



MINISTRY OF HEALTH AND SOCIAL SERVICES

EXPRESSION OF INTEREST

REGISTRATION OF SUPPLIERS FOR THE SUPPLY OF GOODS / SERVICES TO BE PROCURED UNDER SECTION 31, 32, 33, 35, 36 & 38 OF THE PUBLIC PROCUREMENT ACT 15 OF 2015 AND REGULATIONS 14, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31 & 32 OF THE PUBLIC PROCUREMENT REGULATIONS (FOR THE 2018 / 2019 FINANCIAL YEAR: 01 April 2018 – 31 March 2019)

Before completing this form, kindly read and understand the Sections of the Public Procurement Act, 2015 and Regulations of the Public Procurement Regulations indicated above.

A. Supplier Personal Details

1. Supplier name: _____
2. Cellphone: _____
3. Telephone: _____
4. Fax number: _____
5. E-mail address: _____
6. Postal address: _____
7. Registration to any Regulatory Body? _____

If YES, please attach a certified copy and complete the following:

- 7.1. Name of Regulatory Body: _____
- 7.2. Registration Number: _____
- 7.3. Date of Registration: _____ 7.4. Validity Period: _____

B. Supplier's Goods / Services

8. Goods / Services applying to be registered for:
 - 8.1. _____
 - 8.2. _____
 - 8.3. _____

9. Number of years/months supplier has been in operation: _____

10. Where is your Facility / Office situated? Please provide your full physical address

11. Size of Facility / Workshop: _____

12. Have you previously rendered goods / services to MoHSS? _____

If YES:

12.1. To which Directorate / Hospital did you render to? _____

12.2. When did you render those goods/services: _____

12.3. What are the Purchase Order number(s): _____

C. Pharmaceuticals

13. Are you registered with the Pharmacy Council of Namibia? _____

14. Are you registered with the Namibian Medicines Regulatory Council? _____

15. Where is your Facility / Office situated? Please provide your full physical address?

16. Size of your Warehouse: _____

17. Have you previously rendered Pharmaceutical goods / services to the Ministry? _____

If YES,

17.1. To which Directorate / Hospital did you render to? _____

17.2. When did you render those Pharmaceutical goods/services: _____

17.3. What are the Purchase Order number(s): _____

D. Documentations Submitted

Please cross (X) below, to indicate whether each of the submitted document is original or certified copy.

	Document name / title	Original	Certified Copy
1	Original Expression of Interest Document		
2	Company Profile (should have contact details, location and supplier's goods / services)		
3	Certified copy of a valid Certificate of Good Standing for Procurement Purposes (Value Added Tax), issued by the Ministry of Finance: Inland Revenue.		
4	Certified copy of a valid Certificate of Good Standing for Procurement Purposes (Income Tax), issued by the Ministry of Finance: Inland Revenue.		
5	Certified Copy of a valid Affirmative Action Compliance Certificate (issued in terms of Section 42 of the Affirmative Action (Employment) Act 29 of 1998, as amended; or Letter from the Employment Equity Commission (letter should be on letterhead, stamped and signed by the EEC).		
6	Certified copy of Certificate of valid Good Standing Certificate with the Social Security Commission.		
7	Certified Copy of the Close Corporation Certificate (issued in terms of Act 26 of 1988) or Founding Statement or any other Company Registration Certificate. These Certificates should clearly indicate the goods / services that the Supplier is registered to render.		
8	Certified copy of a valid Certificate of Registration as an SME, issued by the Ministry of Industrialisation, Trade and SME Development (if applicable).		
9	Certified copy of a valid registration document for a Pharmaceutical Distributor Facility, from the Health Profession Council of Namibia – [applicable to suppliers seeking to supply Pharmaceutical Products to the Central Medical Stores (CMS)].		
10	Certified copy of a valid import permit, from the Namibia Medicines Regulatory Council (NMRC) – [applicable to suppliers seeking to supply Pharmaceutical Products to the CMS].		
11	Any other necessary documentation(s), as required by the Public Procurement Act, 2015 and Public Procurement Regulations.		
12			
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14			

E. Qualifications concerning bidders and suppliers

E1: Suppliers using agents

1. Do you have an agent appointed in Namibia to render agency services on your behalf? _____
2. If an agent is appointed, kindly disclose the following:
 - 2.1. Name of the agent: _____
 - 2.2. Physical Address of the agent: _____

 - 2.3. Postal Address of the agent: _____
 - 2.4. Contact number(s) of the agent: _____
 - 2.5. E-mail address of the agent: _____
3. Kindly disclose the amount payable to the agent as commission: _____
4. Type of currency used when paying out commission: _____
5. Mode of payment of such commission: _____
6. Tax registration number of the agent in Namibia: _____
7. Kindly attach the acceptance letter by the agent or any other conditions agreed with the agent.

E2: Involvement of major subcontractor(s) by suppliers

1. Do you have any major subcontractor(s) that you intend to involve in the performance of any procurement contract? _____
2. If any major subcontractor is appointed, kindly disclose the following:
 - 2.1. Name of the subcontractor: _____
 - 2.2. Physical Address of the subcontractor: _____

 - 2.3. Postal Address of the subcontractor: _____
 - 2.4. Contact number(s) of the subcontractor: _____
 - 2.5. E-mail address of the subcontractor: _____
3. Kindly disclose the amount payable to the subcontractor as commission: _____
4. Type of currency used when paying out commission: _____
5. Mode of payment of such commission: _____

6. Tax registration number of the subcontractor in Namibia: _____
7. Kindly attach the acceptance letter by the subcontractor or any other conditions agreed with the agent.
8. Kindly take note that the Ministry of Health and Social Services may review a subcontractor engaged and approve/reject the engagement of such subcontractor, as provided for in Section 23 (2) of the Public Procurement Regulations.

F. Supplier References

Please provide references of the Public Entities where you previously delivered goods/rendered services.

1. Public Entity: _____
Contact Person: _____
Contact Number: _____
E-mail address: _____
Services rendered: _____

Purchase Order number(s): _____

2. Public Entity: _____
Contact Person: _____
Contact Number: _____
E-mail address: _____
Services rendered: _____

Purchase Order number(s): _____

G. Declaration

1. I, _____ (full first and last names), Identity number / Passport number: _____ in my capacity as the _____ (designation) of the company / supplier name: _____, cellphone number: _____ hereby declare that, the information submitted is correct and that my Company should be disqualified, should some information not be in good order, as required by the MoHSS.

Signature: _____ Date: _____

2. Witness:

Full names: _____

Identity number / Passport number: _____

Capacity: _____

Cellphone number: _____

Signature: _____ Date: _____

Please take note that, the Ministry of Health and Social Services:

1. Reserves the right to accept/reject your submission.
2. This is just expression of interest and it does not guarantee that the Ministry will request for a quotation from your company/organisation.
3. May request for further information, with regards to the supply of certain goods/services, as provided for by Section 42 of the Public Procurement Act, 2015 and Regulations 14, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31 and 32 of the Public Procurement Regulations.
4. This expression of interest is only valid from 01 April 2018 to 31 March 2019.

H. FOR OFFICE USE ONLY

APPLICATION REJECTED BY:

NAME: _____

POST DESIGNATION: _____

SIGNATURE: _____

DATE: _____

REASON(S) _____

PRE-QUALIFIED AND REGISTERED BY:

NAME: _____

POST DESIGNATION: _____

SIGNATURE: _____

DATE: _____

REVIEWED AND APPROVED BY:

NAME: _____

POST DESIGNATION: _____

SIGNATURE: _____

DATE: _____