

SUPPLIER REGISTRATION FORM

Category No. _____

Section 1: Company Details and General Information		
1. Company Name: _____		
2. Physical Business Address: _____	3. Postal Address: _____	
4. Contact Details: Telephone Number(s): _____ Email Address: (1) _____ (2) _____ (3) _____ Contact Person: _____ Title: _____		
5. Type of Business: (e.g. PLC, Limited Company, Sole Trader, Partnership, Limited Partnership etc)		
6. Nature of Business:	Manufacturer: Authorised Agent: Wholesaler/Retailer: Distributor Trader: Service Provider Consulting Company: Other (Specify):	(tick) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Year Established: _____		
8. Company Reg No.: _____		
9. Number of Full Time Employees: _____		

Section 2: Financial Information

10. Annual Turnover: For the last three years (2017, 2018 & 2019)

Year 1	USD	OR	ZWL
Year 2	USD		ZWL
Year 3	USD		ZWL

11. Payment Terms:

Payment After Delivery	
30 Day Credit	
50% Upfront	
100% Upfront	
Other (Specify)	_____

12. Banking Details

Bank Name: _____ Branch Name: _____
 Account Number: _____
 Swift Code: _____ Currency: _____

FCA (Where applicable)

Bank Name: _____ Branch Name: _____
 Account Number: _____
 Swift Code: _____ Currency: _____

Section 3: Technical Capability and Information on Goods/Services Offered

13. Quality Assurance Certification:

Yes	No
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14. Branches

Yes	No
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15. Professional Registration

Yes	No
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16. List below up to sixteen (16) of your core goods/services offered:

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

Section 4: Experience and Reference

17. Recent Completed Contracts

- (1) Name of organisation/Company: _____
 Description of goods/services: _____
 Contract Period(**year**) & **Value:** _____
 Year: _____
 Tel. Number (s): _____
 Contact Person: _____

- (2) Name of organisation/Company: _____
 Description of goods/services: _____
 Contract Period(**year**) & **Value:** _____
 Tel. Number (s): _____
 Contact Person: _____

- (3) Name of organisation/Company: _____
 Description of goods/services: _____
 Contract Period(**year**) & **Value:** _____
 Tel. Number (s): _____
 Contact Person: _____

Section 5: Certification

I, the undersigned, an authorised representative for the company, hereby certify that the information provided including attachments are true and correct, and in the event of changes details will be provided as soon as possible

Full Name: _____ Title: _____

Signature: _____ Date: _____

For official use only

	<i>Supplier Responsiveness</i>	
1. Completed Registration form		
2. Certificate of Incorporation		
3. CR14		
4. Company Profile		
5. Valid Tax Clearance Certificate		
	Approved	
	Rejected	

Reason for rejection

Reviewed By:

Approved By:

Date:

Date:

Please refer to the advert for terms and conditions