

DISCOVERY METALS GROUP OF COMPANIES

Supplier Application Form

PROVISION OF CONSULTANCY SERVICES

Company Name:

SUPPLIER DATABASE REGISTRATION APPLICATION FORM

Notes to Applicant:

- a) Incorrect or incomplete information could invalidate your application or delay your assessment.
- b) All information shall refer to business only
- c) Only shortlisted companies will be responded to

1. Company Information

Name of Company	
Company Registration No. (Attach cert. of incorporation)	
TIN No.	
Date of Registration	
Legal Status (Select the applicable box)	Partnership P <input type="checkbox"/> Sole Proprietor SP <input type="checkbox"/> Close Corporation CC <input type="checkbox"/> Proprietary Limited Pty Ltd <input type="checkbox"/> Other (Please specify) _____
Vat Registration No. (Attach tax clearance cert.)	
Postal Address	
Physical Address	
E-mail Address	
Telephone No.	
Facsimile No.	
Cell phone No.	
Workman’s Compensation available? (Attach copy of cert.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Directors Names and Qualifications	Name: _____
	Name: _____
	Name: _____
	Name: _____

2. Contacts

Key Technical Contacts

Name	
Designation	
Qualification	
Experience	
Telephone number	
Facsimile number	
Cellphone number	
Email address	

Key Technical Contacts

Name	
Designation	
Qualification	
Experience	
Telephone number	
Facsimile number	
Cellphone number	
Email address	

Key Technical Contacts

Name	
Designation	
Qualification	
Experience	
Telephone number	
Facsimile number	
Cellphone number	
Email address	

Key Commercial Contacts

Name	
Designation	
Qualification	
Experience	
Telephone number	
Facsimile number	
Cellphone number	
Email address	

Name:	
Designation	
Qualification	
Experience	
Telephone number	
Facsimile number	
Cellphone number	
Email address	

Name:	
Designation	
Qualification	
Experience	
Telephone number	
Facsimile number	
Cellphone number	
Email address	

3. Particulars of Directors

No	Name	CITIZENSHIP		ID No/Passport	No. of shares	% of the share Capital
		Botswana	Other (specify)			
1.		<input type="checkbox"/>				
2.		<input type="checkbox"/>				
3.		<input type="checkbox"/>				
4.		<input type="checkbox"/>				
5.		<input type="checkbox"/>				
6.		<input type="checkbox"/>				
7.		<input type="checkbox"/>				
8.		<input type="checkbox"/>				

Note: Attach shareholding certificates and copies of identity cards/passport

4. Tendering Interest

Preferred Work Range (Pula)	Maximum: P _____
Work Sector	
Core Business	

4.1 Category of Consultancy applied for;

Item	Category	Clarify Type of Work Within Category
1.	Geological	
2.	Geophysical	
3.	Geotechnical	
4.	Geochemical	
5.	Resource	
6.	Mining	
7.	Hydrogeological	
8.	Survey	
9.	Quantity Survey	
10.	Drilling	
11.	Blasting	
12.	Process Engineering	
13.	Instrumentation and Control	
14.	Mechanical	
15.	Electrical	
16.	Civil	
17.	Safety, Health, Environment	
18.	Ventilation and Air Conditioning	
19.	OTHER (Specify)	

5. Capacity & Competence

5.1 Geological

Discipline	Qualification/ Trade	No. of Personnel

5.2 Geophysical

Discipline	Qualification/ Trade	No. of Personnel

5.3 Geotechnical

Discipline	Qualification/ Trade	No. of Personnel

5.4 Geochemical

Discipline	Qualification/ Trade	No. of Personnel

5.5 Resource

Discipline	Qualification/ Trade	No. of Personnel

5.6 Mining

Discipline	Qualification/ Trade	No. of Personnel

5.7 Hydrogeological

Discipline	Qualification/ Trade	No. of Personnel

5.8 Survey

Discipline	Qualification/ Trade	No. of Personnel

5.9 Quantity Survey

Discipline	Qualification/ Trade	No. of Personnel

5.10 Drilling

Discipline	Qualification/ Trade	No. of Personnel

5.11 Blasting

Discipline	Qualification/ Trade	No. of Personnel

5.12 Process Engineering

Discipline	Qualification/ Trade	No. of Personnel

5.13 Instrumentation & Control

Discipline	Qualification/ Trade	No. of Personnel

5.14 Mechanical

Discipline	Qualification/ Trade	No. of Personnel

5.15 Electrical

Discipline	Qualification/ Trade	No. of Personnel

5.16 Civil

Discipline	Qualification/ Trade	No. of Personnel

5.17 Safety, Health & Environment

Discipline	Qualification/ Trade	No. of Personnel

5.18 Ventilation & Air Conditioning

Discipline	Qualification/ Trade	No. of Personnel

5.19 Other (Specify)

Discipline	Qualification/ Trade	No. of Personnel

6. Key Personnel Competence (attach certified copies of certificates to verify qualifications)

Name	Position	Qualifications
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

7. Premises

Offices	Rented <input type="checkbox"/> Owned <input type="checkbox"/> 1. Office Space (m ²) _____ 2. Workshop space (m ²) _____ 3. Yard storage (m ²) _____
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Attach premises certificate/Title deed or lease

8. Equipment List

List only significant equipment that would contribute towards your selection in the Category of work applied for.

