AGRICULTURAL MARKETING BOARD

REGISTRATION OF POTENTIAL SUPPLIERS For FACE MASK

REGISTRATION FORM

NAME OF ENTERPRISE	:		
Name of Representative :			
OFFICIAL ADDRESS	:		
ID No.	:		
Telephone Number: .		Fax Number :	
Mobile Number :.		E-mail Address:	
Nature of Business:			
STATUS: (Please tick/fill in where appropriate) OTHER REQUIREMENTS (i) (ii)		Sole Proprietor Company Partnership Business Registration Number: VAT Registration Number (if applicable):	
	(iii) (iv)	TAX Account Number (TAN):Small Medium Enterprise (s) (disclose annual turnover)	
DOCUMENT TO BE SUBMITTED:		 (i) Copy of Business of Incorporation of Busines (ii) Copy of Business Registration Certificate (iii) Copy of ID Card (if sole proprietor) 	S
OTHER INFORMATIO	N		
(i) Whether debai	rred by C	ompetent Authority to participate in any bidding exer	rcise YES NO
(If YES please specify th	e period):	
(ii) Whether convi	cted by a	ny court of Law for Fraudulent/ corrupt/collusive/coe	ercive practice
YES		NO	
		registered with the Ministry of Public Infrastructure, L	
(iv) Types of Contra	acts Exec	tuted and Name of Clients	
			,
Signature of A	-		/ DATE

Tick where appropriate. Thank you.

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LIST OF ITEMS FOR WHICH I AM/WE ARE REGISTERING

SN	ITEMS
(A)	GOODS/MATERIALS
(B)	SERVICES
(C)	WORKS