

## SUPPLIER REGISTRATION FORM

Dear Supplier

Right To Care NPC (RTC) is a Non-Profit Company with multiple subsidiaries. RTC's mandate is to see an increase in life expectancy of patients, as well as improve access to affordable health care to patients in need. We have a renowned track record with successes spanning the globe, we primarily provide supportive innovative technical assistance and conduct joint implementation within country partners, while continuing to react to requests from various funders to develop health care systems and to provide support for: the **prevention, care and treatment of HIV and associated diseases** and to create channels for affordable and accessible health care.

By submitting the information below, you agree that RTC may proceed with a credit check and contact supplier references, to make an informed decision, as to approving or declining your request.

The submission of information below, must not be seen as an undertaking of RTC, that RTC will do business with you, and it will be in the sole discretion of RTC, to decide to do business or not.

In the event you are successful, you will be required to sign a supplier agreement with RTC, based on RTC's terms and conditions.

Should you be unsuccessful, RTC will not be obligated to notify you, and also, not to provide any reasons for RTC's decision to decline your application.

RTC, applies the principals of good corporate governance and prescribed to various anti -corruption legislations, and by signing this application, you bind yourself and will adhere to such legislation.

RTC values supplier relationships and wishes to ensure, that information about your company/organisation is accurately reflected on our system. In the interest of good corporate governance and the potential opportunity to do business with you in future, we kindly request that you complete this form and provide us with the requested documents.

### Information and instructions

#### SECTION A

SUPPLIER INFORMATION	
1	Registered Supplier Name:
2	Trading Name if different from Registered Name:
3	Provide up to 4 keywords that describe the nature of your business and the products or services that you are able to supply to Right to Care:
4	Company registration number:
5	VAT registration number (where applicable):
6	Physical address:
7	Postal address:
8	Website address:
<b>BANKING DETAILS ARE COMPULSORY AND MUST BE COMPLETED</b>	
9	Bank name:
	Branch name:

	Branch code:	
	Account name:	
	Account number:	
	Account type:	
<b>CONTACT DETAILS FOR PURCHASE ORDERS</b>		
10	Name and Surname:	Designation:
	Email:	Contact details:
<b>CONTACT DETAILS FOR INVOICE PAYMENTS</b>		
11	Name and Surname:	Designation:
	Email:	Contact details:
<b>TRADE REFERENCES</b>		
12	Company name	
	Contact name	
	Contact details	
	Company name	
	Contact name	
	Contact details	
	Company name	
	Contact name	
	Contact details	

## SECTION B

Supporting documentation to be submitted with this form:

1. Completed supplier registration form signed by an authorized signatory of entity
2. Company registration certificate document listing the company directors
3. A copy of a valid tax clearance certificate (only)
4. A copy of a cancelled cheque OR a copy of a letter from the bank verifying the banking details, including the bank stamp confirmation of details
5. BEE information – if any
6. Certification – if any

All payments due to supplier will be made by means of electronic transfer only, by paying the amount due directly into a supplier's bank account through Right to Care Standard Bank internet system. This procedure is implemented not only to pay our creditors as conveniently as possible, but also to ensure the maximum protection to interested parties against loss, theft and cheque fraud.

We hereby request and authorize Right to Care to pay any amounts that may accrue to us directly to the credit of our account with the above-mentioned bank by electronic transfer.

Expiration of any of the provided certificates/documents or changes to any of the above information, bank account details or any other related information will be given in writing, approved by a fully authorized person/s and certified as required by Right to Care.

In case of changes to bank account details, these should be submitted together with an original company cheque or stamped by the relevant bank.

By signing below you confirm that you have no conflict of interest in RTC, by having family and friends working at RTC.

I/we, the undersigned, hereby confirm that we are duly authorized to bind the entity/company or close corporation into the above agreement and we certify that all information provided in this form is true and correct.

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Authorized Signature Full Name and Surname

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Designation Date

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Authorized Signature Full Name and Surname

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Designation Date

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**FOR RIGHT TO CARE INTERNAL OFFICE USE ONLY**

**RTC PROCUREMENT DEPARTMENT INTERNAL USE**

Supplier creation requested by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RTC FINANCE DEPARTMENT INTERNAL USE**

Supplier previously created? 

Yes		No	
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Reviewed and confirmed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_