



Vendor Registration Application Form

Hospitals **must** complete the Vendor Registration Application Form in full together with **all the required supporting documentation.**

VENDOR NUMBER

For Head Office Use
Only

SECTION 1

HOSPITAL OR FACILITY NAME	
APPLICATION (PHARMACEUTICAL OR NON-PHARMACEUTICAL VENDOR)	
FOR PHARMACEUTICAL APPLICATIONS – IS THIS A MANUFACTURER OR DISTRIBUTOR	
FOR PHARMACEUTICAL APPLICATIONS – WILL THIS VENDOR BE A PAYABLE VENDOR OR ONLY A PURCHASING VENDOR	
VENDOR OPERATING NAME	

Please complete the relevant block:

NEW VENDOR	Specify Requirement: Motivation:
REPLACEMENT VENDOR	Vendor to be Replaced: Motivation:
ADDITIONAL VENDOR	Motivation: Current Vendor/s:

NB. Please ensure that sufficient detail is provided in the motivation to prevent delays in processing the application (write a story).

<p>To be completed by the REQUESTER (the person requesting the vendor to be loaded)</p>	<p>I _____ employed by Life Healthcare in my capacity as _____ do hereby declare that:</p> <p>Neither I nor any members of my family are directly or indirectly employed; directors of the company; members of close corporation or share in partnership or joint venture with the vendor referred to in this checklist .</p> <p>Signature:</p>
<p>AUTHORISED BY Hospital / Admin Manager (where the application is made to replace an existing preferred vendor sign off by the Hospital Manager is required)</p>	<p>Signature:</p> <p>Date:</p>
<p>2:1 AUTHORISATION BY Regional Hospital Manager (this is only applicable where the application is made to replace an existing preferred vendor)</p>	<p>Signature:</p> <p>Date:</p>
<p>PROCUREMENT APPROVAL</p>	<p>Designation:</p> <p>Signature:</p> <p>Date:</p>
<p>FINANCE APPROVAL</p>	<p>Designation:</p> <p>Signature:</p> <p>Date:</p>



IMPORTANT VENDOR REGISTRATION INFORMATION

THE FOLLOWING SERVICES WILL NOT BE REGISTERED AT HOSPITAL LEVEL;

- ✓ CATERING SERVICES
- ✓ CLEANING SERVICES
- ✓ COFFEE SHOP SERVICES
- ✓ HEALTHCARE RISK WASTE MANAGEMENT
- ✓ HYGIENE SERVICES
- ✓ LAUNDRY AND LINEN SERVICES
- ✓ MEDICAL EQUIPMENT
- ✓ MEDICAL GAS
- ✓ NURSING AGENCIES
- ✓ PEST CONTROL SERVICES
- ✓ TECHNICAL EQUIPMENT
- ✓ UNIFORMS
- ✓ SECURITY SERVICES

CONTRACTS NEGOTIATED AT HEAD OFFICE FOR PHARMACEUTICALS, INFORMATION MANAGEMENT AND GENERAL CONSUMABLES WILL ALSO NOT BE REGISTERED AT HOSPITAL LEVEL.

A DETAILED MOTIVATION MUST BE SUBMITTED AND SIGNED OFF BY BOTH THE HOSPITAL MANAGER AND REGIONAL HOSPITAL MANAGER.

VENDOR INFORMATION

****(All fields need to be filled in, Vendors that do not conform to requirements listed below will not be registered)***

FINANCIAL DETAILS (BANKING)

Banking institution name

Branch

Town/City

Banking account number

Account type

Account holder's name

NB. DOCUMENTARY PROOF OF BANKING INSTITUTION MUST BE SUPPLIED (Cancelled Cheque). BANKING DETAILS SHOULD NOT BE OLDER THAN 3 MONTHS.

CERTIFICATION OF CORRECTNESS OF INFORMATION AND WARRANTIES

I/We the undersigned is/are duly authorized to do so on behalf of the firm, hereby certify that:

1. The information supplied is correct.
2. All copies of relevant information are attached.

And I/We also hereby declare that:

1. Neither I, nor any members of my family are directly or indirectly employed; directors of the company; members of close corporation or share in partnership or joint venture with the company with which we are registering as a Vendor.
2. No doctor currently working at any hospital or clinic which forms part of Life Healthcare Group, is a shareholder, director, owner or member of the Vendor or has invested directly or indirectly in the vendor's business or any of its subsidiaries.

Quality and legal compliance:

1. All goods delivered will comply with the applicable standards and legal requirements and will be accompanied by the relevant legal documents. Examples are pressure vessels, Lifting gear, Hazardous Chemical Substances.
2. All Service providers must ensure that employees and services comply with the Service Level Agreement agreed at business unit level.

