

SSA2 DECLARATION OF INTERESTS



A. Declaration of interest

Any legal person, including persons employed by SAIPA, or persons having a kinship with persons employed by SAIPA, including a blood relationship, may make an offer or offers in terms of this invitation to supply goods and/or services.

In view of possible allegations of favouritism, should the resulting contract, or part thereof, be awarded to persons employed by SAIPA, or to persons connected with or related to them, it is required that the supplier or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the supplier is employed by SAIPA; and/or
- the legal person on whose behalf the contract is signed, has a relationship with persons who are involved in the evaluation and or adjudication of the contract(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or selection of the supplier.

B. In order to give effect to the above, the following questionnaire must be completed and submitted

Full name of supplier or
representative

Identity number

Capacity / position in business
entity

Business registration number

Income tax registration number

VAT registration number

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For the following questions, where the answer is “Yes”, please furnish the necessary particulars in Appendix A.

B.1 Are you or any person connected with the supplier presently employed by SAIPA? Yes / No

B.2 Did you or your spouse, or any of the business entity’s directors / trustees / shareholders / members or their spouses conduct business with SAIPA in the previous twelve months? Yes / No

B.3 Do you, or any person connected with the supplier, have any relationship (family, friend, other) with a person employed by SAIPA and who may be involved with the evaluation and or selection of this application? Yes / No

B.4 Are you, or any person connected with the supplier, aware of any relationship (family, friend, other) between any other supplier and any person employed by SAIPA who may be involved with the evaluation and/or select? Yes / No

B.5 Do you or any of the directors / trustees / shareholders / members of the business entity have any interest in any other related companies whether or not they are applying to supply goods or services to SAIPA? Yes / No

B.6 Please provide details of all the bidder’s directors / trustees / shareholders / members:

	Full name	Capacity (eg director)	Identity number
1			
2			
3			
4			
5			

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C. Declaration

I, the undersigned (Full Name) _____
certify that all the information furnished in this return is correct. I accept that SAIPA may reject the
application or act against me should this declaration prove to be false.

Signature of Supplier or Representative

Capacity

Date

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SAIPATM
■ YOUR WEALTH

Appendix A

Question	Name of person	Position occupied at SAIPA	Other relevant information