



## **South African Nursing Council**

(Under the provisions of the Nursing Act, 2005)

Cecilia Makiwane Building,  
602 Pretorius Street, Arcadia,  
Pretoria, 0083

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Private Bag X132, Pretoria, 0001  
Republic of South Africa

### **SUPPLIER/ SERVICE PROVIDER DATABASE FORM**

**It is imperative that suppliers read the application document carefully, complete it in full and sign it.**

**PLEASE NOTE:** The South African Government's Central Supplier Database (CSD) does not apply to the SANC, and companies registered on the CSD should apply to be on the SANC's database.

When completed, the document can be either hand-delivered or mailed to the following addresses:

South African Nursing Council  
602 Pretorius Street  
ARCADIA  
0083

The Supply Chain Management department  
South African Nursing Council  
Private Bag X 132  
Pretoria, 0001

The following documentation **must** be submitted together with this form:

1. Company Profile: not applicable if it is a single nursing/legal practitioner applying to be part of the SANC Disciplinary Appeals Committee in terms of section 15(4) of the Nursing Act, 2005 (*Act No. 33 of 2005*); or the legal assessor for the Professional Conduct Committee (PCC) in terms of section 47(11) of the *Nursing Act*.
2. Certified copy of Identity Documents of directors/members/shareholders/partners.
3. Valid Tax Clearance Certificate from SARS: not applicable if it is a single nursing/legal practitioner applying to be part of the Disciplinary Appeals Committee in terms of Section 15(4) of the Nursing Act, 2005 (*Act No. 33 of 2005*) or the legal assessor for the Professional Conduct Committee (PCC) in terms of section 47(11) of the *Nursing Act*.
4. Company Registration Certificate: not applicable if it is a single nursing/legal practitioner applying to be part of the Disciplinary Appeals Committee in terms of section 15(4) of the Nursing Act, 2005 (*Act No. 33 of 2005*) or the legal assessor for the Professional Conduct Committee (PCC) in terms of Section 47(11) of the *Nursing Act*.
5. Any other registration /accreditation / membership certificate pertaining to the industry.
6. B-BBEE certificate/Sworn Affidavit: not applicable if it is a single nursing/legal practitioner applying to be part of the Disciplinary Appeals Committee in terms of Section 15(4) of the Nursing Act, 2005 (*Act No. 33 of 2005*) or the legal assessor for the Professional Conduct Committee (PCC) in terms of Section 47(11) of the *Nursing Act*.
7. Letter from the Bank to confirm your banking details: not applicable if it is a single nursing/legal practitioner applying to be part of the Disciplinary Appeals Committee in terms of Section 15(4) of the Nursing Act, 2005 (*Act No. 33 of 2005*) or the legal assessor for the Professional Conduct Committee in terms of Section 47(11) of the *Nursing Act*.
8. Value Added Tax (VAT) Certificate (if registered for VAT):not applicable if it is a single nursing/legal practitioner applying to be part of the Disciplinary Appeals Committee in terms of Section 15(4) of the Nursing Act, f 2005 (*Act No. 33 of 2005*) or the legal assessor for the Professional Conduct Committee (PCC) in terms of Section 47(11) of the *Nursing Act*.

9. Joint Venture Certificates or Agreement signed (if any): not applicable if it is a single nursing/legal practitioner applying to be part of the Disciplinary Appeals Committee in terms of Section 15(4) of the Nursing Act, 2005 (Act No. 33 of 2005) or the legal assessor for the Professional Conduct Committee (PCC) in terms of Section 47(11) of the Nursing Act.

**10. Contact person:** Mr Mpho Makhuvha  
 Telephone: 012 426 9570  
 E-mail: [MMakhuvha@sanc.co.za](mailto:MMakhuvha@sanc.co.za)  
 Website: [www.sanc.co.za](http://www.sanc.co.za)  
 Fax: 0123435400.

**PLEASE NOTE:**

- The SANC reserves the right to accept and reject any application without being obligated to provide reasons in this respect;
- Suppliers will be notified of the outcome of their application by e-mail;
- Suppliers must comply with all the registration criteria for their registration to be finalized. Failure to do so may result in the application being declined.

