



KATIMA MULILO TOWN COUNCIL

OFFICE OF THE CHIEF EXECUTIVE OFFICER

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PRE-APPROVED SUPPLIER ELIGIBILITY REGISTRATION FORM (IN ACCORDANCE WITH SECTION 14(1)(A) OF THE PUBLIC PROCUREMENT REGULATIONS NO.47, 2017.

GENERAL INFORMATION

1. The information provided in this form will be treated as confidential and will not be disclosed to any third party.
2. KMTC reserves the right to request additional information or documents if necessary.
3. A copy of the completed form must be signed on behalf of your business by a duly authorized signatory.
4. Please complete the supplier questionnaire in full and attached all relevant documents as per Part A.
5. Please note that submission of this form to KMTC does not in any manner imply automatic registration or awarding of contracts.

Part A: DOCUMENTS TO BE SUBMITTED

Compulsory documents to be submitted with this application:

- Certified copy of Company/Business Registration
- Copy of Tax Registration Certificate
- Copy VAT registration (Where Applicable)
- Copy of Social Security Good Standing Certificate
- Valid Affirmative Action Compliance Certificate (Where Applicable)
- Original letter from the bank confirming bank details (letter should be on letterhead, stamped and signed by the bank) Alternatively a cancelled Cheque
- Company Profile

PART B: GENERAL PARTICULARS

1. COMPANY PROFILE

Registered Name of Business	
Trading Name	
Registration Number (If Applicable)	
Date of Registration	
Type of Business	
VAT Registration Number	
Social Security Number	
Email Address	
Business Tel Number	
Business Fax Number	
Physical Trading Address	
Postal Address	

PARTICULARS OF CONTACT PERSON

First Name	
Surname	
Designation	
Direct Tel Number	
Fax Number	
Cell Phone Number	
Email Address	

1. Indicate the Business Sector in which your company is involved/operating

- Transportation
- Information Technology
- Security and Safety Services
- Professional Services
- Stationery and Printing
- Cleaning Equipment's & Supplies
- Refuse Removal & Cleaning services
- Construction, Properties and Infrastructure
- Other Trade (Specify)

2. If State Owned Enterprise please specify services:

3. Since when has the enterprise been in operation? Months/Year

PART C: SHAREHOLDING/OWNERSHIP INFORMATION

List all persons who are shareholders/owners or have an ownership interest in the business. Shareholding must add up to 100%, Multiple copies of this page may be submitted if required.

1.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

2.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

3.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

4.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

5.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

PART D: BANKING DETAILS

Name of Banking Institution	
Branch Name	
Branch Code	
Account Type	
Account Number	
Swift Code (If applicable)	

PART E: TRADE REFERENCES

List at least (3) Customers

1.

Business Name	
Contact Person	
Contact Number	
Goods/services provided	
Years Providing Good/Services	

2.

Business Name	
Contact Person	
Contact Number	
Goods/services provided	
Years Providing Good/Services	

3.

Business Name	
Contact Person	
Contact Number	
Goods/services provided	
Years Providing Good/Services	

PART E: DECLARATION

CLLRs: Cllr. John N. Ntshuwa (Mayor), Cllr. Lascan M. Sikosi (Deputy Mayor), Cllr. Nanangolwa B. Sitali-Mapenzi (Member of Mgt), Cllr. Christinah C. Simanaga (Member of Mgt), Cllr. Charles K. Mustalbe (Member of Mgt), Cllr. Lister Shannalaza (Council Member), Cllr. Chiripter S. Mukendwa (Council Member), Mr. Raphael S. Liswaniso (Chief Executive Officer)

ALL OFFICIAL CORRESPONDENCE MUST BE ADDRESSED TO THE OFFICE OF THE CHIEF EXECUTIVE OFFICER

I, the undersigned warrants that the information contained in this form is correct, and I am fully authorized to furnish the information contained herein on behalf my business.

Name & Surname _____

Signed on this _____ Day of _____ 20____ at _____

Signature

Designation

OFFICIAL USE:

Recommendation by User Department Concerned:

.....
Supplier/Contractor Classification: _____

Signature: Head of Department

Date

Procurement Officer

Full Name

Signature

Date

Approval: Yes or No

Remarks:
.....

Signature

Date

Date Received	
Received by	
Validation	
Approved/Declined by:	
Date Captured on system	
Vendor/supplier Number	

For Official Use Only: Accounts Payable/PMU