



# **ONDERSTEPOORT BIOLOGICAL PRODUCTS LTD**

Private Bag X07, Onderstepoort 0110, Pretoria, South Africa.

Reg. No. 2000/022686/06

## **TO ALL SUPPLIERS SEEKING REGISTRATION AS AN APPROVED SUPPLIER ON THE APPROVED SUPPLIERS DATABASE OF ONDERSTEPOORT BIOLOGICAL PRODUCTS**

All suppliers are hereby invited to register as an Approved Supplier on the database of OBP.

The purpose of this Approved Suppliers List is to give all prospective suppliers an equal opportunity to submit quotations/tenders to the Company.

Attached, please find an official Supplier Registration Form to assist us in updating our Approved Suppliers List according to legislation. **It is imperative that suppliers read the application document carefully, complete it in full and sign it.** Please note that the following should accompany your registration form;

1. Company Profile
2. BEE rating form
3. A valid Tax Clearance Certificate

The completed form should be delivered to:

**For Attention: The Procurement Manager  
100 Old Soutpan Road,  
Onderstepoort 0110, Pretoria**

or alternatively posted to:

**The Procurement Manager  
ONDERSTEPOORT BIOLOGICAL PRODUCTS LTD  
Private Bag X07  
ONDERSTEPOORT 0110  
PRETORIA**

**PLEASE NOTE THAT ONLY ORIGINAL SUBMITTED FORMS WILL BE ACCEPTED!!**

# SUPPLIER REGISTRATION FORM

PM-ME-001-F001

## IMPORTANT NOTES

Please read carefully

- To be completed by all vendors seeking registration as an approved supplier;
- The questionnaire must be completed in full and be signed;
- A company profile must accompany the registration form but will not be accepted as substitute for the application form – all fields on the application form MUST be completed by applicant;
- Applicants will be contacted via fax/e-mail and must therefore submit an operating fax number/e-mail address; failure to comply will result in excluding the supplier from the database;
- It should be noted that OBP reserves the right to accept or reject any application without being obliged to give any reasons in this respect;
- Suppliers will be notified if an application was accepted or not;
- Supplier must comply with all the registration-criteria for registration to be finalised - failure to do so may result in the application being declined.

### Additional Instructions and Definitions:

#### Legislation:

- In order to comply with and in the spirit of the Constitution, the Public Finance Management Act, the Broad-Based Black Economic Empowerment Act, the Preferential Procurement Policy Framework Act and the Preferential Procurement Regulations, the completing of this application should give all prospective suppliers an equal opportunity to submit quotations/tenders to OBP.

#### Terminology:

- **Previously Disadvantaged Individuals (PDI)**: For the purpose of registering as a supplier for the Company, the presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No. 110 of 1983) and the Constitution of the Republic of South Africa, 1993 (Act No. 200 of 1993) are regarded as Previously Disadvantaged Individuals. It is therefore essential for individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group. It is also presumed that a person who obtained SA citizenship on or after the coming of effect of the Constitution, 1993 is deemed not to be a PDI.
- **Women**: refer to a female person who is a SA citizen.
- **Disabled Individual**: means a person with a permanent impairment of a physical, intellectual, or sensory function which results in restricted, or lack of, ability to perform an activity in a manner, or within the range, considered normal for a human being.
- **Establishment of PDI / Women Equity / Disabled Individuals Ownership in a enterprise**: Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, proportionate with their degree of ownership.

**Where individuals are not actively involved in the management and daily business operations and do not exercise control over the enterprise commensurate with their degree of ownership, equity ownership may not be claimed.**



## List of Required Documents

*Please tick each item as you confirm attachment to this form*

Tick (✓)	Item	Remarks/Notes	
	Copy of Company Registration Documents		
	Company Profile		
	BEE rating form		
	A valid Tax Clearance Certificate	<b>Expiry Date</b> dd / mmm / yyyy	
	A cancelled cheque or bank account confirmation letter		
	Copy of members/directors ID/Passport documents		

## A. Supplier details

	Registered Name					Trading Name					
Company Name											
Business Registration Number					/					/	
VAT registration number (if applicable):											
Income tax reference number:											
Web Address:											
E-Mail Address:											
Telephone Number:	C	O	D	E		N	U	M	B	E	R
<b>Fax Number:</b> (compulsory)	C	O	D	E		N	U	M	B	E	R
Toll Free Number:											
Number of full time employees:											

Postal Address: (compulsory)

Postal Code:																

Physical Address:

Postal Code:																

