

SECURITY SERVICES/PRODUCTS SUPPLIERS VETTING & DATABASE REGISTRATION FORM

INSTRUCTIONS:

1. Please write legibly and put all the information required.
2. Kindly complete the questionnaire in full.
3. An administrative fee of R100.00 is charged by the Department per Supplier's registration form & must be paid at the Cashier's Office, Revenue Section on the Ground floor at Natalia Building, Pietermaritzburg.
4. The receipt from the payment of the administrative fee as indicated above must be affixed to the registration form & submitted together with the relevant certified documents required as indicated on page 7 of the form).
5. Completed forms are to be delivered to Head Office Security Services Integrity Management Unit, Mrs C Louw.
6. If there are any changes to the information provided in this application form, it is your obligation to inform the Department of Health Security Services Unit within seven (7) working days of such change.
7. Incomplete data & failure to provide proof of payment of the administrative fee will invalidate this form.
8. It is essential that all relevant parts of this document are fully completed, at which stage you will be subjected to a security screening process which will determine your acceptance as an authorized and vetted Security Supplier to the KwaZulu-Natal Department of Health
9. The KZN Department of Health reserves the right to verify and confirm all the information provided in this application form. The Department of Health may request additional information during the verification process.
10. Please ensure that each page is initialled by the duly authorized representative.
11. *All information provided will be classified as Strictly Confidential.*

Business Enterprise / Company Details															
Business Legal Name (as per SARS/CIPC)															
Business Trade Name															
Company Registration Number (CIPC)				Y	Y	Y	Y	/					/		
Sole Proprietor Registration Number (ID, etc.)				Y	Y	M	M	D	D						
Income Tax Reference Number				9											
VAT Registration Number (if applicable)				4											
PAYE Registration Number				7											
SDL Registration Number				L											
UIF Registration Number				U											
PSIRA Company Registration Number:															
KZN Prov. Treasury Suppliers' Database Registration Number:				K	Z	N									
Type of Business Enterprise (please ✓ the relevant box)															
Close Corporation (cc)			Private Company (Pty) Ltd			Public Company (Ltd)									
Sole Proprietor			Partnership			Section 21 Company									
Consortium			Trust			Foreign Company									
Joint Venture			Other (specify)												
Date Business established				D	D	/	M	M	/	Y	Y	Y	Y		
How many years has your Organization been in business as a contractor/supplier?															
How many years has your Organization been in business under its present business name?															
Certified copy of CIPC Business Certificate attached (please ✓ relevant box)				Yes		No									
Original SARS Tax Clearance Certificate attached (please ✓ relevant box)				Yes		No									
Certified Copy of PSIRA Registration Certificate attached (please ✓ relevant box)				Yes		No									
Original PSIRA Clearance Certificate attached (please ✓ relevant box)				Yes		No									

Address & Contact Details											
Company Contact Person											
Designation											
Business Physical Address:						Business Postal Address:					
Postal Code:						Postal Code:					
Office Telephone Number(s)						/			-		
						/			-		
Office Facsimile Number						/			-		
						/			-		
Cellular Number						/			-		
E-mail Address (main)											
E-mail Address (alt)											
Website Address											

Control Room Address & Contact Details											
Telephone Number				/			-				
Physical Address											
				Postal Code							

Emergency/ After Hours Contact Details											
Primary Contact Person											
Designation											
Contact Number						/			-		
Alternative Contact Person											
Designation											
Contact Number						/			-		

Quality Management System Details											
Is your Organization quality registered? (QMS) (please ✓ relevant box)										Yes	No
If Yes, please provide details:											
Name of QMS Authority:											
If No, do you have a written Quality Policy and Document? (please ✓ relevant box)										Yes	No
Quality Policy and Document copy attached (please ✓ relevant box)										Yes	No

Details of Key Personnel in your Business																	
Designation	Full Names					Identity Numbers											
Managing Director						Y	Y	M	M	D	D						
General Manager						Y	Y	M	M	D	D						
Financial Director						Y	Y	M	M	D	D						
HR Manager						Y	Y	M	M	D	D						
Health & Safety Officer						Y	Y	M	M	D	D						
Security Supervisor						Y	Y	M	M	D	D						
Certified ID document copies of above individuals attached (please ✓ relevant box)										Yes	No						

Total Number of Employees			
Category of Personnel	Male	Female	Total
Management			
Administration			
Professional			
Skilled Qualified Staff			
Skilled Unqualified staff			
Part-time staff			
Total Staff Establishment			

Financial Information												
What is your Business average annual turnover (sales)												
Name of Account Holder												
Financial Institution/Bank												
Branch Name				Branch Code								
Account Number												
Account Type (please ✓ relevant box)			Current			Savings			Transmission			
			Other (please specify)									
Contact Person												
Designation												
Business Physical Address:						Business Postal Address:						
Postal Code:						Postal Code:						
Office Telephone Number						/				-		
Office Facsimile Number						/				-		
Cellular Number						/				-		
E-mail Address (main)												
Proof of Banking Details stamped by the Bank attached (please ✓ relevant box)										Yes	No	

