

## **APPLICATION FORM TO SERVE ON THE BID EVALUATION COMMITTEE**

### **A. PERSONAL DETAILS**

1. Surname: (Mr./Mrs./Ms.): \_\_\_\_\_
2. First Names: \_\_\_\_\_
3. ID: \_\_\_\_\_
4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Age: \_\_\_\_\_
6. Residential Address: \_\_\_\_\_  
\_\_\_\_\_
7. Residential Phone No. (landline): \_\_\_\_\_
8. Mobile Phone: \_\_\_\_\_
9. Email address: \_\_\_\_\_
10. Fax No.: \_\_\_\_\_

### **B. EMPLOYMENT DETAILS**

11. Present Occupation: \_\_\_\_\_
12. No. of Years of Service: \_\_\_\_\_
13. Office Phone No: \_\_\_\_\_
14. Name of Employer: \_\_\_\_\_
15. Address of Employer: \_\_\_\_\_
16. Name Supervisor: \_\_\_\_\_ Contact: \_\_\_\_\_

**C. EDUCATION**

| S/N | Academic Qualification | Country (Year) | S/N | Professional Qualification | Country (Year) |
|-----|------------------------|----------------|-----|----------------------------|----------------|
| 1   |                        |                | 1   |                            |                |
| 2   |                        |                | 2   |                            |                |
| 3   |                        |                | 3   |                            |                |
| 4   |                        |                | 4   |                            |                |

**D. WORK EXPERIENCE***(Start from the most recent post held)*

| Year |    | Post Held | Field of Work | Employer |
|------|----|-----------|---------------|----------|
| From | To |           |               |          |
|      |    |           |               |          |
|      |    |           |               |          |
|      |    |           |               |          |
|      |    |           |               |          |
|      |    |           |               |          |
|      |    |           |               |          |

**E. PAST EXPERIENCE (IF ANY) IN THE EVALUATION OF BIDS***(Please tick as appropriate and insert details and year)*

|    | Field                 | Yes | No | Details | Year/s |
|----|-----------------------|-----|----|---------|--------|
| 1  | Building/Construction |     |    |         |        |
| 2  | Goods (General)       |     |    |         |        |
| 3  | Plant & Equipment     |     |    |         |        |
| 4  | Transport             |     |    |         |        |
| 5  | Cleaning Services     |     |    |         |        |
| 6  | ICT projects          |     |    |         |        |
| 7  | Road Works            |     |    |         |        |
| 8  | Water/Sewerage        |     |    |         |        |
| 9  | Consultancy Services  |     |    |         |        |
| 10 | Pharmaceutical Goods  |     |    |         |        |
| 11 | Security Services     |     |    |         |        |
| 12 | Aviation              |     |    |         |        |
| 13 | Other (Specify).....  |     |    |         |        |

**\*Please note: Use additional paper if needed.**

## F. DATA CONFIDENTIALITY

1. I have **Objection / No Objection** (*Please delete as appropriate*) that some selected information of my data being shared to other institutions for the sole purpose of enlistment as member of Bid Evaluation Committee, whenever there is a request to the CPBN.
2. I have **Objection / No objection** to be subjected to a security clearance process.

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

## G. ELIGIBILITY CRITERIA

|   | Please tick appropriate and |    | If yes, please specify |
|---|-----------------------------|----|------------------------|
|   | Yes                         | No |                        |
| 1. Are you a member of:<br>a) Parliament<br>b) Regional Council<br>c) Local Authority Council   |                             |    |                        |
| 2. Have you ever been convicted, whether in Namibia or elsewhere, during 10 years before the date of advertisement, of:<br>a. theft,<br>b. fraud,<br>c. forgery or<br>d. perjury,<br>e. an offence under any law on corruption or<br>f. any other offence involving dishonesty? |                             |    |                        |
| 3. Have you been declared insolvent in the last 10 years?   |                             |    |                        |
| 4. Have you, under any law, been declared to be of unsound mind?  |                             |    |                        |
| 5. Have you been removed from an office of trust for 10 years before the date of appointment?   |                             |    |                        |

H. I, the undersigned applicant, certify that all information provided is true and correct.

\_\_\_\_\_  
**Signature of Applicant**

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICIAL USE:**

**Evaluated By:**

**Full Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

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

**Appointed: Yes:** \_\_\_\_\_ **No** \_\_\_\_\_

**Field of Expertise:** \_\_\_\_\_