

**VENDOR REGISTRATION FORM**

**ALIGHT – SUDAN**

Khartoum Sudan

**Alight Sudan –Vendor Registration Form**

Completion of the following form, along with provision of a Sudan registration License is mandatory for registration as a supplier/vendor with ALIGHT Sudan.

The following form contains five (5) sections and should be completed in English preferably electronically or in BLOCK CAPITALS.

Please return this completed form with a copy of the Registration License via email to procurement.krt@WEAREALIGHT.ORG or post to ALIGHT office located at House 19 - Block 57, Arkawit, Khartoum, Sudan

For enquiries regarding completion of this form please contact ALIGHT Sudan via email at procurement.krt@WeAreAlight.org.

Thank you for your time and effort.

|  |
| --- |
| **SECTION 1: Vendor Details and General Information** |

|  |
| --- |
| 1. **Vendor Name:**
 |

|  |  |
| --- | --- |
| 1. **Street Address:**

**City:****Postal Code:****Country:** | 1. **P.O. Box and Mailing Address:**
 |

|  |  |
| --- | --- |
| 1. **Telephone No.:**
 | 1. **Fax No.:**
 |
| 1. **Email Address:**
 | 1. **Website Address:**
 |

|  |
| --- |
| 1. **Contact Name and Title:**
 |

|  |
| --- |
| 1. **Parent Company (Full Legal Name):**
 |

|  |
| --- |
| 1. **Subsidiaries, Associates and/or Overseas Representatives(s) – (attach a list if necessary)**
 |

|  |
| --- |
| 1. **Type of Business (Mark one only):**
 |
| * **Corporate / Limited:**
 | * **Partnership:**
 | * **Other (Specify):**
 |

|  |
| --- |
| 1. **Nature of Business:**
 |
| * **Manufacturer**
 | * **Authorised Agent**
 | * **Trader**
 | * **Consulting Company**
 | * **Other (Specify):**
 |

|  |  |
| --- | --- |
| 1. **Year Established:**
 | 1. **Number of Full-time Employees:**
 |
| 1. **Licence No./State where registered:**
 | 1. **VAT No. / Tax ID:**
 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * **English**
 | * **French**
 | * **Spanish**
 | * **Russian**
 | * **Arabic**
 | * **Chinese**
 | * **Other (Specify):**
 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * **English**
 | * **French**
 | * **Spanish**
 | * **Russian**
 | * **Arabic**
 | * **Chinese**
 | * **Other (Specify):**
 |

|  |
| --- |
| **SECTION 2: Financial Information** |

|  |  |
| --- | --- |
| 1. **Bank Name:**

**Address :** | **Swift / BIC Address:****IBAN :****Account Currency :** |
| 1. **Bank Account Number:**
 | **Account Name:** |

|  |
| --- |
| **SECTION 3: Technical Capability and Information on Goods / Services Offered** |

|  |
| --- |
| 1. **Quality Assurance Certification (e.g. ISO 9000 or equivalent):**

**(Please provide a copy of your most recent Certification)** |
| 1. **Offices / Representation (Towns were you have local Offices / Representation):**
 |

|  |
| --- |
| 1. **For Goods Only – Do the goods provided conform to National / International Quality Standards?**
* **Yes**
* **No**
 |

|  |
| --- |
| 1. **List below up to Five (5) of you core Goods / Services offered:**
 |
| **Code** | **Description (One Line for Each Item)** | **National / International Quality Standard to which the Item Conforms** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **SECTION 4: Experience** |

|  |
| --- |
| 1. **Recent Contracts with International Aid Organisations and / or the United Nations (List):**
 |

|  |
| --- |
| **SECTION 5: Other** |

|  |
| --- |
| 1. **Please list any disputes between you and an International Aid Organisation and/or the United Nations over the last 3 years:**
 |

|  |
| --- |
| 1. **Certification:**

**I, the undersigned, hereby confirm that the information provided in this form is correct, and in the event of any changes to this information, correct details will be provided as soon as possible:****Name:****Functional Title:****Signature:****Date:** |

NOTE: *Please be informed that ALIGHT Sudan does not do business with companies or any of their affiliates or subsidiaries that engage in any practice which is inconsistent with the ALIGHT Sudan Procurement Manual.*

**SECTION 5: VENDOR/SUPPLIER BANKING DETAILS FORM**

***نموذج تفاصيل الخدمات المصرفية للموردين/الموردين***

(*Please print clearly of type information*)

الرجاء طباعة معلومات النوع بوضوح)

|  |  |
| --- | --- |
| Title/ Name of Companyالعنوان/ اسم الشركة |  |
|  |  |
| Bank Account Nameاسم الحساب |  |
|  |  |
|  |  |
| Bank Account Number |  |
| رقم الحساب |  |
|  |  |
| Account Currency |  |
| العمله |  |
|  |  |
| SWIFT CODE |  |
| رمز سويفت |  |
|  |  |
| IBAN |  |
|  |  |  |
| Bank Addressعنوان البنك |  |

***We acknowledge that the information shared is correct and accurate***

|  |  |
| --- | --- |
| Name of Representativeاسم الممثل |  |
|  |  |  |
| Title/Positionعنوان |  |
|  |  |  |
| Telephone Numberرقم الهاتف |  |

|  |  |
| --- | --- |
| Email Address:عنوان البريد الإلكتروني |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / /

Signature (التوقيع) Date: DD / MM / YYYY