

## SUPPLIER REGISTRATION FORM

Please note:

1. All suppliers will be evaluated according to the following requirements and must provide the information required below.
2. Failure to submit any of the following documents will result in non-registration.
3. Failure to complete the form and to sign duly will result in disqualification.

PART A	COMPANY DETAILS AND GENERAL INFORMATION
1. Company Name	
2. Registered Address	
3. Telephone Number	
4. Email Address	
5. Name and Title of Company Representative	
6. Contact Details of Company Representative Phone Number:	
Email address:	
7. Business Registration Number (BRN) (Please attach copy of same and tick accordingly)	
<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted

<p>8. Certificate of Incorporation under the Companies Act (Please attach copy of same and tick accordingly)</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted</p>
<p>9. Company Profile including profile of management (also provide catalogue were applicable) (Please tick accordingly)</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted</p>
<p>10. Tax Clearance Certificate (Please attach copy of same and tick accordingly)</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted</p>
<p>11. VAT Registration Certificate (Please attach copy of same and tick accordingly)</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted</p>
<p>12. Type of business (please tick)*</p> <p>(i) Corporate/Limited <input type="checkbox"/> (ii) Partnership <input type="checkbox"/></p> <p>(iii) Other/Specify: _____</p>
<p>13. Signed letter from the suppliers appointed accountants, certifying that the supplier is in a financially sound position and that there are no pending liabilities or court cases pending against the bidder.</p> <p>(Please tick accordingly)</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted</p>
<p>14. ID Copies of Owners/Directors (Please attach copy of same and tick accordingly)</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted</p>
<p>15. Certified proof of shareholding documents (Please attach copy of same and tick accordingly)</p> <p><input type="checkbox"/> Submitted <input type="checkbox"/> Not Submitted</p>

16. Nature of business (*please tick*)\*

(i) Manufacturer

(ii) Authorized Agent

(iii) Trader

(iv) Consulting Company

(v) Other/Specify: \_\_\_\_\_

**16a. Goods, services or works, or consultancy services provided by the company:**

.....

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.....

.....

17. Annual turnover for the last three years

Year: \_\_\_\_\_ Amount: \_\_\_\_\_

Year: \_\_\_\_\_ Amount: \_\_\_\_\_

Year: \_\_\_\_\_ Amount: \_\_\_\_\_

**PART B**

**COMPANY HISTORY**

18. A letter from your accountants confirming your financial status  
(Please attach copy of same and tick accordingly)

Submitted

Not Submitted

19. A certificate from MRA

(Please attach copy of same and tick accordingly)

Submitted

Not Submitted

20. Certified Partnership agreements in the case of partnership

(Please attach copy of same and tick accordingly)

Submitted

Not Submitted

21. Trust agreement, trustee details and letter of authority in the case of business trust – certified

(Please attach copy of same and tick accordingly)

Submitted

Not Submitted

(Please attach copy of same and tick accordingly)

Submitted

Not Submitted

24. Manufacturing Rights (if business is a manufacturer)  
(Please attach copy of same and tick accordingly)

Submitted

Not Submitted

25. Distributorship Certificate (if business is a distributor)  
(Please attach copy of same and tick accordingly)

Submitted

Not Submitted

**PART D**

**REFERENCES**

26. Please provide your reference as per table below\*

**Reference 1**

Name of company:.....

Goods, work, services or consultancy services  
offered:.....

.....

Contract Value:.....

Contact person:.....

Contact details: Phone..... Email.....

**Reference 2**

Name of company:.....

Goods, work, services or consultancy services offered:.....  
.....

Contract Value:.....

Contact person:.....

Contact details: Phone..... Email.....



I certify that all information provided on this form is true and correct. I understand that any incorrect information given in this form can result in the disqualification of the application for registration as supplier in addition to the termination of any on-going contract with the CSCM.

All relevant information to this application for registration as supplier submitted by the company will be dealt with in confidentiality by the CSCM.

**Name of Authorised Officer:**.....

**Designation:**.....

**Signature:**..... **Date:**.....