# ANNEXURE B: QUESTIONNAIRE/ APPLICATION FORM

# RFI 02/2015 – APPOINTMENT OF A PANEL OF

# INSOLVENCY PRACTITIONERS

# 

# Notes:

# Applicant/Bidder (Insolvency Practitioner) must complete the form electronically in full. Please do not submit a form which has been completed by hand. After electronically completing the form, it must be printed and submitted with all other required documents.

# Non-completion may render bidder submission as non-responsive.

1. SARS reserves the right to request additional information and/or supporting documents from bidders in order to validate the disclosed information on this application form.

|  |  |  |
| --- | --- | --- |
| 1. **APPLICANT/BIDDER QUALIFYING CRITERIA** | | |
| Are you on the Master’s panel of insolvency practitioners? | Yes | No |
| Do you as an individual have a TCC? | Yes | No |
| Have you been convicted of a criminal offence? | Yes | No |
| Have you ever been declared insolvent? | Yes | No |
| If yes have you been rehabilitated? | Yes | No |
|  |  |  |

|  |  |
| --- | --- |
| 1. **APPLICANT/ BIDDER PERSONAL DETAILS** | |
| Surname |  |
| Full Names |  |
| Identity Number |  |
| Nationality |  |
| Race | African White  ColouredIndian |
| Gender | Female  Male |
| If not a South African citizen, do you have a valid work permit? | Yes  No  If yes, please provide the work permit number &  Expiry Date: |
| First Language |  |
| Other Language(s) |  |
| Work Telephone |  |
| Mobile Phone number |  |
| Email Address |  |
| Prime Business Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **APPLICANT/BIDDER EMPLOYMENT HISTORY** | | | |
| Company/Employer | Period of employment | Position Held | Reference/Contact Person |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **APPLICANT/BIDDER SKILLS SUMMARY** | | |
| Core skills | Years of experience | Competency level   1. Intermediate 2. Advanced 3. Expert |
| **Tax**  **Company law**  **Insolvency law**  **Debt collection**  **Insolvency Enquiries**  **Cross-border Insolvencies** | **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10** | **1  2  3**  **1  2  3**  **1  2  3**  **1  2  3**  **1  2  3**  **1  2  3** |
| List other core skills | Years of experience | Competency level   1. Intermediate 2. Advanced 3. Expert |
|  | **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10**  **1-3  4-6  7-10**  **>10** | **1  2  3**  **1  2  3**  **1  2  3**  **1  2  3**  **1  2  3**  **1  2  3** |

|  |  |  |
| --- | --- | --- |
| 1. **APPLICANT/BIDDER QUALIFICATION(S)**   **Complete the table below and attach proof of Qualifications in Annexure E** | | |
| Name of Institution | Qualification | Year of completion |
|  |  |  |
| Name of Institution | Qualification | Year of completion |
|  |  |  |
| Name of Institution | Qualification | Year of completion |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **APPLICANT/BIDDER PROFESSIONAL MEMBERSHIP**     **Complete the table below and attach proof of membership in Annexure F** | | |
| Name of Institution | State Practicing Member or Non Practicing Member | Membership Number |
|  |  |  |
| Name of Institution | State Practicing Member or Non Practicing Member | Membership Number |
|  |  |  |
| Name of Institution | State Practicing Member or Non Practicing Member | Membership Number |
|  |  |  |

| 1. **APPLICANT/BIDDER WORK EXPERIENCE**   **Complete the table below and attach certificates of appointment in Annexure G** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Insolvent Company / Individual’s name** | | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** |
|  |  | |  | |  | |  | |  |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **2** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **3** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **4** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **5** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **6** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **7** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **8** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **9** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |
| **10** | **Insolvent Company / Individual’s name** | **Industry/Sector** | | **Asset Value of Estate** | | **Date of Insolvency** | | **Date L&D was confirmed** | |
|  |  |  | |  | |  | |  | |
|  | *Please specify challenges you experienced (i.e. fraud, complexity, personal liability etc.)* | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **REFERENCES**   **Complete the table below and attach testimonial letters in Annexure H** | | | | |
| Applicant/Bidder must provide testimonials on a letterhead from at least 3 current/recent referees, which includes the name of the client, contact person, their business address (if applicable), phone number as well as the duration and description of the services provided. | | | | |
| Client/Referee | Contact Person | Business Address (where applicable) | Phone number | Confirm if testimonial is attached  (Yes or No) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| 1. **BUSINESS PROFILE** |

**9A. BUSINESS AND CONTACT INFORMATION**

**Complete the information below and attach the company registration documents in Annexure I**

*Applicant/Bidder must provide the following information but not limited to: Business Name, Business Type, Company Registration Number, Tax Reference Number, VAT Reference Number, Main Office Physical Address, Postal Address and office telephone number.*

**9B. BACKGROUND & HISTORY**

**Complete the information below**

**9C. MANAGEMENT, OWNERSHIP AND RESOURCES**

**Complete the information below and provide proof of qualifications of personnel in Annexure J**

*Bidders must provide the following information but not limited to: Ownership structure, Directors, Management, Attorneys, Accountants, BBBEE, Office & Administrative personnel, Qualifications and relevant Experience of all key personnel and support staff of the Applicant/Bidder.*

**9D. INFRASTRUCTURE**

**Complete the table below and attach proof of address in Annexure K**

**Business Address**

*Bidders must provide detailed business addresses should they be located in more than one region. Bidders must also submit a valid utility bill not older than 3 months or a valid lease agreement in the name of the business enterprise. Bidders may not be considered for a particular region without proof of a valid utility bill or lease agreement.*

|  |  |  |
| --- | --- | --- |
| **Regions** | **Business Address** | **Number of professional & supporting staff for each physical address** |
| Eastern Cape |  |  |
| Free State |  |  |
| Gauteng South |  |  |
| Gauteng North |  |  |
| KwaZulu Natal |  |  |
| Limpopo |  |  |
| Mpumalanga |  |  |
| North West |  |  |
| Northern Cape |  |  |
| Western Cape |  |  |

**9E. RECORD KEEPING**

**Complete the information below**

**Technology and record keeping**

* *Provide a description of the document management/record keeping systems sufficient to administer the insolvent estate.*
* *Full details of how electronic as well as paper-based confidential information will be stored and maintained.*