

REGISTRATION FOR SUPPLY OF GOODS, SERVICES AND WORKS FOR THE FINANCIAL YEARS 2021 - 2023

SUPPLIER REGISTRATION FORM



CATEGORY
LOT NUMBER
SUB-CATEGORY ITEM DESCRIPTION

		Part 1			
Section 1: General Infomation					
1	Name of Company / Business (Leg	al):			
2	Location of Business Premises				
	Town:				
	Country:				
	Physical Address:				
	Street / Road:				
	Name of Building:				
	Floor:				
	Room No:				
3	Postal Address				
	Address:				
	Postal Code:				
	P.O Box Number:				
	Town:				
	Country:				
	Branches (If Any) : 1				
	2				
	3				
4	Mailing Address (if different)				
5	Telephone:				
6	Website:				
7	Email:				
8	Primary contact for purpose of	Contact Person:			
	this registration / due diligence:	Contact Title:			
		Contact Phone:			
		Contact Email:			



	Duevide the newspapered envite st	
9	Provide the names and contact	
	details of your company	
	lawyers/ legal representatives	
10	Nature of business (Tick where	1. Manufacturer:
	appropriate) and attach	2. Trader:
	dealership/ appointment letter	3. Authorized Agent:
		4. Retailer:
		5. Trader:
		6. Consulting Firm:
		7. Other (Please Specify):
11	For IT services, show proof of	
	accreditation as either support	
	centres or solution providers for	
	companies such as Microsoft, HP,	
	Dell, Lenovo, Cisco etc	
12	Year of establishment	
13	Number of full-time staff	

Sect	Section 2: Registration Details				
14	 Certificate of Registration/ 				
	Incorporation No.				
	 VAT Registration Number 				
	TPIN Number				
	•Trade License Number				
	•PACRA print out form to				
	confirm names of Directors.				
	 Proof of registration for 				
	construction company's or any				
	other regulatory bodies.				
	• Proof of franchise (where				
	applicable)				
	(Must attach copies of all the above relevant documents)				



15	Provide information about the company's directors, partners and owners (attach additional information if required):	Name	ldentit Numbe	1	(e.g owner		(e.g owner P		Ownership Percetage (if any)		Natio	onality
	information in required).	1.										
		2.										
		3.										
16	Provide Information if ownership resides with a legal entity	Company Name			Percentage		making p		Ownership Com percentage of ((if any)			
		1.										
		2.										
		3.										
17	Relationship with Zanaco	0	Descriptio	n				Comr	nent			
		Product / to Zanaco	services wh (currently o	nich or p	n you provide previously)							
		Value of your sales to Zanaco for the past 3 years and by product / services Percentage of your annual turnover ascribable to Zanaco										
		Your curre person	ent Zanaco o	on	ntact							

 Please provide a copy of the company's most recent Annual/ Audited Financial report/ certified copies of the bank statement for the last six months. Note: Companies registered six months or less should provide all available bank statements)



19	Annual Turnover in (ZMW)	
20	Bank Name	
21	Account Name	
22	Account Number	
23	Branch Address	
24	Swift Code	
25	Types of Account	
26	Payment Terms: Zanaco standard	Agreed:
	payment terms for supply, service	
	and works contracts is 100%	Disagreed
	payment within 30 days after	
	delivery of goods and upon	Comment:
	receipt of contractor's invoice and	
	shipping documents.	
	Pre-payment	
	is in general only acceptable	
	against a pre-payment guarantee	
	covering the full amount of the	
	pre-payment.	
27	Zanaco Supplier Code of Conduct	Agreed:
	By submitting this registration,	Disagreed:
	we agree to the Zanaco Code of	Comment:
	Conduct.	

Sec	tion 4: Technical Capability and Info	rmation on Goods/Services Offered
28	List of local and international quality assurance certification held by your company (a copy of each certificate shall be enclosed) e.g. ISO 9000 or equivalent	1. 2. 3



List below, up to five (5) of your core goods/services offered	Description, Brand/Manufacturer, Model	National/International Quality Standard to which item conforms
	1.	
	2.	
	3.	
	4.	
	5.	
		core goods/services offered Brand/Manufacturer, Model 1. 2. 3. 4.

Sect	Section 5: Experience						
30	Firm's years of experience						
31	Names of companies where your firm has provided services	Organisation	Contact Person	Position	Telephone		
	to and contact details of persons	1.					
	who may be contacted for more information.	2.					
		3.					
32	Three reference letters from satisfied clients where the firm successfully provided similar services. The reference letter should be on company Letterhead.						

	F	Part 2: Sole Proprietor
33	General Information	Name in full Age Nationality
34	Partnership	Give details of partners as follows: Name in full Nationality Citizenship Details Shares
35	Registered Company	a). Private or Public (state whichever is applicable) b). Give details of all directors as follows: Name in full Nationality Shares 1



CERTIFICATION

I/We have completed this form(s) accurately at the time of reply and it is agreed that all responses can be substantiated, if requested to do so. Any inaccuracy in the information filled herein will be used as grounds for removal from or termination of the qualification process.

I/We confirm that I/We are not insolvent, in receivership, bankrupt or being wound up. Our business activities have not been suspended and we are not the subjects of legal proceedings for any of the foregoing.

I/We confirm that I/We have fulfilled our obligations to pay taxes and social security contributions.

Signature:

For and on behalf of:

Name:

Designation:

Date:

NOTE: Completing this form does not automatically mean suppliers will be added to our approved supplier base. Zanaco will review and evaluate submissions and contact prospective suppliers as necessary.