Insurance												
Do you have insurance applicable to your Organisation? (please ✓ relevant box)										Yes	No	
If Yes, please indicate the applicable types of insurance listed below (please ✓ relevant box)												
Product Liability			Professional Indemnity			Public Liability						
Indicate the insurance value in respect of each applicable type of insurance?												
Product Liability			Professional Indemnity			Public Liability						
Proof of Product Liability Insurance as indicated above (please ✓ relevant box)										Yes	No	
Proof of Professional Indemnity Insurance as indicated above (please ✓ relevant box)										Yes	No	
Proof of Public Liability Insurance as indicated above (please ✓ relevant box)										Yes	No	

Skills Development & Training												
Do you have a staff development plan? (please ✓ relevant box)										Yes	No	
If Yes, please list the programs in place:												
Name of Registration Body:												
Skills Development & Training Registration proof attached (please ✓ relevant box)										Yes	No	

Accreditation Information

Registration Categories for Suppliers approved contractor. Please indicate which services you are able to provide with direct labour; Do not include sub-contracted services:

Services offered through sub-contractors should be included under sub-contracted section, specifying the additional services.

Please note that the categories are provision of services and supply of security consumables and equipment.

Please ✓ the relevant boxes.

Supply the relevant documentation where required.

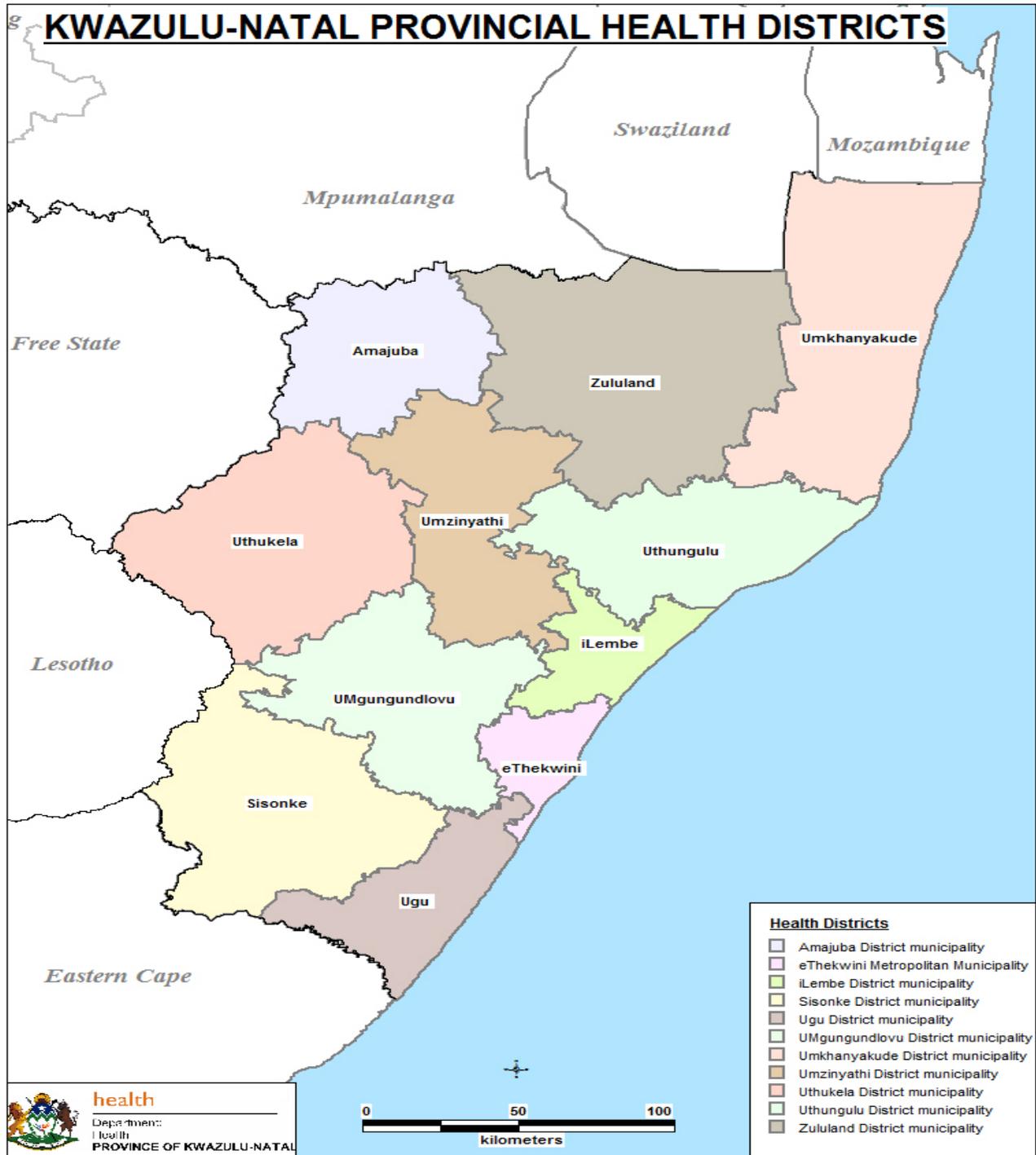
Information must be able to demonstrate your competency in relevant category.

