



# Public Procurement & Concessions Commission

Capitol Hill, Monrovia



## Vendors Registration Form

Please read the instructions in the accompanying documents before filling-in the form. Please use a ball-point ink pen to provide responses to all items on this form. Please use block letters and fill one letter or digit per box unless otherwise instructed

Please note that vendors that have been registered onto the Vendors Register may have the opportunity of being invited to participate in the procurement process of any institution receiving funds from the Government of Liberia. Registration onto the Vendors Register does not guarantee award of a procurement contract as the award of all contracts will be subject to the provisions of the Public Procurement and Concessions Act of 2010 (PPCA).

### Part 1: Company Base Data

1.01 Enterprise Name <input type="text"/>		
1.02 Branch Name <input type="text"/>		
1.03 Holding Company Name <input type="text"/>		
1.04 Enterprise Code <input type="text"/>	1.05 Branch Code <input type="text"/>	1.06 Tax Identification Number (TIN) <input type="text"/>
1.07 Enterprise Activity Code <input type="text"/>	1.08 Bank <input type="text"/>	1.09 Initial Registration Date <input type="text"/> M M D D Y Y
1.10 Type of Business <input type="checkbox"/> Public Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company		
1.11 Telephone Numbers a <input type="text"/> b <input type="text"/> c <input type="text"/> d <input type="text"/>		1.12 Email Address a <input type="text"/> b <input type="text"/> 1.13 Website Address <input type="text"/>
1.14 Postal Address of Company <input type="text"/>		1.15 Physical Address of Company <input type="text"/>
1.16 County(ies) of Operation <input type="checkbox"/> Bomi <input type="checkbox"/> Grand Bassa <input type="checkbox"/> Grand Kru <input type="checkbox"/> Maryland <input type="checkbox"/> Rivercess <input type="checkbox"/> Bong <input type="checkbox"/> Grand Cape Mt. <input type="checkbox"/> Lofa <input type="checkbox"/> Montserrado <input type="checkbox"/> River Gee <input type="checkbox"/> Gbarpolu <input type="checkbox"/> Grand Gedeh <input type="checkbox"/> Margibi <input type="checkbox"/> Nimba <input type="checkbox"/> Sinoe		
1.17 Business Specialization Category <input type="checkbox"/> Goods <input type="checkbox"/> Works <input type="checkbox"/> Consulting Service <input type="checkbox"/> Non-Consulting Service		

**Part 2: Contact Person(s) Details**

	Person 1	Person 2
2.01 Contact Name	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
2.02 Job Title	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
2.03 Receiver of Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.04 Receiver of Bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.05 Phone Number 1	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
2.06 Phone Number 2	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
2.07 Email Address	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

**Part 3: List of Professionals (Consulting Services, only)**

	Name	Area of Specialization	Certification	Certification #	Principal
3.01					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.02					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.03					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.04					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.05					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.06					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.07					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.08					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.09					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 4: Membership of Professional Organizations**

4.1 Please indicate membership in the following

<input type="checkbox"/> African Women Entrepreneurship Program (AWEP)	<input type="checkbox"/> Liberia Chamber of Commerce (LCC)
<input type="checkbox"/> Association of Liberian Construction Contractors (ALCC)	<input type="checkbox"/> Liberia National Bar Association (LNBA)
<input type="checkbox"/> Engineering Society of Liberia (ESL)	<input type="checkbox"/> Liberia Small Business Association (LSBA)
<input type="checkbox"/> Fula Business Association (FBA)	<input type="checkbox"/> Liberia Women Chamber of Commerce
<input type="checkbox"/> Indian Business Association (IBA)	<input type="checkbox"/> Liberian Institute of Certified Public Accountants
<input type="checkbox"/> Liberia Business Association (LIBA)	<input type="checkbox"/> World Lebanese Cultural Union (WLCU)
<input type="checkbox"/> Liberia Carpenters Union (LCU)	<input type="checkbox"/> Other <input style="width:150px;" type="text"/>

Please Specify

**Part 5: Business Ownership**

Please give the name, nationality, and percentage share of each of the business owners.

	Name	Nationality	Gender	Percentage Share
5.01			<input type="checkbox"/> M <input type="checkbox"/> F	
5.02			<input type="checkbox"/> M <input type="checkbox"/> F	
5.03			<input type="checkbox"/> M <input type="checkbox"/> F	
5.04			<input type="checkbox"/> M <input type="checkbox"/> F	
5.05			<input type="checkbox"/> M <input type="checkbox"/> F	
5.06			<input type="checkbox"/> M <input type="checkbox"/> F	
5.07			<input type="checkbox"/> M <input type="checkbox"/> F	
5.08			<input type="checkbox"/> M <input type="checkbox"/> F	
5.09			<input type="checkbox"/> M <input type="checkbox"/> F	
5.10			<input type="checkbox"/> M <input type="checkbox"/> F	



