



BOLGATANGA TECHNICAL UNIVERSITY

SUPPLIER INFORMATION FORM

COMPANY NAME

Enter your Registered company name

COMPANY TYPE

Foreign Company	Local Company
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Specify if company is local or foreign by ticking against your choice

COUNTRY AND REGION

Specify the Country and Region the Company located

DISTRICT AND TOWN OR CITY

Specify the District and Town or the Company located

POSTAL ADDRESS

Enter postal Address

COMPANY /CONTACT PERSON PHONE/ EMAIL ADDRESS

Enter your company or a contact person phone number and email address

Enter a working mobile phone number for all correspondence

COMPANY INFORMATION

1. Organization Type (tick all that apply):

Sole Proprietorship

Partnership/Joint Venture

Limited Liability Company

Others

2. VAT REGISTRATION NUMBER:

3. COMPANY TIN NUMBER

4. COMPANY'S REGISTRATION NUMBER

5. DATE INCORPORATED

BUSINESS ACTIVITIES

Please indicate the nature of operations, products or services applicable to your business as per your Company Registration and indicate areas of your specialization (Your selection should be guided by the Supplier Category Form B)

MANDATORY ELIGIBILITY DOCUMENTATION

The following mandatory eligibility documents are required as attachment to your registration form.

- a. Business Registration Certificate
- b. Valid VAT Registration Certificate or evidence of exemption
- c. Valid SSNIT Registration Certificate
- d. Valid Ghana Revenue Certificate or evidence of exemption
- e. Ministry of Works & Housing Certificate (Construction and Civil works only)

f. Labour Certificate (Works & Civil only)

g. EVIDENCE OR CERTIFICATE OF PUBLIC PROCUREMENT AUTHORITY

DECLARATION OF CORRECTNESS OF INFORMATION

I/We the undersigned warrant that I am/we are duly authorized to do so and on behalf of:

are hereby declare

- That the information contained in this document is both true and correct
- That all copies of relevant documentation are attached.

If there are any changes to the information supplied on this document, the information will have to be provided within seven (7) working days

SIGNATURE

NAME

CAPACITY

DATE

RECOMMENDATION (OFFICE ONLY)

- a. Recommended for registration into Suppliers Data bank (TICK if necessary)
- b. Not recommended for Registration (TICK if necessary)
- c. May be considered in future if facilities improve (TICK if necessary)

ASSESSED BY..... SIGNATURE..... DATE.....

APPROVED BY..... SIGNATURE..... DATE.....