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**Vendor Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Company Details and General information** | | | | | | | | | | | | | |
|  | Name of company: | | |  | | | | | | | | | |
|  | Street Address:  Postal Code:  City: Country: | | |  | | | | | | | | | |
|  | P.O. Box:  Mailing Address: | | |  | | | | | | | | | |
|  | Tel: | | |  | | | | | | | | | |
|  | Fax: | | |  | | | | | | | | | |
|  | Email Address of contact person: | | |  | | | | | | | | | |
|  | Website: | | |  | | | | | | | | | |
|  | Contact Name & Title: | | |  | | | | | | | | | |
|  | Parent company (Full legal name): | | | | | | |  | | | | | |
|  | Subsidiaries, Associates and/or Overseas representatives (Attach a list if necessary) | | | | | | |  | | | | | |
|  | Type of business (select only one) ***Corporate/Limited [ ] Partnership [ ] Other(specify)*** | | | | | | | | |  | | | |
| 1. a | Nature of business (select only one)  ***Manufacturer [ ] Authorize Agent [ ] Trader [ ] Consulting company [ ] Other(specify)*** | | | | | | | | |  | | | |
| 12. b | Indicate the category of goods and services your company wants to be pre-qualified for (Get the relevant categories and codes on the call for tenders) | | | | | | | | |  | | | |
|  | Year Establishment: | |  | | | | | | | | | | |
|  | Number of full-time employees: | | | | |  | | | | | | | |
|  | License number/state where registered: | | | | | |  | | | | | | |
|  | VAT No/Tax ID: | | | | |  | | | | | | | |
| **Section 2: Financial information** | | | | | | | | | | | | | |
|  | Technical document available in;  ***English French Spanish Other (Specify)*** | | | | |  | | | | | | | |
|  | Indicate working Language: | | | | |  | | | | | | | |
|  | Annual Value of total sales/income for the last 3 years | | | | | **Year: NGN:**  **Year: NGN:**  **Year: NGN:** | | | | | | | |
|  | Bank Name: Swift/BIC Address: Address: |  | | | | | | | | | | | |
|  | Bank Account Number: Account Name: | | | |  | | | | | | | | |
|  | Please provide a copy of the company’s Audited financial Report of the last 3 years | | | | | | | | | | | |  |
| **Section 3: Technical capability and information on goods and services offered** | | | | | | | | | | | | | |
|  | Quality Assurance certification (e.g ISO 9000 or equivalent) provide a copy of your latest certificate | | | | | | | |  | | | | |
|  | International Offices/Representation (Countries where the company has local Offices/Representation | | | | | | | |  | | | | |
|  | Do the goods or services your company offer/supply conform to National/International Quality Standards? **YES [ ] NO [ ]** | | | | | | | | | |  | | |
|  | |  |  |  | | --- | --- | --- | | Code | Description (one Line for each Item) | National /International Quality Standard to which Item conforms | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | | | |
| **Section 4: Experience** | | | | | | | | | | | | | |
|  | Recent Contacts with International Organizations and/or the United Nations: | | | | | | | | | | |  | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Organisation | Value (NGN) | Year | Goods/Services supplied | Destination | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | | | | | | |
|  | To which Countries has your Company exported and /or managed Project over the last 3 Year? | | | | | | | |  | | | | |
| **Section 5: Other** | | | | | | | | | | | | | |
|  | Please list any Disputes Your Company has been involved in with any client (NGOs, Government agencies, UN organizations etc.) over the last three years: | | | | | | | |  | | | | |
|  | List any National or international Trade or Professional Organizations of which your company is a member | | | | | | | |  | | | | |
| 1. **Certifications:** | | | | | | | | | | | | | |
| I, the undersigned, hereby certify that the information provided in this form is correct and in the event of changes details will be provided as soon as possible. I accept any penalty or legal action on my company, should it be discovered that the information I have provided are falsified or not a true representation of the company.  Name: Title:  Signature: Date: | | | | | | | | | | | | | |