



Supplier Information Form

| A Supplier information | | | | | | |
|-------------------------|--|----------|-------------|------------------|----------------|--------|
| 1 | Name of Company/firm | | | | | |
| 2 | Office Address | | | | | |
| 3 | Telephone no. | | | | | |
| | Fax | | | | | |
| | Email | | | | | |
| | Website | | | | | |
| 4 | Name of contact person | | | | | |
| | Position | | | | | |
| | Email | | | | | |
| | Phone Number | | | | | |
| 5 | Type of Company | Private | Partnership | Private. Limited | Public Limited | |
| | | | | | | |
| a | Name of Company owner | | | | | |
| | Telephone Number | | | | | |
| | Mobile | | | | | |
| | Email | | | | | |
| 6 | Nature of Business | Producer | Whole Sale | Distributor | Dealer | Trader |
| | | | | | | |
| 7 | Date of Business start up | | | | | |
| 8 | Types of goods and services that you serve | | | | | |
| 9 | Human Resources | | | | | |
| a | Technical staff | | | | | |
| b | Administrative staff | | | | | |
| c | Capacity of machine | | | | | |
| 10 | Name (s) of Board Directors | | | | | |
| B Financial Information | | | | | | |
| 1 | Name of Bank, | | | | | |

| | | |
|----------|--|---|
| | Address, Bank Account Number | |
| | Type of Account | |
| 2 | Name under which company is registered at bank | |
| | Payment terms | Payment by: Cheque Yes/No Wire Transfer Yes/No |
| 3 | Total transaction of last year | |
| 4 | Tax Clearance Certificate | |
| 5 | Amount of money that can be ordered a time | |
| 6 | VAT Number | |
| 7 | If any information please mention | |
| C | Product/Service Information | |
| a | List range of products/services | |
| b | Basis for pricing (Catalog, List etc.) | |

| | | |
|---|--|--|
| D | Information of offices/organizations that you are serving | |
| Name of Organization | | |
| Address | | |
| Name of Contact Person | | |
| Position | | |
| Telephone | | |
| Email | | |
| For how long you have been serving the goods and services | | |
| Goods and services provided | | |
| Name of Organization | | |
| Address | | |
| Name of Contact Person | | |

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| | |
|---|--|
| Position | |
| Telephone | |
| Email | |
| For how long you have been serving the goods and services | |
| Goods and services provided | |

By signing the Supplier Information Form you certify that your Company is eligible to supply goods and services to major donor funded organizations and that all of the above statements are accurate and factual.

| | |
|------------------------|--|
| Company Name | |
| Name of Representative | |
| Post | |
| Date and Signature | |
| Stamp | |