

AFRICAN UNION COMMISSION

**P.O. BOX 3243**

**ADDIS ABABA, ETHIOPIA**

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| ***SUPPLIERS’ REGISTRATION FORM*** |

### All pages to be completed by Supplier and submitted to African Union Commission (AU)

### Requested information is for AU official use only and will be treated as confidential.

## **Section 1: General Information**

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| 1. Name of Company: ………………………………………………………………………   1.1 Parent Company (if applicable)……………………………………………………………   1. Full address of the company:   Street­­­­­­­­­­­­­­: ……………………………………, Post Box No. : ……………………………  City: ……………………………………., State: …………………………………….  Country: ………………………………..   1. Telephone No. (include Country code): …………….…………………………………….. 2. Fax /Telex No. (include country code): …..……………..……………………………… 3. Name and title of contact person: ……………………………………………………….   6. Type of organization: (Tick only one)  State enterprise: Private company: Other:    Year established: ……………………. License no.: ………………………………..  (Please attach a copy of your license) |
| 7. Activity Category:   Manufacturer: Consultant: Builder: Clearing Agent: Wholesaler Retailer        Trading Company: Authorized Agent: Other (please specify): ………………………………………………………………………………………………….   1. Area of Specialisation: (please tick):  |  |  |  |  | | --- | --- | --- | --- | | **CATEGORIES** |  | **CATEGORIES** |  | | Office Furniture |  | Printers |  | | Computer And Accessories |  | Construction, Renovation, Maintenance, Cleaning& Gardening |  | | Office Equipment |  | Maintenance of Vehicle Services |  | | Stationery/ Photocopy Paper And Office Supplies |  | Plumbing materials |  | | Home Furniture |  | Cleaning Materials |  | | Printing Equipment |  | Building materials |  | | Printing Consumables and spare parts |  | Household Materials |  | | Conference Equipment |  | Vehicle Spare Parts and Tyres |  | | Uniforms |  | Fuel and Lubricants |  | | Generators/ air conditioning |  | Promotional Materials |  | | Motor Vehicles |  | Cleaning Services |  | | Manual Handling Equipment |  | Pest Control Services |  | | Electrical Materials |  | Packing, Forwarding and Clearing |  | | Medical supplies |  | Advertising Services |  | | Laboratory Material |  | Car Rental Services |  | | Consultant |  | Networking Services |  |   9. Number of employees (full time): ………………Part time hiring: ………………  10. If Agent/Trading house, do you hold sole/exclusive rights/license? Yes No  (If yes, please state name and address of Principals and attach documentation):  Name Title  …………………………………………… ………………………………………………. |

## **Section 2: Financial Statement**

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| 11.Registration/Incorporation:(please provide Incorporation Certificate, and Certificate of Name Change, if applicable) Number: …………………     1. Payment methods: Cheque Account transfer   **Preferred Payment Terms**  Payment Upon Delivery Irrevocable Letter of Credit Advance Payment Upon Presentation of Bank Guarantee  13. Audited Financial Statement: Yes No (please tick correctly)  (Please attach a copy of your latest Audited Financial Statement. If not available, please provide a certified copy of your Income Tax Return)  14. Gross annual turnover: Current year estimate (US$ …………………………….)  Last year (US$ ……………………………..) |

##### **Section 3: Activities**

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| 1. Previous contracts (during the last 2 years) with the African Union, United Nations/International or Governmental Organizations/Private Companies, for the products/services/Work:   Date Value Product/Service/Work Organization Name/address  (provide at least three references):   1. . ………… ………….. ……………. ……………………….. …………….. 2. ………... ………….. ……………. ……………………….. …………….. 3. ………… ………….. ……………. ……………………….. ……………… 4. ………… ………….. ……………. ……………………….. ………………   16. Provide list of local agents in Ethiopia (for Foreign Company only) **…………………………** |

Section 4: Other Information

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| c  c  17. Storage/warehousing capacity (in square feet):  Transportation: Yes No (If yes, please specify number, type and capacity)    Any other information (tick as applicable): Yes No (if yes, please specify. Use  additional paper if needed)  18. Membership of National/International Associations?  (Tick as appropriate Yes No (if yes, please provide a copy of relevant document)  19. Is your company covered by third party liability insurance?  (Tick as appropriate Yes No (if yes, please provide a copy of relevant document) |

I hereby certify that the information provided above and in all the annexes is correct and that no person in any connection with this establishment, as a supplier for providing material, supplies or services, or as a principal or employee, is employed by African Union, or barred by African Union.

Name: …………………………………………………………….

Title: ……………………………………………………………….

Seal of the Company

Date: ……………………………………………………………….

Signature: ………………………………………………………….

**NOTE: Kindly send this form after filling in all the required spaces and information to** [**vendor.registration@africa-union.org**](mailto:vendor.registration@africa-union.org)