**(The South African Nursing Council – Official Use Only)**

Date Received: \_\_\_\_\_ Accepted/ Not Accepted: \_\_\_\_\_

REASON FOR DECLINE: \_\_\_\_\_

SUPPLIER/VENDOR NO: \_\_\_\_\_

**SECTION A: SUPPLIER INFORMATION:**

<b>Name of Company:</b> (To be used in all contracts/orders and invoices placed with the SANC)	
<b>'Trading as' Name:</b>	
<b>Type of Company:</b> (e.g. Close Corporation, Private Company, Partnership, Sole Proprietor, etc.)	
<b>Vat Registration Number:</b>	
<b>Income Tax Reference Number:</b>	
<b>Company Registration Number:</b>	
<b>Industry Classification:</b>	
<b>Supplier's main commodity:</b>	
<b>Web Address:</b>	
<b>Telephone Number/s:</b>	

<b>Fax Number:</b>		
<b>Postal Address:</b>		
<b>Physical Address:</b>		
<b>E-Mail Address:</b>		
<b>Contact Person:</b>		
<b>List of all partners, proprietors and shareholders</b> (Compulsory – if additional space is required, please attach as additional document) <b>Names in Full:</b>		
	<b>Position Occupied in the Enterprise</b>	<b>Identity Number:</b>

**HISTORY OF PREVIOUS PROJECTS**

<b>Previous Projects</b> (companies that services have been rendered to) <b>Company Name:</b>	<b>Service Provided:</b> <i>(list services provided to company)</i>	<b>Name and Contact details:</b>	<b>Value in Rand</b>

**SECTION B - FINANCIAL INFORMATION:**

**Banking Details**

*(Please attach a cancelled cheque or bank confirmation letter)*

**Bank Name:** \_\_\_\_\_

**Branch Code:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Account Type:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Name of Account Holder:** \_\_\_\_\_

**Declaration:** I/We hereby will not hold the South African Nursing Council liable for non-payment in the event of the bank account details supplied above not being correct.

\_\_\_\_\_  
**Initials and Surname**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**Date stamp of Bank**

Indicate by ticking the services or commodities that your Company is rendering.

**LIST OF GOODS/SERVICES/COMMODITIES:**

CATEGORIES	MINIMUM EXPERIENCE REQUIRED	SUB-CATEGORIES	✓ TICK
<b>1. STATIONERY</b>	Not applicable	Photocopy paper	
	Not applicable	Office stationery	
	Not applicable	Computer stationery	
<b>2. VENUES AND ACCOMMODATION</b>	5 years	Conference package	
	5 years	Event Management	
	5 years	Accommodation	
<b>3. FURNITURE/EQUIPMENT</b>	3-5 years	Office furniture	
	3-5 years	Office equipment	
<b>4. POSTAGE AND RELATED SERVICES</b>	3-5 years	Posting of letters	
	3 years	Facsimile / Courier Services	
	3 years	Sealing /embosser for sealing	
	3 years	Certificates	
	3 years	Protective postal bags	
	3 years	Bulk mailing	
<b>5. PRINTING AND RELATED SERVICES</b>	3-5 years	Booklets	
	3-5 years	Book binders	
	3-5 years	Newsletters	
	3-5 years	Promotional items	
	3-5 years	Publications	
	3-5 years	Business cards	
	3-5 years	Gifts cards	
	3-5 years	Stamps	
	3-5 years	Journals	
	3-5 years	Diaries	
<b>6. CATERING</b> (Food testing will be conducted in order to determine the quality of food offered)	Not applicable	Running of canteen services	
	Not applicable	Breakfast	
	Not applicable	Lunch	
	Not applicable	Snacks	
	Not applicable	Drinks	
<b>7. DISTINGUISHING DEVICES</b>	5 years	Epauettes	
	5 years	Bars	
	5 years	Brooches	

