



VENDOR REGISTRATION FORM

Please complete the details below and send with all accompanying documentation through to:
suppliers@anovahealth.co.za and cc: procurement@anovahealth.co.za

Company Contact	
Company Name	
Telephone	
Fax	
Email	
Website	
Physical Address	
Postal Address	

Company Overview			
General Details of Services / Goods			
Date Company Established		VAT Registration Number	
Geographic Service Area		Legal Structure	
Business Type		Company Reg No.	
Income Tax Number		B-BBEE Level	
Industry Accreditation (see checklist)			
Key Directors' Name & Surname "^^"	ID Number		
Supporting Documents	B-BBEE CERTIFICATE, DIRECTORS ID, BANK LETTER, CoR29, INDUSTRY CERTIFICATION AND LICENCES, KEY PERSONNEL CV'S *		

Banking Information

Bank Name		Bank Address	
Type of Account		Branch Code	
Account Number			

Trade References

Company Name	Contact Person	Phone Number	Email Address

Certification

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

Declaration

I, the undersigned, declare that I was / was not assisted by any Anova Health Institute employee in completing these application documents and I do not have any personal relationship with any of the staff members directly involved in procurement.

Conflict of Interest

Do you have a close family member or a personal friend who is a staff member of Anova Health Institute who will, directly or indirectly, benefit financially from any successful project being awarded by Anova Health Institute?

Yes

No

Name (Print or Type)		Title	
Signature		Date	

Declaration of Interest

		Yes / No
1	Are any of the directors/owners presently in the service of Anova Health Institute? If yes, furnish particulars	
2	Have any of the directors/owners been employed by Anova Health Institute in past 12 months? If yes, furnish particulars	
3	Does any of the directors/owners have any relationship with (friends, family) with persons who may be involved in the evaluation of this application? If yes, furnish particulars	
4	Are any of the directors/owners disqualified to hold directorship in South Africa? If yes, furnish particulars	
5	Have any of the directors/owners been convicted by a court of law (including any court of law outside of South Africa) for fraud or corruption within the last 5 years? If so, furnish particulars	
6	Have any of your company contracts been prematurely terminated in the past 5 years on account of failure to perform or comply with the contract? If yes, furnish particulars	

Legend

- ^ - List all directors name and identity number.
- * - Applicable to professional services providers.

Documentation Checklist

		Yes / No	If "no", provide reason
1	Original Certified copies of Company registration		
2	Original valid tax clearance certificate		
3	Original Certified copies of Shareholder certificates/CIPRO documents		
4	Original certified copies of shareholders/directors/owners/members identity documents		
5	Original certified copies of accreditation certification for relevant industry		
6	Current B-BBEE certification issued by an accredited rating agency or letter from auditor/accountant confirming annual turnover accompanying Affidavit for SMMEs and Emerging supplies		
7	Company Profile		
8	Audited financial statement if applicable		
9	Original stamped bank letter confirming banking details		