##### Medical Teams International Sudan SR SUD-GDF-023 ………………….

**Supplier Registration Form**

*Suppliers must accurately and honestly complete all available information below. Supporting attachments should also be included and listed below. Medical Teams agrees to keep all information confidential.*

1. **COMPANY DETAILS**

|  |
| --- |
| Company Name (*include legal name and other names*): |
|  |
| Physical Address | Postal/ Mailing Address |
|  |  |
| Country |  | Email |  |
| Primary Tel Number |  | Alternative Email |  |
| Alternative Tel Number |  | Website |  |

|  |
| --- |
| Parent Company Legal Name (if any) |
|  |
| Subsidiaries, Associates - name, city, country (*attach a list if necessary*): |
|  |
| International Offices/Representation (c*ountries where* *the Company has local Offices/Representation*): |
|  |
| Type of business (*mark only one*) |
| ☐ | Corporation/LLC  | ☐ | Partnership | ☐ | Sole Proprietor | ☐ | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nature of business  |
| ☐ | Manufacturer | ☐ | Agent | ☐ | Trader | ☐ | Consulting | ☐ | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year of Registration |  | Number of full-time employees |  | Tax Identification Number (TIN) |  |
| License/Registration Number(s) |  | VAT Registered | ☐ Yes ☐ No |
| List all languages you can communicate with |  |

1. **BANKING DETAILS**

|  |  |
| --- | --- |
| Bank and Branch Name(s) |  |

|  |  |
| --- | --- |
| Branch Address | Telephone Number(s) |
|  |  |
| Postal Code |  | City |  | Swift/Bank Identifier Code (BIC): |  |
| Country |  |
| Routing Number |  | IBAN Number(s) |  |
| Account Number 1 |  | Account Name |  | Currency |  |
| Account Number 2 |  | Account Name |  | Currency |  |
| Other Comments |  |

1. **GOODS/SERVICE/WORKS OFFERED**

|  |
| --- |
| Please provide details of the primary products/services/works offered by your organisation.*(Attach separate list if necessary)* |
|  |
| Please explain your experience of providing the goods, services or works you are interested in providing. |
|  |
| Have you supplied goods or services to MTI previously? If so, please provide a brief summary. |
|  |

1. **EXPERIENCE AND GOING CONCERN**

|  |
| --- |
| Total Annual Revenue value of Total Gross Sales (last 3 years)*\* Attach most recent Audited Books of Accounts and Bank Statement for past 12 months* |
| Year |  | Year |  | Year |  |
| Sales |  | Sales |  | Sales |  |
| Do you have outstanding bankruptcy, judgment or pending legal action that might impact your ability to provide goods or services? |
| ☐ Yes ☐ No | If yes, please explain: |  |

|  |
| --- |
| Please list any disputes that your company has been involved in with NGOs in the last 3 years (optional). |
|  |
| List any national or international trade or professional organizations that your company is a member of. |
|  |
| Is your company registered with the United Nations Global Marketplace (UNGM)?  |  ☐ Yes ☐ No  |
| If yes, please provide registration number |  |

|  |
| --- |
| List any recent contracts with the UN Agencies and International Non-Government Organization (INGO), including Medical Teams |
|  | **Organization** | **Brief Description of Supplies/Services/Works** | **Contract Value** | **Year** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. **KEY SUPPLIER CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Primary Contact** | **Secondary Contact** | **Other Contact** |
| **Name** |  |  |  |
| **Title** |  |  |  |
| **Phone/Mobile** |  |  |  |
| **Alternative Phone** |  |  |  |
| **Email** |  |  |  |
| **Address** |  |  |  |

1. **ETHICAL AND QUALITY PROCEDURES**

*Note: Any inaccurate information below may result in the termination of all contracts between your company and Medical Teams International as well as removal from the approved supplier database.*

|  |
| --- |
| Have you read, understood and signed the Medical Teams Supplier Code of Conduct? |
| ☐ Yes ☐ No If yes, please attach a copy. If not, please consult your Medical Team focal point. |
| Does your Company have a written Statement of its Environmental Policy? (If yes, please attach a Copy) |
| ☐ Yes ☐ No If yes, please attach a copy. |
| Does your Company have a written Statement of Quality Management? (If yes, please attach a Copy) |
| ☐ Yes ☐ No If yes, please attach a copy. |
| Does your Company have any current Quality accreditations? (*e.g., ISO*) |
|  ☐ Yes ☐ No If yes, please attach a copy. |
|  Does your Company have a documented procedure on handling customer complaints and feedback mechanisms? (If yes, please attach a Copy) |
| ☐ Yes ☐ No If yes, please describe: |
| Does your company employee any persons below the age of 18? |  ☐ Yes ☐ No  |
| MTI has a “zero tolerance” policy that strictly prohibits the acceptance of any type of gift and/or hospitality by Medical Teams staff participating in the procurement process. Do you agree to follow this policy? |  ☐ Yes ☐ No |

1. **REFERENCES**

Provide **at least three (3**) business references, preferably from the humanitarian sector.

