



## **Botswana Railways**

# **Supplier Information Questionnaire**



# Supplier Information Questionnaire

**INFORMATION PROVIDED WILL BE TREATED AS STRICTLY CONFIDENTIAL.**

YOU ARE REQUIRED TO PRINT AND COMPLETE IN BLOCK LETTERS AND RETURN ORIGINAL COPY TO BOTSWANA RAILWAYS

**SECTION A: COMPANY DETAILS.**

A.1 Full name of Company: -----  
-----  
-----

A.2 Company Registration Number: ----- -

A.3 Company Web Address: -----

A.4 VAT Registration Number: -----

A.5 Telephone Number (include area code): -----

A.6 Fax Number (include area code): -----

A.7 Company e-Mail Address: -----

A.8 Physical Address (Include Plot number, Suburb, City, etc. as part of address): -----

-----  
-----  
-----

A.9 Full Postal Address: -----

-----  
-----  
-----

**SECTION B. CONTACT PERSONS.**

B.1 Commercial Contact details.

B.1.1 Commercial Contact Name: -----

B.1.2 Commercial Contact Telephone Number: -----

B.1.3 Commercial Contact e-Mail: -----

B.2 Technical Contact details.

B.2.1 Technical Contact Name: -----

B.2.2 Technical Contact Telephone Number: -----

B.2.3 Technical Contact e-Mail: -----



# Supplier Information Questionnaire

## SECTION C. PAYMENT DETAILS.

C.1 Payment Terms:  
Provide settlement terms: -----  
-----

C.2 Remittance advices to be sent to: (tick one)  
Postal address  Fax No:  e-mail address:

## SECTION D: COMPANY PROFILE.

D.1 Please indicate which of the following represents your Company.  
Partnership  Sole Proprietor  Incorporated Company  Others

If Other Please Indicate: -----  
-----  
-----

## SECTION E: TECHNICAL INFORMATION.

E.1 Please indicate your area of specialty which best describes your main business. **Please also supply details of your major products or trade adjacent to each option indicated e.g. hardware, stationary, pumps, chemicals, safety equipment, architectural services, construction etc.**

- MANUFACTURER  -----
- REPAIR & MAINTENANCE  -----
- WHOLESALE  -----
- DISTRIBUTOR  -----
- AGENT  -----
- RETAILER  -----
- PROFESSIONAL SERVICES  -----
- CONSULTANT  -----
- CONTRACTOR  -----
- DEALERSHIP  -----

If dealership is indicated please indicate for which company you are a dealer: -----  
-----  
-----

OTHER   
If "Other" please provide details.  
-----

E.2 Other information which you wish to declare in the above regard:





# Supplier Information Questionnaire

Signed at-----on this -----day of ----- 200-----

Signed on behalf of "the Vendor"-----

Full names: -----

In my capacity as-----

|                          |                   |                    |             |
|--------------------------|-------------------|--------------------|-------------|
| <b>For BR's use only</b> |                   |                    |             |
| Authorised by: _____     | Print name: _____ | Designation: _____ | Date: _____ |
| Captured by: _____       | Print name: _____ | Designation: _____ | Date: _____ |

## SECTION H: CITIZEN EMPOWERMENT

|   |                          |
|---|--------------------------|
| Insert Company name:  |                          |
| Please indicate the correct response in the appropriate box.(X)                         |                          |
| <b>Section H.1 COMPANY PROFILE (Ownership status).</b>                                  |                          |
| <i>Complete only ONE sub-section in Section H.1</i>                                     |                          |
| <b>H.1.1 Citizen owned Companies.</b>   |                          |
| <input type="checkbox"/>  | 51% citizen owned.       |
| <input type="checkbox"/>  | 75% citizen owned.       |
| <input type="checkbox"/>  | 100% citizen owned.      |
| <b>H.1.2 Non Citizen owned Companies (Botswana based).</b>                              |                          |
| <input type="checkbox"/>  | 0 to 25% citizen owned.  |
| <input type="checkbox"/>  | 26 to 50% citizen owned. |
| <b>H.1.3 Joint Venture.</b>   |                          |
| <input type="checkbox"/>  | <25% citizen.            |
| <input type="checkbox"/>  | 25 to 49% citizen.       |
| <input type="checkbox"/>  | 50 / 50%.                |
| <input type="checkbox"/>  | 51 to 75% citizen.       |
| <b>H.1.4 Foreign registered.</b>  |                          |
| <input type="checkbox"/>  | Foreign.                 |
| <b>Section H.2 CITIZEN EQUITY SHAREHOLDING.</b>   |                          |
| <b>H.2.1 Unrestricted voting rights (shareholding) in the company held by Citizens.</b> |                          |
| <input type="checkbox"/>  | 25 to 49% citizen.       |
| <input type="checkbox"/>  | 50 / 50%.                |
| <input type="checkbox"/>  | 51 to 75% citizen.       |
| <input type="checkbox"/>  | >75% citizen             |
| <b>Section H.3 CITIZEN CONTROL.</b>   |                          |
| <b>H.3.1 % of Citizen executive directors.</b>  |                          |
| <input type="checkbox"/>  | <50%                     |
| <input type="checkbox"/>  | 50 – 74%                 |
| <input type="checkbox"/>  | 75 – 100%                |



