



APPLICATION FOR REGISTRATION OF SUPPLIERS FOR THE YEAR 2018 TO 2019

THESE FORMS MUST BE COMPLETED AND SUBMITTED TO:

**PROCUREMENT OFFICE
Tobacco Board of Zambia, Mungwi Road, P.O Box 31963, Lusaka, Zambia,**

OR POSTED TO :

**PROCUREMENT OFFICE,
Tobacco Board of Zambia,
P.O Box 31963, Lusaka, Zambia,**

ENQUIRIES :

Tel : 260-211 847714,

INTRODUCTION AND GUIDELINES

The form was specifically designed to provide for the registration of suppliers on the TBZ Suppliers Database. In order to ensure that suppliers are considered legitimate tenderers, it is imperative that the following guidelines are adhered to.

Applicants must complete pages 2 to 6, where applicable. Failure by an applicant to provide ALL relevant information and documents required will result in non-registration. If the information required is not applicable to your business; clearly insert the symbols "N/A" in the appropriate space. If the space provided is left blank, it will be regarded as information that is still outstanding and you WILL NOT be registered.

Applicants are advised that only **ORIGINAL** TBZ or PHOTOSTAT copies thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.

Suppliers providing information incorrectly will be disqualified from tendering and removed from the Suppliers Database.

APPLICATION FOR REGISTRATION ON TBZ SUPPLIERS DATABASE

(The following information must be filled in by the applicant. Failure to submit ALL the required information may lead to non-registration of the applicant business)

1. BUSINESS PARTICULARS:

1.1 Name of Business as registered with the Registrar of Companies

1.2 Name of business used for TRADING purposes, if different from 1.1 or name of business if business is not registered with the Registrar

1.3 Registration Number as registered with the Registrar of companies (if applicable):

Who are the owners, partners, members or shareholders?

NAME	TITLE

1.4 Postal address

Postal Code: _____

Physical address

Postal Code: _____

Telephone no. : (_____) _____ Fax no.: (_____) _____

Cell. no. : _____

E-mail address (if available): _____

Preferred method of Communication: Email Fax Post

1.5 Contact person : _____

1.6 Physical location of Head Office (if applicable) _____

1.7 Tax Reference Number : _____

1.8 P.A.Y.E. Number (if applicable) _____

N.B. COPIES OF CERTIFICATES FOR 1.1 AND 1.7 MUST BE SUPPLIED (If you cannot provide these certificates, kindly attach explanation)

2. BANKING DETAILS

2.1 Name of banking institution: _____

2.2 Branch Name: _____

2.3 Town/City: _____

2.4 Banking account number: _____

2.5 Account Holder (Name under which account is operated):

N. B. A COPY OR ORIGINAL BANK STATEMENT NOT OLDER THAN 60 DAYS MUST BE SUPPLIED.

3. TYPE OF BUSINESS

3.1 Tick whichever block is applicable to your business or firm and attach the relevant certified copy.

PUBLIC COMPANY LTD	
PRIVATE COMPANY (PTY) LTD	
CLOSE CORPORATION CC	
SOLE PROPRIETOR	
PARTNERSHIP	

4. PREVIOUS BUSINESS INFORMATION

4.1 Did your business exist under a previous name? (Answer to be encircled) **Yes** or **No**

4.2 If "yes" what was the previous business name?

4.3 Why was the name changed?

4.4 Previous Suppliers Database registration number: _____

4.5 Who were the owners, partners, members or shareholders?

NAME	TITLE

5. CLASSIFICATION OF BUSINESS

5.1 CLASSIFICATION FOR SUPPLIER DATABASE (M A N D A T O R Y)

In order to assist with the classification process, a short summary of your core business and key products and services must be provided.

Our core business is:

Products/Services: _____

6. PREVIOUS EXPERIENCE (IF APPLICABLE)

List the last 4 contracts awarded to you (the supplier) or other previous experience related to your core business.

EMPLOYER/DEPARTMENT	CONTACT PERSON and TELEPHONE NO.	CONTRACT VALUE IN KWACHA	COMPLETED SUCCESSFULLY YES/NO	YEAR

SIGNED ON THIS _____ DAY OF _____ 20____ AT _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME IN BLOCK LETTERS

SUPPLIER'S NAME: _____