

8. HDI INFORMATION

How many full time (FT) and part time (PT) **staff members** are employed by the enterprise:

	Historically Disadvantaged Individuals				OTHER	
	PRIORITY		NON PRIORITY		FT	PT
	FT	PT	FT	PT		
Male						
Female						

How many full time (FT) and part time (PT) **Disabled members** are employed by the enterprise:

	Historically Disadvantaged Individuals				OTHER	
	PRIORITY		NON PRIORITY		FT	PT
	FT	PT	FT	PT		
Male						
Female						

Disabled (a permanent impairment of a physical, intellectual or sensory function resulting in restricted or lack of ability to of ability to perform in a manner considered normal for a human being

9. PREVIOUS EXPERIENCE

List the last 4 contracts awarded to you (the supplier) or other previous experience related to your core business.

EMPLOYER / DEPARTMENT	CONTACT PERSON and TELEPHONE NUMBER	CONTRACT VALUE IN RAND	COMPLETED SUCCESSFULLY YES/NO	YEAR

10. CERTIFICATION OF CORRECTNESS OF INFORMATION AS PROVIDED

I / WE THE UNDERSIGNED, WHO WARRANTS THAT I AM / WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT:

- 1) The supplier will be required to furnish documentary proof of the information relating to preferences, if requested to do so.
- 2) If the information supplied is found to be incorrect then the ----- may, in addition to any remedies it may have:
 - (i) Disqualify the supplier / contractor for a particular tender / contract / project it may be considered for, or which had been awarded to the supplier / contractor;
 - (ii) Recover from the supplier / contractor all costs, losses or damages incurred or sustained by the ----- as a result of breach of the contract;
 - (iii) Cancel the contract and claim any damages which the ----- may suffer by having to make less favourable arrangements after such cancellation: and/or;
 - (iv) De-register the supplier registered on the Supplier Database.

SIGNED ON THIS _____ DAY OF _____ 20____ AT _____

BEFORE THE COMMISSIONER OF OATHS

SIGNATURE OF AUTHORISED REPRESENTATIVE

NAME IN BLOCK LETTERS

SUPPLIER'S NAME: _____

<p>Signed and affirmed to, before me at, _____ on this _____ day of _____ year _____, by the deponent who has acknowledged that he / she knows and understands, the contents of this document, and he / she acknowledged that he / she has no objection to affirming, that he / she regards the affirmation to be binding on his / her conscience.</p> <p>_____ COMMISSIONER OF OATHS</p> <p>FULL NAME: _____</p> <p>BUSINESS ADDRESS: _____</p> <p>CAPACITY: _____</p> <p>AREA: _____</p>
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