	5 years	Shoulder Badges	
	5 years	Oval Badges	
<b>8. RECORDSMANAGEMENT</b>			
	5 years	Packaging	
	5 years	Registry	
	5 years	Archiving system	
	5 years	Archiving software	
<b>9. TRANSPORT SERVICES</b>			
	5 years	Car hire	
	5 years	Car rentals	
	5 years	Car sales	
<b>10. HUMAN RESOURCES SERVICES</b>			
	5-10 years	Performance Management	
	5-10 years	Team Building	
	5-10 years	Training and Development	
	5-10 years	Skills Development	
	5-10 years	Industrial Relations experts	
	5-10 years	Job Evaluation	
	5-10 years	Remuneration experts	
	5-10 years	Motivational speaker	
	5-10 years	Employment Agency	
	5-10 years	Psychometric testing	
	5-10 years	Dispute Resolutions (CCMA or Labour Court/Labour Appeals Court)	
	5-10 years	EAP (Employee Assistance Programme)	
	5-10 years	Bargaining Forum	
	5-10 years	Salary Benchmarking Surveys	
	5-10 years	Research	
	5-10 years	Recordings /Stenography	
	10 years	Qualifications verification / Managed Integrity Evaluation	
<b>11. PROFESSIONAL SERVICES</b>			
	5 years	Security Services	
	5 years	Cleaning and Hygiene	
	5 years	Pest Control	
<b>12. INFORMATION TECHNOLOGY</b>			
	3 years	Software and Hardware	
	3 years	Cartridges and toners	
	3 years	Desktop and Laptop computers	
	3 years	Printers	
	3 years	Scanners	
	3 years	PABX systems	
	3 years	Repairs and upgrade of computers	
	3 years	Telephone maintenance	
	3 years	Maintenance of IBM and IT-related software & hardware	

	3 years	Supply and maintenance of franking machines	
	3 years	Antivirus, IT security	
	3 years	Backup specialists	
	3 years	Backup media off-site storage (vault) service	
	3 years	Provision of bulk SMS services	
	3 years	Photocopiers	
<b>13. LEGAL SERVICES</b>			
	10 years	Panel of Attorneys on all areas of law	
	10 years	Legal experts	
	10 years	Labour Law service/Advisor	
	10 years	Translation and Interpretation	
<b>14. SECRETARIAL SERVICES</b>			
	5 years	Minute taking	
	3 years	Recording	
	3 years	Report writing	
	3 years	Transcribing	
<b>15. FINANCIAL ACCOUNTING SERVICES</b>			
	5 years	Accounting	
	5 years	Audit	
	10 years	Forensic Investigators	
	5 years	Debt collectors	
	5 years	Actuarial services	
	5 years	Short-term Insurance	
	5 years	Medical Aid Schemes	
	5 years	Provident Fund administrators	
	10 years	Accounting software	
	5-10 years	MS Office (Excel, PowerPoint and Word)	
	10 years	Risk specialist	
<b>16. ANALYSTS</b>			
	5 years	Business Process Analysts	
	5 years	Auctioneers	
<b>17. MAINTENANCE</b>			
	3 years	Civil maintenance work	
	3 Years	Plumbing	
	2 years	Painting	
	3 years	General repairs and Maintenance	
	2 years	Gardening equipment	
	3 years	Tools and hardware	
	2 years	Garbage bags	
<b>18. ENGINEERING</b>			
	5 years	Electrical	
	5 years	Mechanical	
	5 years	Property Valuers	
	5 years	Consulting Engineers	
	5 years	Architects	

<b>19. MARKETING</b>			
3 years	Communication		
3 years	Media and publicity		
3 years	Newspaper advertisements		
3 years	Newspaper subscriptions		
3 years	Florists		
3 years	Motivational Speaker		
3 years	Branding		
3 years	Promotional Items		
3 years	Graphic Design		
3 years	Videography and photography		
<b>20. HEALTH AND SAFETY</b>			
3 years	Protective Clothing		
3 years	Health and Safety audits		
5 years	Fire Extinguishers		
5 years	Medical supplies		
<b>21. MEDICAL SERVICES</b>			
5 years	Medical expert/Psychiatrist		
5 years	Psychologist		
5 years	Psychiatric Nurse Specialist		
5 years	Laboratories		
5 years	Psychiatric facilities/Rehabilitation		
5 years	Document trolley bag		
<b>22. TRAINING</b>			
10 years	Corporate Governance		
5-10 years	Facilitators		
<b>23. OTHER SERVICES</b>			
5-10 years	Annual Strategic Review		
5-10 years	Actuarial Services		
5-10 years	Risk Management		
	<b>IF ANY, PLEASE SPECIFY:</b>		

