



Vendor Registration Application Form

Hospitals **must** complete the Vendor Registration Application Form in full together with **all the required supporting documentation**. The complete pack must be sent to contactcentre@lifehealthcare.co.za

VENDOR NUMBER

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	
WILL THE VENDOR BE PROCESSING OR UTILISING PERSONAL INFORMATION RELEVANT TO POPIA	Circle: Yes or No If yes, please provide a brief description of the personal information that will be processed or utilized.

Please complete the relevant block:

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

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

IF THE VENDOR WILL BE PROCESSING OR UTILISING PERSONAL INFORMATION THEN THE PRIVACY OFFICE VENDOR QUESTIONNAIRE ALSO NEEDS TO BE COMPLETED AND SUBMITTED WITH THIS APPLICATION

<http://lifegateway/sites/GroupProcurement/Procurement%20Forms/Vendor%20Registration/Schedule%20D%20-%20POPIA%20Compliance.pdf>

<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: 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: Date:</p>
<p>AUTHORISED BY Hospital / Admin Manager</p>	<p>Signature: Date:</p>
<p>AUTHORISATION BY Regional Hospital Manager (this is only applicable where the application is made to replace an existing preferred vendor)</p>	<p>Signature: Date:</p>
<p>PRIVACY OFFICE APPROVAL (this is only applicable where the vendor has indicated that they are processing personal information)</p>	<p>Name: Designation: Signature: Date:</p>
<p>FUNCTIONAL APPROVAL</p>	<p>Name: Designation: Signature: Date:</p>
<p>PROCUREMENT APPROVAL</p>	<p>Name: Designation: Signature: Date: Notes:</p>

FINANCE APPROVAL	Name: Designation: Signature: Date:
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NB. Incomplete forms will not be processed



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
- ✓ TECHNICAL EQUIPMENT
- ✓ UNIFORMS
- ✓ SECURITY SERVICES

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

PHARMACEUTICAL VENDORS THAT DO NOT HAVE SAHPRA REGISTRATION WILL NOT BE REGISTERED.

A DETAILED MOTIVATION MUST BE SUBMITTED AND SIGNED OFF BY BOTH THE HOSPITAL MANAGER AND REGIONAL HOSPITAL MANAGER IN THE EVENT THAT A REPLACEMENT VENDOR FOR THE ABOVE IS REQUIRED.

LEXISNEXIS PROCURECHECK WILL BE USED AS A THIRD PARTY VERIFICATION PROCESS. IF THERE ARE ANY CONFLICTS, THE APPLICATION WILL BE ESCALATED TO THE PROCUREMENT MANAGER: PROJECTS AND THE INITIATOR OF THE REQUEST. CONFLICTS WILL BE MANAGED IN ACCORDANCE WITH THE GROUP'S GOVERNANCE AND COULD RESULT IN REJECTION OF THE VENDOR.

****NO SERVICES SHALL BE RENDERED OR GOODS SUPPLIED IN THE ABSENCE OF AN EXECUTED AGREEMENT BETWEEN THE PARTIES.***

VENDOR INFORMATION

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

***COMPANY TYPE:**

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***VAT REGISTRATION NUMBER:**

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***TAX CLEARANCE NUMBER (PLEASE SUPPLY TCC PIN IN SECOND LINE)**

**ATTACH LETTER OF GOOD STANDING*

***WERE THERE ANY JUDGMENTS ISSUED AGAINST THE COMPANY IN LAST 5 YRS;**

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***DOES THE VENDOR HAVE A VALID BBBEE CERTIFICATE OR AFFIDAVIT FOR EME (PLEASE SUPPLY COPY)**

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IF A SOLE PROPRIETOR OR PARTNERSHIP – PLEASE COMPLETE

ID NUMBER

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Please supply certified copies of ID's.

PERSONAL TAX REFERENCE NUMBER

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PHYSICAL ADDRESS IF DIFFERENT TO BUSINESS ADDRESS

City

 Code

Province

VENDOR INFORMATION

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

BUSINESS PARTICULARS

Physical address

City Code

Province

Postal address

City Code

Province

Telephone Number.

Fax Number.

VENDOR PURCHASING INFORMATION

E-Mail Address

Telephone

Fax

Lead Time

VENDOR PAYABLES INFORMATION

Payment Method

Debtors Contact Name

Telephone

Remittance E-Mail Address _____

NB. ALL PAYMENT TERMS ARE DEFAULTED TO 2.5% SETTLEMENT DISCOUNT AND PAYABLE WITHIN 30 DAYS OF DATE OF STATEMENT .

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.