|  |  |
| --- | --- |
| Entity Name |  |
| Address |  |
| Contact Name |  | Position Title |  |
| Telephone Number |  | Work Email |  |
| Nature of Goods/Services/Works Provided |  |
| Number of years providing goods/services/works to the Entity |  |

|  |  |
| --- | --- |
| Entity Name |  |
| Address |  |
| Contact Name |  | Position Title |  |
| Telephone Number |  | Work Email |  |
| Nature of Goods/Services/Works Provided |  |
| Number of years providing goods/services/works to the Entity |  |

|  |  |
| --- | --- |
| Entity Name |  |
| Address |  |
| Contact Name |  | Position Title |  |
| Telephone Number |  | Work Email |  |
| Nature of Goods/Services/Works Provided |  |
| Number of years providing goods/services/works to the Entity |  |

|  |  |  |
| --- | --- | --- |
| ***Item*** | **Question** | **Supplier Response** |
| ***8.1*** | Supplier accepts Medical Teams’ ‘Standard Terms and Conditions of Purchase’ included within Appendix 1 of this Supplier Registration Form, and that any work awarded from as a result of undergoing this registration process will be completed under the attached ‘Terms and Conditions of Purchase’. | **Yes / No** | **Comments / Attachments** |
|  |  |
| ***8.2*** | The Supplier and its staff (and any sub-contractors used) agree to comply with MTI and the IAPG’s policies and code of conducts listed below, throughout their business relationship and during the term of any contract awarded.1. Supplier Code of Conduct
2. Standard Terms and Conditions of Purchase’
 | **Yes / No** | **Comments** |
|  |  |
| ***8.3*** | The Supplier must not be a prohibited party under applicable sanctions laws or anti-terrorism laws or provide goods under sanction by the US or EU. | **Yes / No** | **Comments** |
|  |  |
| ***8.4*** | The Supplier confirms it is fully qualified, licenses and registered to trade with Medical Teams (including compliance with all relevant local Country legislation).This includes the Bidder submitting the following requirements (where applicable):* Legitimate Business Address
* Tax Clearance Certificate specific to MTI
* Certificate of Registration
* Valid Trading License
 | **Yes / No** | **Comments** |
|  |  |
| **Requirement** | **Bidder Response / Attachments** |
| *Legitimate Business Address* |  |
| *Tax Clearance Certificate* |  |
| *Certificate of Registration* |  |
| *Trading License* |  |
| ***8.5*** | The Supplier confirms that it has a licence, issue by the necessary Regulatory Body where applicable depending on the nature of business. | **Yes / No** | **Comments / Attachments** |
|  |  |
| ***8.6*** | The Supplier confirms that the company can deliver and/or supply to the locations of where MTI operates.\***Country Office** Gedaref.\***Field Offices** Gedaref, White Nile | ☐ Gedaref☐ White Nile☐ Al Fashaga☐ Basunda☐ East Galabat | **Comments** |
|  |

1. **OTHER INFORMATION**
2. **SUPPLIER SUBMISSION CHECKLIST**

|  |
| --- |
| **We, the Supplier, hereby confirm we have completed all sections of the Supplier Registration Form:** |
| **No** | **Section** | **Please Tick** | **No** | **Attachments** | **Please Tick** |
| 1. | Section 1 – Company Details |  | 1. | Certificate of Incorporation |  |
| 2. | Section 2 – Banking Details |  | 2. | Valid Trading License |  |
| 3. | Section 3 – Good/Service/Works offered |  | 3. | Certificate of Tax Registration |  |
| 4. | Section 4 – Experience and Going Concern |  | 4. | Tax Clearance Certificate |  |
| 5. | Section 5 – Key Supplier Contact Details |  | 5. | Audited Books of Accounts *(Most Recent Period)* |  |
| 6. | Section 6 – Ethical And Quality Procedures |  | 6. | Bank Statements 12 months  |  |
| 7. | Section 7 – References |  | 7. | Standard Terms & Conditions of Purchase |  |
| 8. | Section 8 – Other Information |  | 8. | Supplier Code of Conduct |  |
| 9. | Section 9 – Supplier Submission Checklist |  | 9. | Company Form 7 *(Particulars of Directors)* |  |
| 10. | Section 10 – Acknowledgement |  | 10. | NSSF Clearance Certificate *(Where Applicable)* |  |

1. **ACKNOWLEDGEMENT**

I, the undersigned, hereby accept the Medical Teams Supplier Code of Conduct, a copy of which has been provided to me, and confirm that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible. I am authorized on behalf of this company to share the above information and sign for its legitimacy.

I, the undersigned, declare that:

1. Our company is not involved in any fraudulent or corrupt activities and has not been in the past and is not currently under any investigation for any such activities which would render our company unsuitable for business dealing with Medical Teams.
2. Our company is not on, or associated with a company or individual, groups, undertakings and entities that are on the consolidated list established and maintained by the committee established by the UN Resolution No. 1267 ([www.un.org/sc/committees/1267/consolist.html](http://www.un.org/sc/committees/1267/consolist.html)).
3. Our company is not on, or associated with a company or individual that are subject to the list of Independent Inquiry Committee into United Nations
4. Our company is not currently removed, invalidated or suspended by any other UN Headquarters, or Field Offices or any other Non-Governmental Organizations (including the World Bank).

|  |
| --- |
| **We, the Supplier, hereby confirm our commitment to comply with the following policies and requirements in all dealings with Medical Teams International:** |
| **Policy** | **Signature** |
| Standard Terms & Conditions of Purchase |  |
| Supplier Code of Conduct |  |

We confirm that Medical Teams may in its consideration of conducting business with us subsequently, rely on the statements made herein.

**Name:**

**Position:**

**Signature:**

**Supplier Official**

**Stamp**