

DEPARTMENT OF AGRARIAN DEVELOPMENT

SUPPLIERS / CONTRACTORS REGISTRATION FORM

Section 1: Category of Supply or Service for which registration is sought

Category Code	
Category Name	

Section 2: Company Details and General Information

I. Name of Company:

Office Address:

District:

II. Contact Person and Designation

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.....

Contact number/s:

Tel:

Fax:

Email:

Web site:

III. Parent Company (full Legal Name), if any:

IV. Type of Business (mark one only):

Corporate/Limited		Partnership		Other (specify)	
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V. Nature of Business:

Manufacturer		Trader		Authorized Agent	
Consulting Firm		Contractor		Other (specify)	

If Trader, Agent or Representative Company, not directly involved in the manufacturing process of the product, please provide:

1) Certification from your principals that you are authorized to deal with their products or to act on their behalf.

2) A list of business transactions in the last two years for the products you wish to register, giving names and addresses of customers and value of contracts.

VI. No. and Date of Business Registration:
 (Please attach a Photocopy of the Certificate)

VII. Number of Full-time Employees:

VIII. VAT Registration Number:

IX. ICTAD Registration No: Grade:
 (If applicable)

Field of Registration:Expiry Date:

(Please attach Photocopies of relevant pages)

Section 3: Financial Information

XI. Annual value of Total Sales and Profit for last 3 years:

Year			
Annual Sales			
Annual Profit			

XII. Bank Name:
Address:
Bank Account Number: Account Name:

XIII. Please attach a minimum of three (3) reference sources for services rendered by your firm within the 2017 / 2018. Please also indicate contact details of your reference sources so that Department can contact them as and when required.

No	Name of Company	Address	Telephone No.	Fax No.
1.				
2.				
3.				

Section 4: Experience with Department of Agrarian Development

Section 5: Other

XIV. List any national or International Trade or Professional Organizations of which your company is a member

Company / Institute	Country	Relevant Goods

XV. Acceptance of payment terms and other discounts (mark all that apply)

Net 30 days		Prompt payment discounts		Other discounts	
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Specify discount terms (Attach details)

XVI. Bidding / RFP Documents:

The way you prefer to receive Bidding/ RFP documents (mark your preference)

By Hand		By Registered Post		By Facsimile		By E-mail	
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XVII. Certification:

I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details should be provided as soon as Possible

Name:..... Designation:

Signature : Date :

Company Seal