	Equipment/Plant	Model	Make	Condition	Owned or Rented
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

9. Financial Details

9.1 Date of last financial year end _____

9.2 Please state, in the spaces provided below, the values of your fixed assets as at date of last financial year end, broken down by category and showing net book values.

<u>ASSETS OWNED</u>	NET BOOK VALUE (PULA)
Land & Buildings	
Plant & Equipment	
Office Furniture + Machinery	
Computer Equipment	
Motor Vehicles – Trucks	
Cars	
Others (specify)	
Total value	

9.3 Please provide the **annual turnover** during the **5 last financial years**?

Last year 20__ PULA _____

Two years ago 20__ PULA _____

Three years ago 20__ PULA _____

Four years ago 20__ PULA _____

Five years ago 20__ PULA _____

9.4 Banking Details

Bank:	Branch:		
Branch Code:	Account Number:		
	Available		Comment
	Yes	No	
Attach the below set of Financial reports or 6 months statement:			
1. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
2. Profit & Loss (income) Statement	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cash Flow Statement	<input type="checkbox"/>	<input type="checkbox"/>	

10. Experience

Please provide, in the boxes below, the total order value, and the relevant details, of the largest or most important projects carried out in the past 3 years.

Date: _____
Approximate value: _____
Project Title: _____
Brief description of project: _____
Name of principal client: _____
Tel: _____

Date: _____
Approximate value: _____
Project Title: _____
Brief description of project: _____
Name of principal client: _____
Tel: _____

Date: _____
Approximate value: _____
Project Title: _____
Brief description of project: _____
Name of principal client: _____
Tel: _____

Date: _____
Approximate value: _____
Project Title: _____
Brief description of project: _____
Name of principal client: _____
Tel: _____

Note: Attach copies of stated purchase orders or contracts

10.1 Trade References

	Company	Contact Person	Contact Number(s)
1.			
2.			
3.			

Attach copies of trade references if available

11. Quality Control

11.1 Has your organization been assessed and certified against a Recognized

Quality Standard? Yes No

If yes, please state the standard _____

Quality Standard and level _____

Assessment body / Organisation _____

Approval Date: _____

Expiry Date: _____

Scope of registration: _____

Any Exclusions: _____

Note: Supporting documentation should be submitted in respect of the above.

11.2 If you don't have QC certificate attach a copy of your quality control procedures or copy of a previous project quality plan.

12. Safety, Health & Environment (SHE)

Answer with a yes or no to the following questions. If the answer is yes the relevant supporting documentation must be made available.

	Criteria	Yes	No	Comments
1.	Do you have a written SHE Policy?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you have written health and safety plan for... <ul style="list-style-type: none"> • Hearing conservation? • Respiration protection? • Use of personal protective equipment? • Hazardous materials? 	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Do you have written incident investigation procedure and maintain investigation logs?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you have written risk assessment plans?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Do you develop site specific safe work procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Do you maintain site-specific health and safety plans?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Do you conduct and document project safety inspections? Record frequency?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Do you have Material Safety Data Sheets for materials used in your category of work?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Do you maintain operating equipment in compliance with regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Do you have a full-time safety /health coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Do you document training of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Do you hold site safety meetings for field employees?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Do you carry out First Aid Training? Advise no. of qualified First Aiders	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Do you conduct pre-employment medical examination of staff?	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Do you have a written HIV/AIDS awareness policy?	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Provide a list of PPE the company issues to employees	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Are you familiar with the Botswana Mines, Quarries, Works and Machinery Act?	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Which other Statute applies in your specific work category?	<input type="checkbox"/>	<input type="checkbox"/>	

13. DECLARATION:

I solemnly declare that the information given in the application is correct to the best of my knowledge and belief.

NAME OF REPRESENTATIVE: _____

POSITION: _____

SIGNATURE: _____ DATE: _____

COMPANY STAMP / SEAL

Submit the completed application form in a sealed envelope marked and addressed to:-

“SUPPLIER APPLICATION FORM”

**Procurement Superintendent
Discovery Metals Botswana
Postnet
P. O. Box AB 56 ABC
Gaborone
Botswana.**

Or deliver to:

**Discovery Metals Botswana
Plot 21314,
Sebele Road,
Phakalane,
Gaborone,
Botswana**

Or email to: info@discoverymetals.com

CLOSING DATE : 11 OCTOBER 2010.

ANNEXURE A: List of attachments

1. Certificate of incorporation
2. Tax clearance certificate
3. Workman's compensation certificate
4. Shareholding Certificate
5. Copies of shareholders identity cards/passport
6. Certificates of key personnel relevant to the chosen work sector
7. Management's CVs
8. Premises title deed or lease
9. Copies of previous most important purchase orders or contracts
10. Trade references where possible
11. Financial reports – Balance sheet/profit & loss statement/Cash flow statement or 6 months bank statement
12. Quality Control documentation – Quality standard certificate/Quality Control procedure/Quality management plan
13. Safety , Health and Environment – SHE Policy or SHE plan and any other documentation as per SHE criteria listing (Ref. Section 12.1 to 12.18 above).