

COMPANY
APPLICATION FOR REGISTRATION AS SUPPLIER
TO COMPANY LTD

CONFIDENTIAL

APPL. NO...

PART 1: COMPANY DETAILS

(a) Company Name etc.

Company Name:		
Date of Establishment of Business:	Mailing Address:-	
	Town/City:	Country:
Trading as (if different)	Physical Address:	
Number of employees:	Telephone #	Fax
Company Registration No.	Mobile #	E-mail:

(b) (i) Company Ownership etc.

(check all applicable)	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Private <input type="checkbox"/> Public Company. Other	
(specify.....)	
Is Company an Affiliate, Subsidiary or Branch Office/Division of a Larger Business: <input type="checkbox"/> YES <input type="checkbox"/> NO	Country of Incorporation:
Name of Parent Company (if owned by another company)	
Bank (Name and Location)	Telephone No.

Bank code	Branch code
Account Type:	Account Number:

(ii) If Distributor/Agent

Name of Principal	Expiry Date of Agency Agreement

(c) Shareholders (with holdings greater than 5%)

Name	Number/% Share (where applicable)	Any other information

(d) Type of Business

<input type="checkbox"/> Contractor	<input type="checkbox"/> Trader	<input type="checkbox"/> Consultant/Professional Services	<input type="checkbox"/> Carrier	<input type="checkbox"/> Stockiest
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Other (specify	<input type="checkbox"/> Agent	<input type="checkbox"/> Direct Sales

(e) Principle Line (s) of Business

(f) Details of relative (s) working for Company Ltd, where applicable.

Name	Job Title	Type of Relationship

PART II: MANAGEMENT/OTHER DETAILS

(a) Principals (Managers/Executive Directors)

Name	Title	Number of Years in Office

(b) List three Major Clients/References

Company Name	Contact Person	Telephone Number

(c) Do you make deliveries Yes No (d) State whether your company will be willing to submit samples of products (locally manufactured Or imported) to enable Company Ltd conduct tests and assess quality Yes No (e) **Please attach a photocopy of your certificate of incorporation, ZRA VAT certificate, Manufacturing license (if applicable), Tax Clearance Certificate, company profile, NCC (if Applicable), Zambia Medicine Regulatory Certificate (ZAMRA, if applicable)**

DECLARATION

The undersigned declares that all statements are true and correct and include all material information necessary to identify and

Explain the operations of _____, as well as the ownership thereof
(Name of Supplier/Company)

The undersigned agrees to inform Company immediately of any changes to the information contained herein, particularly changes in ownership, controlling interest or operations.

N.B. Company reserves the right to delete a supplier from its register, if the information submitted is not correct.

Signature

Title