

### **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

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

Part 2: Contact Person(s) Details										
		Person	1				Pers	son 2		
2.01 Contact Name										
2.02 Job Title										
2.03 Receiver of Contract?	Yes		No				Yes	L	No	
2.04 Receiver of Bids?	Yes		No				Yes		No	
2.05 Phone Number 1										
2.06 Phone Number 2										
2.07 Email Address										
Part 3: List of Professionals (Con	sulting Convices	s only)								
Name		of Specia	lization	Certifi	cation	Ce	ertification #		Princip	al
3.01								<u> </u>	Yes	No
3.02								┢	Yes	No
3.03						+		┢	Yes	No
3.04								<u> </u>	Yes	No
3.05								<u> </u>	Yes	No
3.06								┞	Yes	No
3.07								┝		No
3.08				<u> </u>		+		┝	Yes Yes	
3.09										No
3.10								<u> </u>	Yes	No
5.10								L	Yes	No
Part 4: Membership of Profession										
4.1 Please indicate membershi African Women Entrepre	=	_		Liba	ria Chan	ahar a	f Commorco (I	CC)		
Association of Liberian Co							of Commerce (I ar Association			
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Liberia Carpenters Union				Othe		iese c	ultural Officia (	WLCO		
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Part 5: Business Ownership	10.									
Please give the name, nation Name	ality, and perce	ntage sn		on of the onality	busine	ss ow	ners. Gender	I p	ercenta	ge Share
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#### Part 6: References 6.01 Client 1 Amount (USD) Name **Contract Description Completion Date** City, Country 6.02 Client 2 Name Contract Description Amount (USD) **Completion Date** Μ City, Country Phone 6.03 Client 3 Name Contract Description Amount (USD) **Completion Date** City, Country 6.04 Client 4 Name Contract Description Amount (USD) Completion Date М Phone City, Country 6.05 Client 5 Amount (USD) Name **Contract Description Completion Date** Phone City, Country Part 7: Declaration By completing this application form, the Business declares that: 7.1 All the information supplied in this application is true and correct. 7.2 The Business will, without protest submit itself to procedures instituted by the Public Procurement and Concessions Commission for supplier registration. 7.3 The Business will, if requested to do so supply further information and documentary evidence for scrutiny. 7.4 The Business will update their registration particulars whenever a significant change in their details occurs. 7.5 The Business acknowledges that any false information provided can lead to disqualification from the Supplier Register and being listed on Public Procurement and Concessions Commission debarment list. 7.6 The Business acknowledges that it can be penalized by the Commission for poor performance as reported by a Procuring Entity, in keeping with contractual terms. Full Name Signature Position Date End of Form Please submit the completed form along with all required documents listed on Page 5 of the instructions booklet to the PPCC office on Capitol Hill. For businesses in the counties, please submit the application package to the Office of the Superintendent. Do not write below this line. This section is for official use, only Form Processing Information Percentage of Gender of Majority Submission Date Vendor Identification Number (VIN) Liberian Ownership Owner(s) Processed by:

Full Name

Signature

# **Company Representative Authorization**

The owner/directors/members/partners of the business are required to sign this resolution authorizing the company's representative.

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