i>[Indicate to what extent i.e. good, fair or poor]</i>

RATES PER HOUR

WORK HISTORY				
<i>List your previous employment year</i>	<i>Position</i>	<i>Date of employment [start and end date]</i>	<i>Brief reason for leaving</i>	<i>Contactable reference</i>

MAJOR ACHIEVEMENTS IN YOUR CAREER OR MAJOR PROJECTS HANDLED			
<i>Brief description</i>	<i>Which employer?</i>	<i>Date</i>	<i>Value of project</i>

DISCLOSURE OF INTERESTS			
DIRECTORSHIPS, MEMBERSHIPS OR SHAREHOLDING	PROVIDE DETAILS	AVERAGE REMUNERATION PER ANNUM	VALUE OF PROJECT

DOCUMENTATION WHICH MUST BE ATTACHED TO THIS DOCUMENT : [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.
- 2 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.
- 3 **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	<p>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?</p> <p>(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).</p> <p>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.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	<p>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)?</p> <p>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.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME)..... CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT. I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

I FURTHER UNDERSTAND THE REQUIREMENTS STIPULATED IN THIS APPLICATION FORM AND HAVE NOTED AND AGREED TO THE REQUIREMENTS STATED IN THE ATTACHED INFORMATION SHEET

Name and Surname: Signature:Date: