



PHSDSBC

PUBLIC HEALTH AND SOCIAL DEVELOPMENT
SECTORAL BARGAINING COUNCIL

Public Service Bargaining Centre, 260 Basden Avenue, Lyttelton
PO Box 11467, Centurion, 0046

**Application forms to register on the supplier and service provider
database of the Public Health and Social Development Sectoral
Bargaining Council**

Procurement: Supplier Registration	
Contact Person	Valencia Slater
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Postal address	PO Box 11467, Centurion, 0046
Physical address	Public Service Bargaining Centre 260 Basden Avenue Lyttelton

Section one
1. Particulars of the organization

Please note that all information will be treated confidentially. Provide details and attach necessary documents regarding the organization. Where organization is a joint venture, the individual members of the joint venture are to separately provide information on their organization.

1.1. Registered name of the organization:

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1.2. Trading name:

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1.3. Contact person:

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1.4. Postal address:

Physical address:

1.5. Telephone number:

Fax number:

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1.6. Cell phone number:

E-mail:

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1.7. Type of organization: (eg: cc, Pty (Ltd), Pty, sole proprietor, partnership)

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1.8. Company registration number:

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1.9. Income tax registration number:

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1.10. Vat Registration number:

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1.11. Please supply us with **three** trade references to which you have been delivering service for more than twelve months:

Name of Company	Contact person	Contact number	Month/years already servicing this comp

1.12. Bank Details:
(Attach a bank letter/cancelled cheque)

Name of Bank:

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Branch name and branch code:

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Type of account and number of account:

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1.13. Describe your service or business:
(Attach an annexure explaining your services-business profile)

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Section two
2. Evaluation Section

2.1. Annual turnover for the past three years:

Year	Turnover

2.2. Please indicate in which year the organization was established: _____

2.3. Please indicate the level of ownership of your organization by historically disadvantaged individuals (HDI) in the form of a percentage:

2.3.1. HDI _____

2.3.2. Women _____

2.3.3. Disability _____

2.3.4. Enterprise in province _____

2.4. Please provide the details of ownership of the organization by listing names of directors, shareholders, owners and partners including their ownership percentage and voting weight:

If the list is too short please supply a separate list:

Number	Name	ID- number	Designation	% share holding	% voting rights
1					
2					

3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

2.5. Please supply current number of staff members: _____

2.6. Please provide details on the current staffing in your organization in a form of % of total staff.

DESIGNATION	% FEMALE	% DISABLE	% HDI
Directors/partners			
Associates			
Professional			
Technicians			
Administrative staff			

I _____, the undersigned confirm that I am authorized to give details of the company above and that the information provided is true. I also acknowledge and understand that submission of this application form does not guarantee the above company any contract with the Public Health and Social Development Sectoral Bargaining Council but serves as an expression of interest to provide services and/or supplies of competitive standards in the field of the company's expertise.

On behalf of company

Signature: _____ Date: _____

Designation: _____

Full Name: _____