

Supplier of Goods and Services

**APPLICATION FORM**



Application to be listed on the National Agricultural Marketing Council’s (NAMC) data-base for the supply of goods and services (in terms of the Preferential Procurement Act, 2000 No 5 of 2000)

NATIONAL AGRICULTURAL MARKETING COUNCIL (NAMC)

Private Bag X935   
PRETORIA  
 0001

Tel: 012 400 9750 Fax: 012 341 1811

E-mail: meshackl@namc.co.za or Ekhosa@namc.co.za

|  |  |  |
| --- | --- | --- |
| logo  **Name of Company** | : | ........................................................................................................................... |
| **Physical Address** | : | ........................................................................................................................... |
| **Postal Address** | : | ...........................................................................................................................  ...........................................................................................................................  ...........................................................................................................................  ...........................................................................................................................  ........................................................................................................................... |
| **Contact Details** |  | **Tel** : ............................................... **Fax** : ..........................................................  **Cell** : .............................................. E-**mail** : ..................................................... |
| **Contact Person** | : | .......................................................................................................................... |
| **Core Business** | : | ........................................................................................................................... |

|  |  |  |
| --- | --- | --- |
| **Names of Owners/Directors**  **Banking Details**  **name of bank**  **name of branch**  **branch code**  **account no**  **type of account** | :  : : : : : | .....................................................................................................................  .....................................................................................................................  ......................................................................................................................  .....................................................................................................................  .....................................................................................................................  ......................................................................................................................  .....................................................................................................................  ..................................................................................................................... |
| **List of Products / Services Rendered**  **Quantity and Frequency of Delivery** | :  : | .....................................................................................................................  ..................................................................................................................... |
|  | | |



**TEAM EXPERIENCE/EXPERTISE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION** | **ID NO** | **B-BBEE STATUS** | **EQUITY OWNERSHIP**  **%** |
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**CONSORTIUM/JOINT VENTURE**

In the event that preference points are claimed for BBBEE members by consortiums/joint ventures, the following information must be furnished in order to be entitled to the points claimed in respect of the BBBEE member

|  |  |
| --- | --- |
| **NAME (BBBEE MEMBER)** | **PERCENTAGE OF THE CONTACT**  **VALUE MANAGED BY BBBEE MEMBER** |
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**DOCUMENTATION**

No registration form will be evaluated for approval without the following forms:

1. **Original** Tax Clearance Certificate
2. Certified CK1 Company Registration Document
3. Proof of Banking Details, i.e. Letter from Bank, Cancelled Cheque or Bank Statement
4. Certified Copies of Shareholder’s/Member’s Identity Documents
5. ORIGINAL OR CERTIFIED BEE Rating Certificates
6. Completed and Signed Declaration of interest sbd 4 FORM
7. Central Supplier Database reference and unique number

(If any of these documents are not available at the time of submission to the NAMC, please supply a motivation and submission date of the specific document)

**DECLARATION**

I, ...................................................................................., hereby certify that all the information is correct and true.

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SIGNATURE DATE

|  |  |  |  |
| --- | --- | --- | --- |
| **for official use only:** | | | |
| Application Received date : |  | Docs outstanding: |  |
| all documentation received : |  | Arrangement: |  |
| recommendation : |  | | |