

The Engineering Institution of Zambia

SUPPLIER REGISTRATION FORM

Please fill in this form when submitting

PART A: COMPANY DETAILS

1.	Company Name
2.	Physical Address
3.	Postal Address
4.	Telephone Number
5.	E-mail Address
6.	Name and Title of Company Representative(s)
7.	Direct E-mail address of Company Representative
8.	Direct Number of Company Representative;
	(a) Telephone
	(b) Mobile
9.	Date Company was established
10.	Gross annual sales for the last 12 months
11.	Legal Structure:
	(a) Corporation
	(b) Partnership
	(c) Sole Proprietorship
	(d) Joint Venture
	(e) Franchise
12.	Type of business:
	(a) Retailer
	(b)Distributor/Dealer
	(c) Wholesaler
	(d) Manufacturer
	(e) Service Provider
	(f) Other
13.	Details on services or goods your company supplies
14.	State Lot(s) bided for:
	(a) Lot 1
	(b) Lot 2
	(c) Lot 3
	(d) Lot 4
15.	Business Geographic Location:
	(a) Local (Lusaka based)
	(b)National (From other towns)
	(c) Regional

16.	Have you conducted business with EIZ before?	
	(a) Yes	
	(b) No	

PART B: BANKING INFORMATION

1.	Bank Name:
2.	Bank Address:
3.	Beneficiary name:
4.	Bank Account Number:
5.	SWIFT code:
6.	Account Currency:

PART C: SUPPORTING DOCUMENTATION

In order to be considered for registration by EIZ, please provide the following requirements:

(a) Certificate of incorporation/registration with PACRA

(b) Valid Tax clearance certificate from ZRA

(c) Proof of certification with other relevant bodies

(d) Any other information relevant to this "Supplier Registration" request

PART D: AUTHORIZATION

I/We, the undersigned, hereby accept the EIZ General Terms and Conditions, and warrant that the information provided in this form is correct, and in the event of changes, such changes shall be provided to EIZ as soon as possible.

Name: _____

Title/Position:

Signature: _____

Date: _____

DECLARATION

By submitting this form, I/We declare that the information contained in this form is correct to the best of my knowledge and belief and do hereby express our interest in this procurement.

Name and Title

Date: _____

Signature: _____