



## **SUPPLIER/VENDOR REGISTRATION FORM**

| COMPANY DETAILS               |  |  |
|-------------------------------|--|--|
| COMPANY NAME                  |  |  |
|                               |  |  |
| TELEPHONE                     |  |  |
| VAT TIN NUMBER                |  |  |
| EMAIL                         |  |  |
| POINT OF CONTACT NAME & TITLE |  |  |
| CONTACT PHONE 1               |  |  |
| CONTACT PHONE 2               |  |  |
| MAILING ADDRESS               |  |  |
| CONTACT EMAIL                 |  |  |
| WEBSITE                       |  |  |
|                               |  |  |
| COMPANY OVERVIEW              |  |  |
|                               |  |  |
| GENERAL DETAILS               |  |  |
| OF SERVICES /                 |  |  |
| GOODS                         |  |  |
|                               |  |  |
| DATE COMPANY ESTABLISHED      |  |  |
| GROSS ANNUAL SALES (BWP)      |  |  |
| BUSINESS TYPE                 |  |  |
| LEGAL STRUCTURE               |  |  |
| INSURED/INSURER               |  |  |
| LICENSE NUMBER                |  |  |
| YEAR PREVIOUSLY REGISTERED    |  |  |
| LOCATION/SERVICE AREA         |  |  |
| ADDITIONAL INFORMATION        |  |  |

| BANKING INFORMATION                                  |  |
|--|--|
|  |  |
| BANK NAME  |  |
| BANK ADDRESS   |  |
| BENEFICIARY NAME                                     |  |
| ACCOUNT NUMBER                                       |  |
| BRANCH CODE  |  |
| SWIFT NUMBER   |  |
|  |  |
| CERTIFICATION  |  |
|  |  |
|  |  |
| I hereby affirm that all information supplied is tru | ue and accurate to the best of my knowledge. I   |
| understand that this information is this informati   | on will be considered material in the evaluation |
| of quotations and proposals.                         |  |
| Notice must be given of any change in status i       | mpacting the information provided to Babereki    |
| SACCOS.  |  |
| AUTHORISED NAME                                      |  |
| TITLE  |  |
| DATE   |  |

## **PRODUCT AND CATEGORY LIST**

To complete the forms, please tick the relevant product section and category that is specific to the registered company;

| PRODUCT/ SERVICE                         | TICK THE APPLICABLE |
|--|---------------------|
|  |                     |
| Accommodation & Conference Facilities    |                     |
| Accounting Services                      |                     |
| Advertising                              |                     |
| Banking                                  |                     |
| Catering Services                        |                     |
| Cleaning Services                        |                     |
| Construction Services                    |                     |
| Courier Services                         |                     |
| Electrician                              |                     |
| Furniture Manufacturing                  |                     |
| General Supplies                         |                     |
| Graphic Design & Branding Services       |                     |
| IT Consumables                           |                     |
| IT Services & Consultancy                |                     |
| Medical Services                         |                     |
| Pre-Fab Building & Partitioning Services |                     |
| Signage & Branding                       |                     |
| Stationary                               |                     |
| Supply of Corporate Wear                 |                     |
| Supply of Filtered Water                 |                     |
| Transport Services                       |                     |
| Training Facilitators                    |                     |
| Pest Control Services                    |                     |
|  |                     |