**Company/Supplier Classification:** (Please ✓ the relevant box or boxes)

Manufacturer	Importer	Distributor	Services
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**List all partners, proprietors and shareholders (compulsory)**

Name	Position occupied in the enterprise	Citizenship	ID Number

**Main contact person in your company:**

Name:											
Company Position:											
Cell phone Number:											
Fax Number:											
E-mail address:											

**Contact person (Sales) in your company:**

Name:											
Company Position:											
Cell phone Number:											
Fax Number:											
E-mail address:											

**Declaration of relationships with OBP personnel:**

Name:											
Company Position:											
Cell phone Number:											
Fax Number:											
E-mail address:											
Name:											
Company Position:											
Cell phone Number:											
Fax Number:											
E-mail address:											

## B. Quality

QUALITY SYSTEM	YES	NO	COMMENT
Does your Company have any recognized Quality system e.g. ISO 9001/ISO 14001?			
If yes on the above question please attach a certificate.			
Does the company have any of the following policy statement? Quality; Health & Safety; Environmental Management.			
If yes please attach a copy.			
<b>PURCHASING</b>			
Do you have a purchasing procedure?			
Do you purchase from approved suppliers?			
Do you inspect your incoming Raw /packaging material and record it?			
<b>MANUFACTURING</b>			
Do you subcontract /out source production goods or services?			
Is there a maintenance system in place for your equipment?			
Is there in process control of the production monitored and recorded?			
Do you have a batch numbering system for traceability?			
Do you have batch record for your process?			
Are there specifications for your manufacturing process?			
Do you have a non conformance reporting system?			
<b>DESPATCH</b>			
Do you use your own transport or outsource your delivery?			
Do you have a customer complaint system?			
Do you have a despatch procedure?			
Questionnaire completed by: _____ Designation: _____			
Date: _____			



#### 4. Services – Tick where applicable

Forklift services	Advertising Services
Asset management	Boiler and steam reticulation Services
Auditors and financial services	Brokers Labour
Autoclave validation and services	Cold Rooms and Compressor Services
Calibration of scientific equipment	Cooling Tower Services
Catering	Events Management
Consultants ( <b>Specify</b> )	Freeze Drier Services
Data collection systems	HR related
Document binding services	IT providers
Document duplicating services	Legal Services
Drain cleaning services	Lighting contractors
Architectural services	Loaders and Lifts
Building contractors	Locksmiths
Cabinet makers	Manufacturing Services
Draughting services	Marketing Services
Dry clean services	Painting Contractors
Carpenters	Partitioning Contractors
Carpets	Paving contractors
Ceiling contractors	Pest Control Services
Editing services	Photography Services
Encoding	Plumbing Contractors
Cupboards Built-In	Printing and Design Services
Encryption software and systems	Publications
Engineering ( <b>Specify</b> )	Publishers and Exhibitors
Engraving services and equipment	Quality Control services
Fencing	Recycling Services
Fire detection services	Renovation Services
Florists	Roofing Contractors
Electrical Contractors	Security and Access Control systems
Freight services ( <b>Air, Land and Sea</b> )	Security Guard Services
Furniture removals	Shuttle Services
Gardening services	Team Building
Import and Export Services	Telecommunication Systems
Information services	Tiling Contractors
Hardware and Building Supplies	Training
Insurance Companies	Translation
Irradiation services	Transport services ( <b>Goods</b> )
Laminar Flow Services	Travel Agents
Laundry Services	Vehicles hiring and maintenance
Medical Practitioners	Waste Disposal
Occupational, Health, Environmental & safety	Water Installations and Reticulations
Window fittings and glasses	Water Proofing Contractors
Workshop Equipment	Web Design and Maintenance
Payroll	Workshop facilitations
Temperature Recorders Repairs	

6. Other not listed			

*This form was completed by;*

<b>Name</b>																					
<b>Designation</b>																					
<b>Contact Tel Number</b>	(       )																				
<b>Cellphone Number</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
<b>Email address</b>																					
<b>Signature</b>																					

**I/we the undersigned acknowledge(s) that:**

- The information furnished is true and correct
- The Equity Ownership claimed is in accordance with the General Conditions
- Any conflict of interest will be declared in the comment space below

\_\_\_\_\_  
**SIGNATURE OF OWNER OR  
 AUTHORISED REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF OWNER OR  
 AUTHORISED REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

**Comments / Notes:**

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**Office Use Only**

**Supplier Registration Number:** \_\_\_\_\_