

SUPPLIER APPLICATION FORM

This form must fully be completed by all potential Suppliers/Service Providers Seeking Registration as an approved supplier/service provider on the Namibia Training Authority's (NTA) suppliers DATABASE.

When completed this Form can be delivered to:

NTA Village, Rand Street,

Khomasdal, Windhoek

For attention: Procurement Management Unit

Or

Alternatively email to:

Silvanus Mutilifa: Email: smutilifa@nta.com.na
Riisto Kadhila: Email: rkadhila@nta.com.na

Company / Supplier Name:		
Trading Name:		
Company Registration No or Identification Document No (for Suppliers who are applying as a natural person):		
Date of Registration:		
Supplier Grouping Detail: Type of Firm (Please X the relevant box)	☐ Public Company LTD ☐ Close Corporation cc ☐ Partnership	☐ Private Company (PTY) LTD ☐ Sole Proprietorship ☐ Other (specify)
VAT Registration No.		
Social Security No.		
Namibia Income Tax No.		
Postal Address:		
Physical Address:		
Web Address		
	Details of Main Contact	Person
Name		
Capacity		
Telephone No.:		
Cell No.:		
Fax No.:		
E-Mail Address.:		

The Supplier/Service Provider should provide their details by completing the table below:

Bank Details / EFT Pay	ment Information				
Account name					
Bank / Institution					
Account No			Account Type		
Branch Code					
Please provide the full de		y's owners	ship		
Name & Surname	ID Number	(M / F)	Shareholding	Telephone	Number
Γhe supplier must state th	ne commodities whi	ch they are	e applying to be	registered o	n.
COMMODITY					Х
GOODS					
Stationery					
Food and Beverages					
Cleaning Materials and E	Equipment				
Office Furniture					
IT Hardware					

2. Please provide the full details of the Company's Bank Details

3.

4.

IT Software	
Promotional Materials	
Training Tools and Equipment	
First Aid Kits	
Fire Extinguishers	
Purified Water	
Uniforms and Protective Clothing	
Sports Equipment	
Flowers	
Building material	
Photocopiers/Duplication Machines	
NON-CONSULTANCY SERVICES	
Printing	
Insurance	
Archiving and Record Keeping	
Accommodation in Various Towns	
Events Management/Decoration	
Courier	
Catering	
Conference Facilities	
Vocational Training in Priority Occupations (NQF Level 1 – 5)	
Entertainment	
Waste Removal	
Short training courses, symposiums and workshops	
Car Rental Services	
Psychometric Assessment Services	
Passenger Transport	
Transportation of Goods	
CONSULTANCY SERVICES	
Human Resources	
Financial	
Research	
Dietary	
Project Management	
Photography	
Video Production	

WORKS	
Alarm System Maintenance	
Servicing of Airconditioners	
Access Control and Surveillance Cameras	
Building and Renovations	
Welding	
Plumbing	
Electrical	
Gardening	
Joinery	
De-bushing	
Pest Control	

5. Please indicate in the table below, the reference details of at least 3 major clients in relation with the respective commodities applied for

Time Period (from dd/mm/yyyy to dd/mm/yyyy)	Client Name	Scope of Supply	Contact Details (Person Name & Telephone No.)

Pleas indicate by means of an X the documents enclosed in your ap	plication.	
OBLIGATORY SUPPORTING DOCUMENTS (The following supporting documents must duly form part of your submission. If not original, all copies must be certified by relevant authorities)	Please indicate by means of an X the documents enclosed in your submission	
A valid company Registration Certificate		
Original valid good Standing Tax Certificate		
Original valid good Standing Social Security Certificate		
A valid certified copy of Affirmative Action Compliance Certificate, proof from Employment Equity Commissioner that bidder is not a relevant employer, or exemption issued in terms of Section 42 of the Affirmative Action Act, 1998		
A written undertaking as contemplated in section 138(2) of the Labour Act, 2007		
A certificate indicating SME Status (for Bids reserved for SME category);		
I/We undersigned acknowledge that the information provided are true NAME OF Owner or Authorized Representative	e and correct:	
SIGNATURE DATE	DATE	

6. Copies of the following supporting documents must be submitted with the application form

Office use only			
Approved / Not Approved	Name:	Date:	
Comments			
Entered by	Name:	Date:	
Supplier Code			