**DECLARATION OF SERVICE PROVIDERS' PREVIOUS SUPPLY CHAIN MANAGEMENT PRACTICES:**



1. This serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the *supply chain management system*.
2. The service of any service provider may be disregarded if that service provider or any of their directors have:
  - a) Abused the Council's *supply chain management system*;
  - b) Committed fraud or any other improper conduct in relation to such system; or
  - c) Failed to perform on any previous contract.
3. In order to give effect to the above, the following questionnaire **must** be completed and submitted with the application.

Item	Question	Yes	No
1.	<p><b><u>Is the service provider or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector?</u></b></p> <p>(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after careful consideration of all relevant facts).</p> <p>If 'yes', please provide particulars:</p>		
2.	<p><b><u>Is the service provider or any of its directors listed on the Register for Tender Defaulters in terms of Section 29 of the Prevention and Combating of Corrupt Activities Act (Act No, 12 of 2004)?</u></b></p> <p>If so, provide particulars:</p>		
3.	<p><b><u>Was the service provider or any of its directors convicted by a Court of Law (including a Court outside of the Republic of South Africa) for fraud or corruption during the past five years?</u></b></p> <p>If so, provide particulars:</p>		
4.	<p><b><u>Was any contract between the service provider and any institution terminated during the past five years on account of failure to perform on, or comply with the contract?</u></b></p> <p>If so, provide particulars:</p>		

#### DECLARATION OF INTEREST

Any legal person, including persons employed by the SANC, or persons having a kinship with persons employed by the SANC, including a blood relationship, may make an offer or offers in terms of this invitation to bid (this includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the SANC, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where –

- The bidder is employed by the SANC; and/or
- The legal person on whose behalf the bidding document is signed, has a relationship with person(s) who is/are involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person(s) for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

**In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Full name of bidder or their representative:	
Identity number(s):	
Position occupied in the Company (director, trustee, shareholder, member):	
Registration number of company, enterprise, close corporation, partnership agreement or trust:	
Tax Reference Number:	
VAT Registration Number:	

**Are you or any person connected to the bidder presently employed by the SANC? If so, provide the following particulars:**

Name of person/ director/ shareholder/ member	Position occupied at the SANC	How are you connected to the person employed by the SANC?
If you are presently employed by the SANC, did you obtain the appropriate authority to undertake remunerative work outside employment of the SANC?		
If yes, did you attach proof of such authority to the bid document? <b>(Please note: Failure to submit proof of such authority, where</b>		

<b>applicable, may result in the disqualification of the bid.)</b>			
Did you or your spouse, or any of the company's directors/shareholders/members or their spouses conduct business with the SANC in the previous twelve (12) months? If so, provide particulars :			
Do you, or any person connected with the bidder, have any relationship (family/friend/other) with a person employed by the SANC and who may be involved with the evaluation and or adjudication of this bid?  <i>If so, please provide particulars, such as name of person/director/shareholder, position occupied at the SANC and the nature of relationship:</i>			
Are you, or any person connected with the bidder, aware of any relationship between the bidder and any person employed by the SANC who may be involved with the evaluation and or adjudication of this bid?  <i>If so, please provide particulars, such as the name of person/director/shareholder, position occupied at SANC and the nature of relationship:</i>			
<b>Full details of directors / trustees / members / shareholders</b>			
<b>Full names</b>	<b>Identity Number*</b>	<b>Personal Tax Reference Number</b>	<b>SANC Employee Number</b>

**\*Copies of Identity Document must be attached**

**CERTIFICATION/DECLARATION:**

I, (full name)....., the undersigned, declare that the information provided on this form is true and correct.

I accept that, in addition to cancellation of a contract, action may be taken against me should this declaration prove to be false.

.....  
Name and Surname

.....  
Signature

.....  
Date:

.....  
Position

.....  
Name of Service Provider