



## KATIMA MULILO TOWN COUNCIL

OFFICE OF THE CHIEF EXECUTIVE OFFICER

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Ngweze, Namibia

### **PRE-APPROVED SUPPLIER ELIGIBILITY REGISTRATION FORM (IN ACCORDANCE WITH SECTION 14(1)(A) OF THE PUBLIC PROCUREMENT REGULATIONS NO.47 ,2017.**

#### **GENERAL INFORMATION**

1. The information provided in this form will be treated as confidential and will not be disclosed to any third party.
2. KMTC reserves the right to request additional information or documents if necessary.
3. A copy of the completed form must be signed on behalf of your business by a duly authorized signatory.
4. Please complete the supplier questionnaire in full and attached all relevant documents as per Part A.
5. Please note that submission of this form to KMTC does not in any manner imply automatic registration or awarding of contracts.

#### **Part A: DOCUMENTS TO BE SUBMITTED**

Compulsory documents to be submitted with this application:

- Certified copy of Company/Business Registration
- Copy of Tax Registration Certificate
- Copy VAT registration (Where Applicable)
- Copy of Social Security Good Standing Certificate
- Valid Affirmative Action Compliance Certificate (Where Applicable)
- Original letter from the bank confirming bank details (letter should be on letterhead, stamped and signed by the bank) Alternatively a cancelled Cheque
- Company Profile

## **PART B: GENERAL PARTICULARS**

### **1. COMPANY PROFILE**

Registered Name of Business	
Trading Name	
Registration Number (If Applicable)	
Date of Registration	
Type of Business	
VAT Registration Number	
Social Security Number	
Email Address	
Business Tel Number	
Business Fax Number	
Physical Trading Address	
Postal Address	

### **PARTICULARS OF CONTACT PERSON**

First Name	
Surname	
Designation	
Direct Tel Number	
Fax Number	
Cell Phone Number	
Email Address	

1. Indicate the Business Sector in which your company is involved/operating

- Transportation
- Information Technology
- Security and Safety Services
- Professional Services
- Stationery and Printing
- Cleaning Equipment's & Supplies
- Refuse Removal & Cleaning services
- Construction, Properties and Infrastructure
- Other Trade (Specify)

2. If State Owned Enterprise please specify services:

3. Since when has the enterprise been in operation? Months/Year

## PART C: SHAREHOLDING/OWNERSHIP INFORMATION

List all persons who are shareholders/owners or have an ownership interest in the business. Shareholding must add up to 100%, Multiple copies of this page may be submitted if required.

1.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

2.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

3.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

4.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

5.

First Name	
Surname	
ID Number / Passport Number	
Percentage share %	
Nationality	

## PART D: BANKING DETAILS

<b>Name of Banking Institution</b>	
<b>Branch Name</b>	
<b>Branch Code</b>	
<b>Account Type</b>	
<b>Account Number</b>	
<b>Swift Code (If applicable)</b>	

## PART E: TRADE REFERENCES

List at least (3) Customers

1.

<b>Business Name</b>	
<b>Contact Person</b>	
<b>Contact Number</b>	
<b>Goods/services provided</b>	
<b>Years Providing Good/Services</b>	

2.

<b>Business Name</b>	
<b>Contact Person</b>	
<b>Contact Number</b>	
<b>Goods/services provided</b>	
<b>Years Providing Good/Services</b>	

3.

<b>Business Name</b>	
<b>Contact Person</b>	
<b>Contact Number</b>	
<b>Goods/services provided</b>	
<b>Years Providing Good/Services</b>	

## PART E: DECLARATION

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*CLLRs: Cllr. John N. Ntshuwa (Mayor), Cllr. Lascan M. Sikosi (Deputy Mayor), Cllr. Nanangolwa B. Sitali-Mapenzi (Member of Mgt), Cllr. Christinah C. Simanaga (Member of Mgt), Cllr. Charles K. Mustalbe (Member of Mgt), Cllr. Lister Shannalaza (Council Member), Cllr. Chiripter S. Mukendwa (Council Member), Mr. Raphael S. Liswaniso (Chief Executive Officer)*

*ALL OFFICIAL CORRESPONDENCE MUST BE ADDRESSED TO THE OFFICE OF THE CHIEF EXECUTIVE OFFICER*



<b>Date Received</b>	
<b>Received by</b>	
<b>Validation</b>	
<b>Approved/Declined by:</b>	
<b>Date Captured on system</b>	
<b>Vendor/supplier Number</b>	

**For Official Use Only: Accounts Payable/PMU**