IF THE VENDOR WILL BE PROCESSING OR UTILISING PERSONAL INFORMATION THEN THE PRIVACY OFFICE VENDOR QUESTIONNAIRE ALSO NEEDS TO BE COMPLETED AND SUBMITTED WITH THIS APPLICATION

<http://lifegateway/sites/GroupProcurement/Procurement%20Forms/Vendor%20Registration/Schedule%20D%20-%20POPIA%20Compliance.pdf>

ALL VENDORS MUST EXECUTE EITHER THE LIFE HEALTHCARE GROUP (PTY) LTD MASTER SERVICE AGREEMENT (“MSA”) OR ANY OTHER APPROPRIATE AGREEMENTS FOR THE PROVISION OF SERVICES OR SUPPLY OF GOODS. THE PARTIES AGREE AND ACKNOWLEDGE THAT NO GOODS SHALL BE SUPPLIED OR SERVICES RENDERED IN THE

ABSENSE OF AN EXECUTED AGREEMENT BETWEEN THE PARTIES DEPSITE VENDOR REGISTRATION.

<http://lifegateway/sites/GroupProcurement/Procurement%20Forms/Vendor%20Registration/MASTER%20SUPPLY%20AGREEMENT.rtf>

<http://lifegateway/sites/HR/Global%20Code%20of%20Conduct/Life%20Healthcare%20-%20Global%20Code%20of%20Conduct%20-%20English%20July%202019.pdf>

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

For Head Office Use Only

TO BE COMPLETED BY PRODUCT DATABASE

1. HEAT REFERENCE NUMBER: _____

2. HAS THE SARS WEBSITE BEEN USED TO VERIFY THE GOOD STANDING OF THE VENDOR, USING THE TCC REFERENCE PROVIDED? PLEASE INDICATE THE RELEVANT ANSWER.

YES	NO
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**ATTACH SCREEN DUMP OF SARS WEBSITE*

3. HAS A SIGNED MASTER SERVICE AGREEMENT BEEN ATTACHED?

YES	NO	N/A
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**IF NO, REJECT APPLICATION*

4. IS THE VENDOR A NON-PHARMACEUTICAL PROCUREMENT OR PHARMACEUTICAL VENDOR? PLEASE INDICATE THE RELEVANT ANSWER.

NON-PHARMACEUTICAL PROCUREMENT	PHARMACEUTICAL PROCUREMENT
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5. IS THE NEW VENDOR A MEMBER OF AN EXISTING PARTNERSHIP? PLEASE INDICATE THE RELEVANT ANSWER.

YES	NO
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6. IF YES, PROVIDE THE PARTNERSHIP REFERENCE

7. IF A PHARMACEUTICAL MANUFACTURER, WHAT IS THE MEDIKREDIT VENDOR NUMBER _____

8. 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 EHS FACILITIES)	
BOTSWANA SPECIFIC	
REGIONAL (PLEASE SPECIFY)	
UNIT SPECIFIC (PLEASE SPECIFY)	

9. HAS THE BBBEE STATUS BEEN VERIFIED AGAINST MPOWERED

YES	NO
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**ATTACH SCREEN DUMP OF MPOWERED STATUS*

10. BBBEE SAP CATEGORY FOR CAPTURING

11. HAS THE VENDOR BEEN UPLOADED AND CONFLICT VERIFICATIONS CHECKED AGAINST LEXISNEXIS PROCURECHECK

YES	NO
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**ATTACH LEXISNEXIS PROCURECHECK REPORT*

IF THERE ARE ANY CONFLICTS. THE APPLICATIONS NEEDS TO BE ESCALATED TO THE PROCUREMENT MANAGER: PROJECTS AND THE INITIATOR OF THE REQUEST. CONFLICTS WILL BE MANAGED IN ACCORDANCE WITH THE GROUP'S GOVERNANCE AND COULD RESULT IN REJECTION OF THE VENDOR.

12. FINAL CHECKLIST

	YES	NO	N/A
POPIA QUESTIONNAIRE			
PRICE LIST			
SAHPRA REGISTRATION			
LETTER OF GOOD STANDING			
BBBEE CERTIFICATE OR AFFIDAVIT			
IDENTITY DOCUMENTATION			
PROOF OF BANKING			
SIGNED MASTER SERVICE AGREEMENT			
LEXISNEXIS VERIFICATION			
LEXISNEXIS CONFLICT			

13. APPLICATION APPROVED?

YES	NO
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NAME OF PROCUREMENT RESOURCE PROCESSING THE APPLICATION:

SIGNATURE: _____ DATE: _____

DATE SENT TO FINANCE FOR FURTHER PROCESSING: _____