



South African Nursing Council

(Established under the Nursing Act, 2005)

602 Pretorius Street, Arcadia, Pretoria, 0083

P O Box 1123, Pretoria, 0001

Telephone (012) 420-1000

Fax (012) 343-5400 (24-hour line)

COMPULSORY ENTERPRISE QUESTIONNAIRE

Project title:	
Reference No:	

A: INSTRUCTIONS

The following particulars must be furnished. In the case of a joint venture, separate enterprise questionnaires in respect of each partner must be completed and submitted.

Please ensure that you type or print all information neatly and clearly.

B: QUESTIONNAIRE

Section 1: Name of enterprise:		
Section 2: VAT registration number (if any):		
Section 3: Construction Industry Development Board (CIDB) registration number (if any):		
Section 4: Particulars of sole proprietors and partners in partnerships:		
Name^(*)	Identity number^(*)	Personal income tax number^(*)
<i>(*) Complete only if sole proprietor or partnership and attach separate page if more than 3 partners</i>		
Section 5: Particulars of companies and close corporations		
Company registration number		
Close corporation number		
Tax reference number		

Section 6: Record of service of South African Nursing Council

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of the South African Nursing Council:

- A member of the South African Nursing Council
- An official of the South African Nursing Council

If any of the above boxes are marked, disclose the following:

Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder ^(*)	Status of service with the South African Nursing Council (tick appropriate column)	
	Current ^(*)	Within last 12 months ^(*)

^(*) insert separate page if necessary

Section 7: Record of spouses, children and parents in the service of South African Nursing Council

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of the South African Nursing Council:

- A member of the South African Nursing Council
- An official of the South African Nursing Council

If any of the above boxes are marked, disclose the following:

Name of spouse, child or parent ^(*)	Status of service with the South African Nursing Council (tick appropriate column)	
	Current ^(*)	Within last 12 months ^(*)

^(*) insert separate page if necessary

Section 8: Details of previous state contracts awarded to the tenderer

Give details below of any prior contracts which your enterprise has been awarded by an organ of state during the last five years, including particulars of any material non-compliance or dispute concerning the execution of such contract.

If more space is required, please complete on a separate sheet of paper and attach to this document.

Full details of contract
Period of contract
Name of main contact person
Contact details of the above
Particulars of any material non-compliance or dispute concerning the execution of the contract

Section 9: Details of goods/services to be sources from outside the Republic

Give details below of any goods and/or services to be sourced from outside the Republic of South Africa and, if so, what portion and whether any portion of payment from the Council is expected to be transferred out of the Republic.

If more space is required, please complete on a separate sheet of paper and attach to this document.

Description of goods/services	Country of origin	Percentage
Particulars of any portion of payments from the Council which are required to be transferred directly out of the Republic		

Section 10: Declaration

The undersigned, who warrants that he/she is duly authorised to do so on behalf of the enterprise:

- i) authorizes the South African Nursing Council to obtain confirmation from the South African Revenue Services confirming that my / our tax matters are in order;
- ii) confirms that neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise has within the last five years been convicted of fraud or corruption;
- iv) confirms that I/we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest;
- v) confirms that the enterprise has no undisputed commitments towards government, municipal or other service providers in respect of which payment is overdue for more than 30 days;
- vi) confirm that I/we agree that disputes arising out of this tender or any contract resulting from this tender must be settled by means of mutual consultation, mediation (with or without legal representation), or, when unsuccessful, in a South African court of law; and
- vii) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.

If you are unable to agree to any one or more of the above statements, please indicate this above by writing "NO" next to the particular statement or statements. In each case, provide full details of the reasons why not on a separate sheet of paper – which must be attached to this document.

Signed _____ **Date** _____

Name _____ **Position** _____

Enterprise name _____