APPLICATION FORM

Supplier of Goods and Services

NAMC

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

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
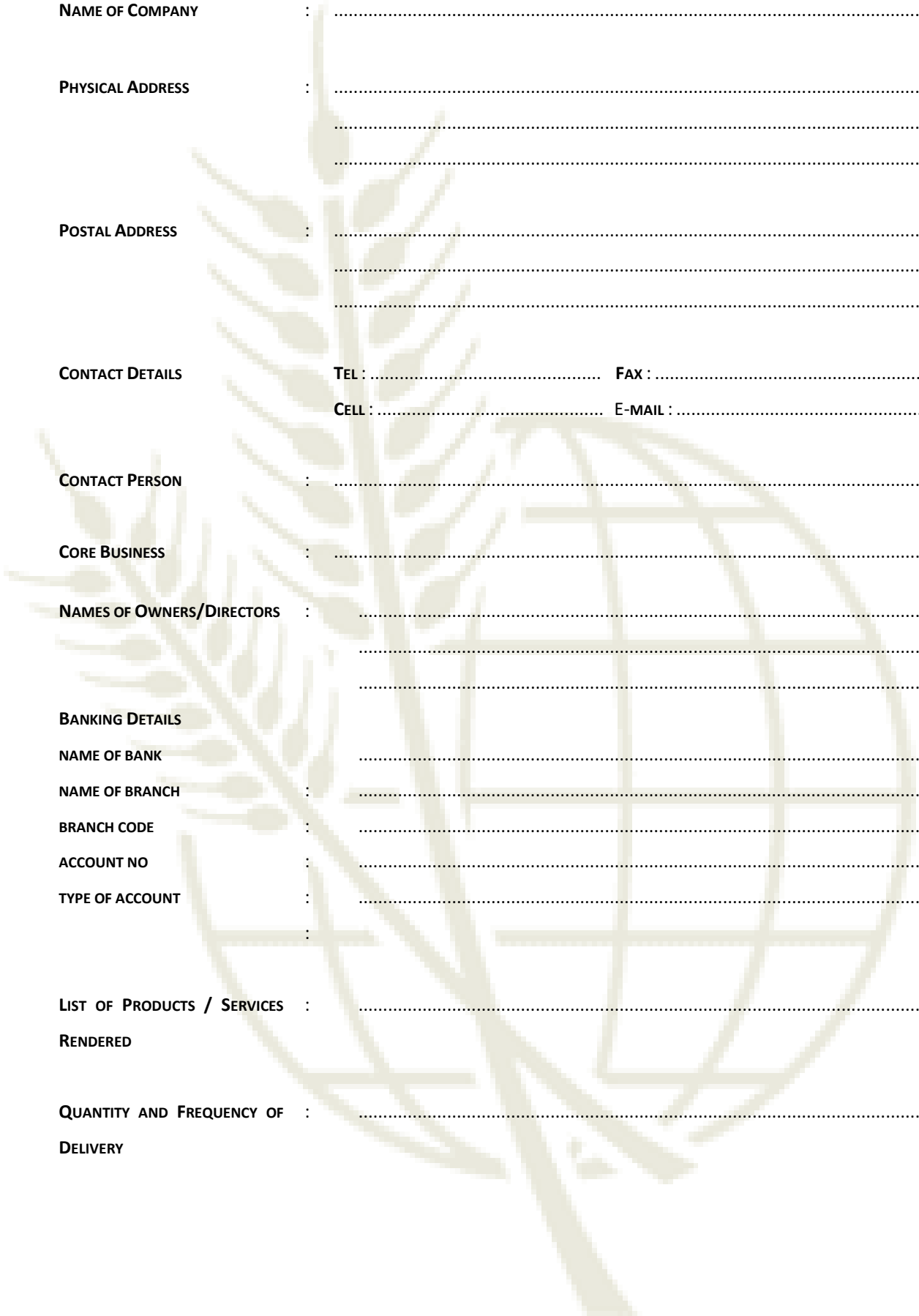
TEAM EXPERIENCE/EXPERTISE

NAME	POSITION	ID NO	B-BBEE STATUS	EQUITY OWNERSHIP %

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

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.

_____   _____

SIGNATURE   DATE

FOR OFFICIAL USE ONLY:			
APPLICATION RECEIVED DATE :		DOCS OUTSTANDING:	
ALL DOCUMENTATION RECEIVED :		ARRANGEMENT:	
RECOMMENDATION :			