



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

1. Name of Company:
- 1.1 Parent Company (if applicable).....
2. Full address of the company:

Street:, Post Box No. :

City:, State:

Country:
3. Telephone No. (include Country code):
4. Fax /Telex No. (include country code):
5. 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):

8. 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

11. Registration/Incorporation: (please provide Incorporation Certificate, and Certificate of Name Change, if applicable) Number:
12. 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

15. Previous contracts (during the last 2 years) with the African Union, United Nations/International or Governmental Organizations/Private Companies, for the products/services/Work:

<u>Date</u>	<u>Value</u>	<u>Product/Service/Work</u>	<u>Organization</u>	<u>Name/address</u>
(provide at least three references):				
i.
ii.
iii.
iv.

16. Provide list of local agents in Ethiopia (for Foreign Company only)

Section 4: Other Information

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)

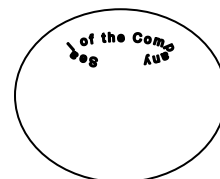
I hereby certify that the information provided above and in all the annexes is correct and that no person in any connection with this establishment, as a supplier for providing material, supplies or services, or as a principal or employee, is employed by African Union, or barred by African Union.

Name:

Title:

Date:

Signature:



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