



# Public Procurement & Concessions Commission

Capitol Hill, Monrovia



## Vendor Registration Form for Individual Consultants

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 consultants 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: Consultant Basic Data

<b>1.01 Full Name</b>																																	
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First Name						Middle Name																											
<b>1.02 Date of Birth</b>				<b>1.03 Gender</b>		<b>1.04 Nationality</b>																											
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<b>1.05 Country of Residence</b>										<b>1.06 Tax ID Number (TIN)</b>																							
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<b>1.07 Bank</b>			<b>1.08 Email Address</b>																														
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<b>1.09 Telephone Numbers</b>						<b>1.10 Website Address</b>																											
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<b>1.11 Postal Address</b>						<b>1.12 Physical Address</b>																											
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<b>1.13 Industry</b>																																	
<input type="checkbox"/> Academia				<input type="checkbox"/> Food & Nutrition				<input type="checkbox"/> Mathematics & the Sciences																									
<input type="checkbox"/> Agriculture				<input type="checkbox"/> ICT				<input type="checkbox"/> Medical, Healthcare & Human Services																									
<input type="checkbox"/> Architecture & Engineering				<input type="checkbox"/> Insurance				<input type="checkbox"/> Multimedia Services & Public Relations																									
<input type="checkbox"/> Aviation				<input type="checkbox"/> Legal				<input type="checkbox"/> Public Policy & Administration																									
<input type="checkbox"/> Business & Economics				<input type="checkbox"/> Logistics & Supply Chain Management				<input type="checkbox"/> Religion & Spirituality																									
<input type="checkbox"/> Education & Pedagogy				<input type="checkbox"/> Manufacturing				<input type="checkbox"/> Sports & Recreation																									
<input type="checkbox"/> Energy, Mining & Environment				<input type="checkbox"/> Marine & Oceanography																													

### Part 2: Qualification(s)

#### 2.1: Education & Training

	Name of Educational Institution	Area of Specialization	Degree	Completion Date
2.1.1				
2.1.2				
2.1.3				

**2.2: Professional Certification**

	Name	Area of Specialization	Certification	Certification #	Completion Date
2.2.1					
2.2.2					

**2.3: Membership of Professional Organization**

	Organization Name	Location	Designation	Membership #	Admission Date
2.3.1					
2.3.2					

**Part 3: References**

**3.01 Client 1**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Contract Description	Amount (USD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City, Country	Phone	Completion Date
		M M D D Y Y

**3.02 Client 2**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Contract Description	Amount (USD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City, Country	Phone	Completion Date
		M M D D Y Y

**3.03 Client 3**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Contract Description	Amount (USD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City, Country	Phone	Completion Date
		M M D D Y Y

**Part 4: Declaration**

By completing this application form, the Consultant declares that:

- 4.1 All the information supplied in this application is true and correct.
- 4.2 The Consultant will, without protest submit herself/himself to procedures instituted by the Public Procurement and Concessions Commission for consultant registration.
- 4.3 The Consultant will, if requested to do so supply further information and documentary evidence for scrutiny.
- 4.4 The Consultant will update their registration particulars whenever a significant change in their details occurs.
- 4.5 The Consultant acknowledges that any false information provided can lead to disqualification from the Vendors Register and being listed on Public Procurement and Concessions Commission debarment list.
- 4.6 The Consultant acknowledges that it can be penalized by the Commission for poor performance as reported by a Procuring Entity, in keeping with contractual terms.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

End of Form

Please submit the completed form along with all required documents listed on Page 2 of the Individual Consultant Registration instructions booklet to the PPCC office on Capitol Hill. For consultants 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**

Submission Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Vendor Identification Number (VIN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Processed by: \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_