

VENDOR REGISTRATION FORM

Company Details and General Information

The information provided in response to this questionnaire will be held confidential by APBHO for use only in Supplier Evaluation and not disclosed to any outside party without your prior written consent.

Please provide the following information:

| | |
|---|--|
| 1. Name of supplier | |
| 2. Address of supplier | |
| 3. Contact name | |
| 4. Telephone number | |
| 5. Mobile number | |
| 6. Email address | |
| 7. Website address | |
| 8. What are your opening hours/days? | |
| 9. Company registration number | |
| 10. Year of company registration | |
| 11. Please attach company registration documentation | |
| 12. Annual turnover of your company | |
| 13. Number of employees in your company | |
| 14. Bank details | |
| 15. What products and services do you supply? | |
| 16. Are you able to provide samples of your goods? | |
| 17. What warranties/repair services do you offer? | |
| 18. What storage or stock capacity do you have? | |
| 19. Please provide references of other aid agency customers you have supplied with goods or services. | |
| 20. Do you have a health and safety policy? | |

It should be noted that the answers you provide to this questionnaire might influence your potential relationship with APBHO. Following completion, signature, and submission of this questionnaire, any subsequent changes must be submitted to APBHO in writing immediately.