Provision of a service or conduct of contractor employees on a LHC site:

1. The Employer (Contractor) remains legally responsible for the actions of employees whilst on Life Healthcare premises
2. The Employer must:
 - a) Provide LHC with a certificate of good standing from COID and update the certificate as required
 - b) Ensure that employees are competent and trained to perform the work they are required to do on the LHC premises
 - c) Provide safe equipment and appropriate personal protective equipment and clothing for own employees
 - d) Ensure that employees comply with company requirements whilst on site e.g. permit to work

Name and Surname of authorized person

Tel Number

Signature of authorized person

Date

Purchasing Terms and Conditions

1 Recordal

- 1.1 These terms and conditions shall operate as the Master Terms and Conditions applicable to each Purchase Order issued by Life Healthcare as and when required for Goods and Services procured.
- 1.2 Individual Purchase orders may be subject to additional conditions as may be agreed between the parties specified in writing in the Purchase Order or a separate agreement.

2 Interpretation

- The terms as set out below will bear the meanings assigned to them when used in a Purchase Order.
- 2.1 **"Acceptance certificate"** shall mean the written notice by Life Healthcare to the Vendor, which confirms that the goods and services have been commissioned/ installed in terms of the criteria as set out in the purchase order and separate agreement.
 - 2.2 **"Delivery note"** shall mean the document provided to the Life Healthcare by the vendor accompanying the delivery of the goods and or services.
 - 2.3 **"Goods"** shall mean the goods/equipment to be supplied by the vendor as set out in each purchase order.
 - 2.4 **"Order number"** shall mean the official order number allocated to the purchase order by Life Healthcare. Each order shall bear a unique number.
 - 2.5 **"Manufacturer"** shall mean the original goods/equipment manufacturer.
 - 2.6 **"Manufacturer specification"** shall mean the manufacturer's technical specifications of goods/equipment manufactured.
 - 2.7 **"Part number"** shall mean the part number as agreed between Life Healthcare and the vendor as the unique identifier of the goods or services.
 - 2.8 **"Purchase order"** shall mean an electronic document sent to the vendor listing those items of goods and services which Life Healthcare purchases from the vendor.
 - 2.9 **"Purchase price"** shall mean the price, recorded in the purchase order for an item of either goods or services, as listed on the vendor's then catalogue or quotation provided to Life Healthcare.
 - 2.10 **"Packaging"** shall mean all cartons, parcels or envelopes used by the vendor to package and deliver the goods/service.
 - 2.11 **"Vendor"** shall mean the company supplying the goods or services to Life Healthcare.
 - 2.12 **"Services"** shall mean the services, to be performed by the vendor at the Life Healthcare's premises as set out in each purchase order.
 - 2.13 **"Life Healthcare"** shall mean Life Healthcare Limited.
 - 2.14 **"VAT"** shall mean Value Added Tax.
- ### 3 Orders for equipment, goods and services
- 3.1 Life Healthcare will issue the vendor with a purchase order, which contains an official Life Healthcare order number.
 - 3.2 This order number must be quoted on all invoices, delivery/credit notes and related correspondence.

- 3.3 Life Healthcare will not effect payment of invoices/accounts, based on non-official orders. Future changes to the purchase order format of the Life Healthcare will be communicated to the vendor in writing.

4 Delivery of equipment/goods

All goods or services delivered must be in accordance with the Life Healthcare's delivery procedure as detailed in Annexure A attached hereto.

5 Acceptance

Should installation and or commissioning be required an acceptance certificate, signed by Life Healthcare's assigned Engineer, must be submitted with the invoice.

6 Terms of payment

- 6.1 Life Healthcare will pay the vendor of goods or services by way of the electronic transfer of funds through the automated clearing bureau (ACB). Vendors of the goods and services must provide their Banking details to Life Healthcare by completing the Vendor Registration Form available from the Group Procurement department.
- 6.2 A separate invoice is to be submitted for each individual order.
- 6.3 Payment will be made thirty (30) days after date of receipt of invoice, or according to terms agreed to in writing by Life Healthcare, provided the following documentation has been received by the Life Healthcare:
 - 6.3.1 Signed delivery note or time sheet or job card confirming the Services;
 - 6.3.2 The acceptance certificate, as defined in 2.1 (where applicable);
 - 6.3.3 Correctly drawn invoices which includes:
 - The word 'TAX INVOICE' in a prominent place;
 - Name, address and VAT registration number of the vendor;
 - Name, address and VAT registration number of recipient;
 - Serial number and date of issue;
 - Accurate description of goods and/or service;
 - Quantity or volume of goods or services supplied;
 - Price and VAT.
- 6.4 Vendors should indicate settlement discount for earlier payment where applicable.
- 6.5 To avoid delays in payment, invoices and correspondence must be addressed to the Hospital as instructed on the individual Purchase Order.
- 6.6 The full price of equipment or Goods or Services must be invoiced in South African currency.
- 6.7 VAT is to be charged in accordance with the then current legislation.
- 6.8 Purchases Involving Foreign Currencies

- 6.8.1 The base foreign exchange rate must be clearly stated when official quotations are supplied to Life Healthcare.
- 6.8.2 Life Healthcares' payment terms relating to foreign exchange will, where applicable, be made available to the Vendor.