Security		
Perimeter Fencing		
Security Illumination		
Access Control		
Access Control Security Systems		
Guarding		
Guarding (Armed)		
Armed response		
Alarms/ Monitoring Systems		
CCTV Systems		
Security Control Room Console		
Radio's (incl. 2 Way Radio's)		
Other Communication		
Other Security Systems		
Executive Protection (VIP)		
Events Security		
Cash in Transit Management		
Metal Detectors (incl. Hand Held)		
Security Advising & Consulting		
Threat Risk Assessments		
Investigations		
Fire Safety Consultant		
Fire Fighting		
Fire Alarms		
Fire Sprinklers/ Smoke Detectors		
Fire Hydrants, Hoses, Extinguishers		
Security Uniforms		
Security Training & Development		
Safety Restraint Systems		

Sub-Contracted – Please specify:

Geographic Coverage

Please indicate on the following map, the geographical areas of the Province in which you are prepared to work. Also please provide an estimate of the radius from your Company address where you are willing to work



Geographic Coverage (cont.)			
District	Distance	District	Distance
Ugu (DC 21)		Umgungundlovu (DC 22)	
Uthukela (DC 23)		Umzinyathi (DC 24)	
Amajuba (DC 25)		Zululand (DC 26)	
Umkhanyakude (DC 27)		Uthungulu (DC 28)	
Ilembe (DC 29)		Sisonke (DC 43)	
eThekwini			

Regional Office Details												
Do you have Regional Offices in your Organization? (please ✓ relevant box)										Yes		No
If YES , please list each Regional Office:												
Site Name:												
Contact Person												
Designation												
Physical Address												
			Province				Postal Code					
Office Telephone Number						/				-		
Office Facsimile Number						/				-		
Cellular Number						/				-		
E-mail Address (if available)												
If you have more than one (1) Regional Office, please use a separate sheet with the above details.												

Other Details												
Do you share any facilities? (please ✓ relevant box)										Yes		No
If YES , with which company do you share facilities?												
Provide postal address:												
Physical Address												
			Province				Postal Code					
Which facilities are shared?												
Which Professional Bodies are you required to register or affiliated to?												
Your registration no.?												
Year in which you were last registered?												
Certified copy of Registration Certificate attached (please ✓ relevant box)										Yes		No

Declaration																					
<p>I hereby agree that, in the event of false, incorrect or misleading information being provided in this declaration, the Head of Department shall have the right to:</p> <ul style="list-style-type: none"> Recover any losses or damages sustained by the Department under such agreement; Restrict the Supplier from further business with the Department depending on the materiality of the misrepresentation and the degrees of prejudice suffered. 																					
Signature																					
Full Names of Representative:																					
ID No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Y	Y	M	M	D	D														
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D	D	/	M	M	/	Y	Y	Y	Y												
(DULY AUTHORISED TO SIGN FOR AND ON BEHALF OF THE ABOVE ENTITY)																					

Commissioner Of Oath Information	
Signature	Place Commissioner Of Oath Stamp Here
Name	
Rank	
Date	

Submission of Documents	
<p>This application form must be completed by Security Service Providers/Suppliers in order to register on the Department of Health Vendor Management System.</p> <p>In order for your application to be processed, the following documentation MUST accompany this form, failing which your application will not be considered for registration on the system.</p>	
Documents Required	✓ Attached
Proof of payment of the administrative fee in the form of a receipt	
Certified copy of your Business Registration documents if you are incorporated as a Company, Close Corporation, Co-Operative, Partnership, etc. with CIPC (prev. CIPRO)	
Certified copies of ID documents of all Directors, Shareholders, Members, Partners, Sole Proprietors, Management, etc.	
Original, valid Tax Clearance Certificate as issued by SARS	
Original, valid PSIRA Clearance Certificate as issued by PSIRA	
Certified copy of PSIRA Business Registration Certificate	
Proof of approved Membership status with South African Security Association	
Original, valid letter from your Bank verifying the banking details of your business.	
Proof of registration with UIF & the Workman's Compensation Fund (COIDA)	
Proof of Skills Development & Training Registration	
Proof of Public Liability, Product Liability & Professional Indemnity insurance	
Details of Joint ventures (incl. certified copy of JV agreement)	
Certified copy of the Quality Policy and Document	
Certified copy of Firearm Competency Certificate	

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