

**APPLICATION FOR SUPPLIERS REGISTRATION**

1. Company Name…………………………………………………………….
2. Company Incorporation: Joint Venture Consortium Sole Proprietor

Partnership Limited Liability Company Others Specify: ……………….…

1. Date of incorporation…………………………………………………………………………
2. Company Registration Number…………….. TIN Number ………………………………
3. VAT Number………………………. REPEATED?…………………………………
4. Telephone…………………………. Fax………………..…………..
5. Email…………………………………. Website……………………………………………..
6. Postal Address …………………………………………………………………………………
7. Location………………………………………………………………………………………..
8. City……. …………………………… Region ……………………………………………..
9. Bank Details: (This is required for the electronic payment system through GIFMIS platform)
10. Name of Bank: …………………………………………………………………………
11. Branch………………………………………………………………………………….
12. Accounts Name: …………………………………………………………………………
13. Account Number…………………………………………………………………………..
14. Number of Full Time Employees…………………………………………………………….
15. Contact Person (s) …………..…………………………………………………………………..
16. Position in Company: ……………………………………………………………………...
17. Telephone: …………………………………………………………………………………….
18. Email. ………………………………………………………………………………………….
19. Company Directors /Proprietor…………………………………………………………………
20. Membership of Trade/ Business/ Professional Association……………………………………
21. Should you be registered for Training? Yes/ No …………………………………………
22. Business Categories:

Suppliers

Construction and civil works

Consultancy Services

Technical Services

1. Product Category:

**CATEGORY A**

ESSENTIAL MEDICINES

**CATEGORY B**

**Non-Drug Consumables**

**Laboratory Consumables and Reagents**

**X-ray Consumables**

**Medical Oxygen and other Gases**

**Hospital Equipment, Instruments and Diagnostic Apparatus**

**CATEGORY C**

**FOOD ITEMS**

**CLEANING MATERIALS/DETERGENTS/DISINFECTANTS**

**HOSPITAL FABRIC/ PROTECTIVE CLOTHING**

**GENERAL PRINTING, PRINTING MATERIALS & STATIONERY**

**GENERAL OFFICE FURNITURE**

**AIRCONDITIONERS**

**COMPUTERS, PRINTERS AND ACCESSORIES**

**PHOTOCOPIER LEASE SERVICES**

**CCTV AND RELATED SECURITY EQUIPMENT**

**MOTOR VEHICLE SPARE PARTS**

**BUILDING, PLUMBING AND ELECTRICAL ITMES**

**FIRE FIGHTING AND PREVENTING EQUIPMENT**

**CATEGORY D**

**Construction and Civil Works**

**Consultancy Services**

**Technical Services (Routine Maintenance, Servicing and Repairs)**

1. Contractor Class (D1, K1, A1, etc.)
2. Type of Consultancy Services (for consultants)

Architecture/ survey

Engineering

Information Communication Technology

Legal

Management (Outsourced Services)

Others please specify…………………………………………………………….

1. Types of Technical Services:

Routine Maintenance, Servicing and Repairs of:

Biomedical Equipment

Air Conditioners

ICT Equipment

Firefighting Prevention Equipment

Cold Rooms

Incinerators

Power Plant Generating Equipment

Sewage Systems

Roof Leakage

Auto Body Works and Upholstery

Others please specify…………………………………………………………..

1. **ELIGIBILITY CRITERIA**

Completed Application form for registration shall be accompanied by the following mandatory requirement for eligibility.

1. Introductory Letter
2. Business Registration Documents
3. Tax Clearance Certificate
4. SSNIT Clearance Certificate
5. VAT Registration Certificate
6. Works and Housing/ Labour Certificate (Construction and Civil Works Only)
7. Pharmacy Council Registration Certificate (Medicines Only)
8. Food and Drug Authority Registration Certificates (Medicines and Reagents)
9. PPA Registration Certificate
10. We understand that business opportunities in the Centre are very competitive and that my application/ our application for Registration is not a guarantee for award of contract.

Dated this -------------------------day of --------------------------------------------------------------

Signature ------------------------------- Name ----------------------------------------------------

In the capacity of ---------------------------------------------------------------------------------

Duly authorized to sign for and on behalf of the above stated applicant.

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Company Seal/Stamp