# Supplier Information Questionnaire

| <b>Section H.4 CITIZEN EMPLOYMENT AND INVOLVEMENT.</b>                            |  |  |
|---|--|--|
| H.4.1 State total number of employees. % Citizen employees.                       |  |  |
|   | <25%   |  |
|   | 25 – 50%   |  |
|   | 50 – 75%   |  |
|   | 75 – 100%  |  |
| H.4.2 State total number of Professionals. % Citizen Professionals.               |  |  |
|   | <25%   |  |
|   | 25 – 50%   |  |
|   | 50 – 75%   |  |
|   | 75 – 100%  |  |
| H.4.3 State total number of Managers. % Citizen Managers.                         |  |  |
|   | <25%   |  |
|   | 25 – 50%   |  |
|   | 50 – 75%   |  |
|   | 75 – 100%  |  |
| H.4.4 State total number of artisans/technicians. % Citizen artisans/technicians. |  |  |
|   | <25%   |  |
|   | 25 – 50%   |  |
|   | 50 – 75%   |  |
|   | 75 – 100%  |  |
| <b>Section H.5 LOCAL PURCHASE.</b>  |  |  |
| H.5.1 % spend on Botswana based companies.  |  |  |
|   | <50%   |  |
|   | 50 – 74%   |  |
|   | 75 – 100%  |  |
| H.5.2 % spend of total sub contractor fees awarded to citizen owned businesses.   |  |  |
|   | <50%   |  |
|   | 50 – 74%   |  |
|   | 75 – 100%  |  |
| <b>Section H.6 CAPACITY BUILDING.</b>   |  |  |
| H.6.1 % of payroll spent training citizens.                                       |  |  |
|   | >0%  |  |
|   | >1%  |  |
|   | >2%  |  |
| H.6.2 Succession planning.  |  |  |
|   | Succession planning in place for <50% of managerial and technical positions. |  |
|   | Succession planning in place for >50% of managerial and technical positions. |  |
|   | Succession planning in place for all managerial and technical positions.     |  |



# Supplier Information Questionnaire

## SECTION I: PREVIOUS WORK/PROJECTS

Suppliers are requested to list major work/projects undertaken during the last three years

| Client | Work/Project | Value |
|--------|--------------|-------|
| -----  | -----        |       |
| -----  | -----        |       |
| -----  | -----        |       |
| -----  | -----        |       |
| -----  | -----        |       |
| -----  | -----        |       |
| -----  | -----        |       |

## SECTION J: ATTACHMENTS:

J.1 Please attach copies of your company documentation as follows: -

- Certificate of Registration or Trading Certificate/Permit.  attached
- Share certificates and Form 2.  attached
- Shareholders' agreement.  attached
- Directors' resolution authorizing the company official completing this form.  attached
- VAT registration certificate.  attached
- Accreditation certificates.  attached
- Registration certificate for the Workmen's Compensation Fund.  attached
- Letterhead.  attached
- Quality Management System Certificates.  attached
- Copy of PPADB registration letter.  attached
- Customs & Excise TIN registration. (Botswana suppliers only).  attached
- Distributorship / Agency agreements.  attached

J.1 We, the undersigned, duly authorized by our company, certify that we understand the content of this document, have taken note of the attachments and declare that all information we supplied is correct and complete and that we will keep you informed should any of this information change in future.

TO BE COMPLETED AND SIGNED BY AN AUTHORISED COMPANY REPRESENTATIVE

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date