SUPPLIER REGISTRATION FORM



Ministry of Finance

Procurement Policy and Advisory Division (PPAD)

Telephone: 22219900

Finance House, 3rd Floor, Office Number 3020/3016

ATTACHMENTS

- 1. TRADERS LICENCE CERTIFIED AT SOURCE
- 2. TAX CLEARANCE CERTIFICATE CERTIFIED AT SOURCE
- 3. COMPANY PROFILE

22 May 2018 Page 1 of 4

APPLICATION FORM FOR REGISTRATION ON THE SUPPLIER DATABASE

1.0	Details of Company	
1.1	Company Name and Address:	Physical Address:
1.2	Nature of Business:	
1.3	Telephone Number:	
1.4	Fax Number:	
1.5	E-mail Address:	
1.6	Tin number (if applicable):	
1.7	Year of Formation or Incorporation:	
1.8	Registered Number:	
1.9 Na	ame and Address of Parent or Holding Comp	any:
1.10	Type of Company (Sole Ownership, Partner	ship, Private Limited Company, Public
	Limited Company):	
1.11	Name of: Managing Director	
	Sales Director	
	Other Senior Managers	

22 May 2018 Page 2 of 4

	Principal service provided:
	1:
	3:
	4:
2.0	Business/Company's Bank Account Details for Payment Transfers
	Please provide details of the business/company's bank account to which you would
	like payment to be made by Government (up to 3 accounts are allowed)
2.1	Bank Name:
2.2	Branch Name:
2.3	Branch Code:
2.4	Business/Company's Bank Account Number:
2.5	Bank Account Name:
2.6	SWIFT Code:
	DANIK DATE CTANAD
	BANK DATE STAMP
3.0	Business/Company's Bank Account Details for Payment Transfers
	Please provide details of the business/company's bank account to which you would
	like payment to be made by Government:
3.1	Bank Name:
3.2	Branch Name:
3.3	Branch Code:
3.4	Business/Company's Bank Account Number:
3.5	Bank Account Name:
3.6	SWIFT Code:
-	

BANK DATE STAMP

22 May 2018 Page 3 of 4

4.0	Business/Company's Bank Account Details for Payment Transfers
	Please provide details of the business/company's bank account to which you would
	like payment to be made by Government:
4.1	Bank Name:
4.2	Branch Name:
4.3	Branch Code:
4.4	Business/Company's Bank Account Number:
4.5	Bank Account Name:
4.6	SWIFT Code:
	BANK DATE STAMP
	Please be informed that the provided information especially the bank details
	would be valid only if it has been confirmed by the bank with a date stamp.
5.0 [Declaration by supplier/representative:
- 1	declare that the information provided is true,
С	orrect and binding.
S	ignature of supplier/representative:
	SUPPLIER DATE STAMP
6.0	Registration Form should be returned to:
	Procurement Policy and Advisory Division
	Level 3/Third Floor, Room 3017
	Ministry of Finance

22 May 2018 Page 4 of 4

Finance House (Opposite Queen Elizabeth II Hospital)

High Court Road

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