

SUPPLIER DECLARATION FORM (2024 DATABASE APPLICATION)

PART 1 – GENERAL TENDER INFORMATION

TENDER ADVERTISED 02 June 2024

TENDER CLOSING DATE/TIME [03 September 2024] (12h00 – Local SA Time)

SITE VISIT DATE & TIME N/A

VENUE FOR SITE VISIT N/A

TENDER SUBMISSION EMAIL Applications must be submitted via an email

ADDRESS

HPCSA TENDER Ms. L Makhanthisa

REPRESENTATIVES

email: Tenders@hpcsa.co.za

<u>Health Professions Council of South Africa</u> This form must be completed and submitted with proposal:

Health Professions Council of South Africa P O Box 205 PRETORIA 0001

553 Madiba (previously known as Vermeulen) Street
Arcadia
PRETORIA
0007

Please complete the form fully and use a black pen. Illegible or incomplete forms will be rejected.

Direct enquiries to Procurement Officer

Email: Tenders@hpcsa.co.za

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS AS NO COPIES WILL BE MADE BY THE COUNCIL

TYPE OF BUSINESS

Indicate the sector by ticking the appropriate block in column.

	TYPE OF SERVICE	YES	NO
1	Translation services		
	Recruitment Services		
	Florist		
	Catering Services		
	Document examiner		
2	Building Maintenance and Repairs (Refer to Service Requirements		
_	Attached under Annexure A)		
	Landscaping, gardening, and irrigation		
	Generator Services		
	Concrete, formwork and reinforcing		
	Waterproofing		
	Asphalt maintenance		
	Roof covering		
	Timber roof trusses		
	Carpentry & joinery		
	Vanity tops		
	Ceilings and partitions		
	Floor coverings		
	Ironmongery (supply & installation)		
	Signage, road markings		
	Drapes and blinds, Awnings		
	Plumbing and drainage (Wet services)		
	Metalwork		
	Handrails		
	Aluminium work, glazing,		
	Curtain walls and shop fronts		
	Roller shutter doors		
	Fire protection services		
	Plastering		
	Tiling		
	Guttering		
	Painting		
	Alterations		

	Paving	
	CCTV and Access control	
	Demolitions	
	Gates & Security perimeter fence	
	Electrical	
	Fire detection & installation + fire signage	
	Epoxy applications	
	Brick work	
	HVAC	
	Lift Installation	
	Fire doors	
	UPS System	
	Office furniture	
	• PPE	
	Waste management	
	Disposal of chemical	
	Architects Consultation Services	
	Quantity Surveying Consultation Services	
	Electrical Engineer Consultation Services	
	Civil and Structural Consultation Services	
	Mechanical Engineer Consultation Services	
	Locksmith Services	
	Window cleaning services	
	Fumigation and Pest control	
	Occupational Health and Safety services	
	Water testing	
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3	Stationery, Copy Paper and HP Laser Jet Cartridges	
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4	Human resource services	
	Wellness services	
	Education and training services	
	Personnel Placement (Recruitment agencies)	
	Organisational Psychological Services	
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5	Public Relations Services	

	Promotional Items/Gifts	
	Event Management	
	Magazines	
	Design of Electronic Newsletters/Bulletins	
	Design and Printing of Bulletins/Newsletters	
	Design and Printing of pamphlets and books	
	Crew news	
	Newspaper advertisements	
	Photographer/Videographer services	
	Design and Printing of Annual Report	
	Customer Satisfaction Survey	
•	IT Services	
6		
	HP Computers and computer Peripherals	
	Network switches	
	License Renewals for Microsoft & Symantec	
	Network routers	
	EMC or Dell storage area network solution servers	
	IP – Telephone office devices	
	Enterprise WiFi (Extreme Networks)	
	Enterprise Networking Devices (Dell, Palo Alto Networks, Cisco,	
	etc.)	
	Next Generation Firewalls (Palo Alto Networks, Checkpoint, etc.) Denotration Testing / Presch and Attack Simulation	
	 Penetration Testing / Breach and Attack Simulation Cybersecurity (Rapid7 SIEM, Sentinel One EDR, Qualys VMDR, 	
	 Cybersecurity (Rapid/ SIEM, Sentinel One EDR, Qualys VMDR, Symantec SEPM, Oracle / Microsoft cloud security, Email Security 	
	Gateway)	
	Storage Area Network (Futjitsu, NetApp)	
	IP Telephony	
	VMware	
	Oracle EBS, OCI, OSvC, OVM	
	Access Management	
	Disaster Recovery and Backup (Commvault, Endpoint Backup)	
	Internet Services Provider	

Where applicable under mentioned documents must be attached with proposals

Please tick box

	Y	N	NA
BEE/B-BBEE Status – A valid B-BBEE Verification Certificate/Affidavit			
CSD Report			
Other applicable legislated certificates (Certified)			
Valid Workman's compensation certificate (certified)			
Company registration document (certified)			
Proof of ownership/ shareholder certificate (certified)			
Valid Tax clearance certificate/Pin			
Proof of banking document			
Comprehensive company profile			
SBD Forms 4, 8 & 9			
SBD 6.1			

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Contact person for correspondence address Name

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NB: Documentary proof of banking institution must be supplied (cancelled cheque/ bank statement)

Account type

Account holder's name

HDI INFORMATION

Explanation of abbreviations used in the following tables:

Capacity		HDI status	
Director	D	HDI	Н
Partner	Р	Women	W
Member	М	Disabled	D
Priority	R		
Other	0		

Proof of disability provided by a recognized institution in the case of handicapped persons must be supplied.

NB: certified copy of shareholder certificates or proof of ownership must be supplied

Complete the following for the shareholders who are actively involved in the management and daily business operation of the business.

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Disabled (permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered in a manner considered normal for a human being)

Are you actively involved in the management and daily business operations of the business? (please provide a written breakdown e.g company profile)

First name

First name

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Disabled (permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to perform in a manner considered in a manner considered normal for a human being)

Are you actively involved in the management and daily business operations of the business? (Please provide a written breakdown e.g company profile)

CONTACTABLE REFERENCES

Please supply a list containing the names, telephone numbers and client relationship of a minimum of three contactable references

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PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience?

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CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT

- 1. The information supplied is correct.
- 2. All copies of relevant information are attached.
- 3. Take note that payment will be effected 30 days after delivery was effected if delivered with an original invoice

PERSONAL INFORMATION IN BLOCK LETTERS

Surname Telephone
Telephone
Capacity
On behalf of the (supplier's Name)
On Beriair of the (Supplier's Hame)
Signed and sworn to before me at on this the day of 2024 by the Deponent, who has acknowledged that he / she knows and that understands the contents of this Affidavit, that it is true and correct to the best of his /her knowledge and that he /she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.
Commissioner of Oath Signature: Applicant on behalf of supplier

Authorization for electronic transfer of funds (EFT)

PLEASE COMPLETE IN BLOCK LETTERS

Company name/Surname																			
Company Account Holder																			
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