7 Warranty

- 7.1 The manufacturer must guarantee all goods delivered to be in good physical order, in accordance with Life Healthcare's requirements, conform to the manufacturers specifications and or specified and agreed international and local quality standards and specifications.
- 7.2 The Manufacturer shall clearly define the terms and conditions of their warranty to the Life Healthcare prior to entering into negotiations with the Life Healthcare for the sale of Goods or Services.

8 Equipment maintenance

The warranty period shall commence from the date of installation of equipment or the date recorded on the signed Acceptance Certificate, which must be completed for all equipment installed by the Vendor.

Annexure A

Delivery Instructions

1 Delivery of goods

- 1.1 All deliveries must be accompanied by Delivery Notes clearly stating the official Life healthcare Order Number.
- 1.2 A copy of the Delivery Note must be left in the possession of the recipient concerned
- 1.3 All item descriptions and Part Numbers and pricing must correspond to Life Healthcare's Purchase Order.
- 1.4 Serial numbers of equipment, where applicable, must be recorded on Delivery Notes.
- 1.5 The ship to address stated on the Purchase Order shall be reflected on the Delivery Notes.
- 1.6 Where applicable, equipment must be accompanied with the relevant legal documents and user manuals e.g. Pressure vessel certificates for vessels under pressure.

2 Identification of equipment

Each item of equipment that is delivered must have a unique and easily identifiable serial number inscribed on it. This serial number must be retained throughout the life of the equipment notwithstanding the fact that the equipment could be affected through change or enhancement.

3 Packaging of goods

- 3.1 All packaging must reflect

- 3.1.1 Life Healthcare Order Number;
- 3.1.2 The serial number of the part contents; and
- 3.1.3 The Part Number as per the Life Healthcare's order as well as the configuration of the parts forming the contents.
- 3.2 All packaging must be sealed with security tamperproof taping with Vendor's name printed on it.
- 3.3 Any Packaging that has been tampered with or damaged will be returned unopened to the Vendor for replacement at the Vendor's cost.
- 3.4 Additional components must either be strapped, in a secure manner, to the main box with strapping or inserted into the main box and the box re-sealed with the Vendors' unique tape. Delivery documents must indicate that the components are either strapped onto the box of enclosed within the carton.

4 Direct deliveries to Life Healthcare points of representation

- 4.1 The Vendor shall ensure that the following details of the Life Healthcare staff member who receives the delivery are captured on the Delivery Note:
 - 4.1.1 Full name, printed;
 - 4.1.2 Positive identification of the staff member in the form of an official Life Healthcare personnel number;
 - 4.1.3 Full signature; and an
 - 4.1.4 Life Healthcare Hospital or Department Stamp.
- 4.2 The Vendor must submit copies of Delivery Notes with all invoices.

5 Loss or damage

- 5.1 Until the Life Healthcare formally accepts receipt of any Goods purchased, (either signs a Delivery Note or Acceptance Certificate), the Vendor will be solely liable for any loss or damage that may occur.
- 5.2 Acceptance should be interpreted as delivered equipment installed and performing to specification.

Acceptance:

Registered Company Name

Registration number

Name (duly authorised)

Signature

For Head Office Use Only

TO BE COMPLETED BY THE PROCUREMENT OFFICER

1. HEAT REFERENCE NUMBER: _____
2. IS THE VENDOR A GROUP PROCUREMENT OR PHARMACEUTICAL VENDOR?
PLEASE CIRCLE THE RELEVANT ANSWER.

GROUP PROCUREMENT	PHARMACEUTICAL PROCUREMENT
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3. IS THE NEW VENDOR A MEMBER OF AN EXISTING PARTNERSHIP? PLEASE CIRCLE THE RELEVANT ANSWER.

YES	NO
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4. IF YES, PROVIDE THE PARTNERSHIP REFERENCE

5. IF A PHARMACEUTICAL MANUFACTURER, WHAT IS THE MEDIKREDIT VENDOR NUMBER (OBTAIN THE INFORMATION FROM THE PROCUREMENT OPERATIONS MANAGER) _____

6. LIST THE FACILITIES TO WHICH THE VENDOR CODE SHOULD BE EXTENDED TO.
PLEASE TICK THE RELEVANT BOX.

NATIONAL (ALL HOSPITALS AND FACILITIES)	
NATIONAL (ALL HOSPITAL FACILITIES)	
NATIONAL (ONLY LIFE ESIDIMENI FACILITIES)	
NATIONAL (ONLY OCCUPATIONAL HEALTHCARE FACILITIES)	
NATIONAL (ONLY CAREWAYS FACILITIES)	
BOTSWANA SPECIFIC	
REGIONAL (PLEASE SPECIFY)	
UNIT SPECIFIC (PLEASE SPECIFY)	

SIGNATURE: _____ DATE: _____

DATE SENT TO FINANCE FOR FURTHER PROCESSING: _____