

 AFRICAN UNION COMMISSION

**P.O. BOX 3243**

**ADDIS ABABA, ETHIOPIA**

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**Fax: +251-11-5510430**

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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):

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| --- | --- | --- | --- |
| **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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| cc17. 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**