



SUPPLIERS' REGISTRATION FORM

*All pages to be completed by Supplier and submitted to
**COMESA – Leather and Leather Products Institute
(COMESA/LLPI)***

*Requested information is for COMESA/LLPI 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:
- Post Box No. :
- City:, Woreda/Kebele.....
- Sub-City:
3. Telephone No. :
4. Fax /Telex No. :.....
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 Specialization(s): (please tick):

CATEGORIES		
Construction and Renovation Works	<input type="checkbox"/>	Translation and Interpretation Services <input type="checkbox"/>
Stationary and Office Consumables	<input type="checkbox"/>	Equipment Maintenance <input type="checkbox"/>
Cleaning Materials	<input type="checkbox"/>	Plumbing Materials <input type="checkbox"/>
Food Stuff	<input type="checkbox"/>	Vehicle spare parts, tyres and Maintenance materials <input type="checkbox"/>
Hotel Accommodation	<input type="checkbox"/>	Pest Control Services <input type="checkbox"/>
Conference Packages	<input type="checkbox"/>	Packing, Forwarding and Clearing <input type="checkbox"/>
Computer, IT Equipments, Accessories, and Software	<input type="checkbox"/>	Advertising Services <input type="checkbox"/>
Promotional/ Gift Items	<input type="checkbox"/>	Car Rental Services <input type="checkbox"/>
Design and Printing Works	<input type="checkbox"/>	Networking Service <input type="checkbox"/>
Air Ticket and Travel Bookings	<input type="checkbox"/>	Uniforms and Safety Clothes <input type="checkbox"/>
Furniture and Bookings	<input type="checkbox"/>	Generators Service and Parts <input type="checkbox"/>
Office Equipment and Consumables	<input type="checkbox"/>	Air Conditioning and Serving Parts <input type="checkbox"/>
Electrical Materials	<input type="checkbox"/>	Provision of Cleaning and Gardening Services <input type="checkbox"/>
Motor Vehicles & Services maintenance	<input type="checkbox"/>	Provision of Catering <input type="checkbox"/>
Electrical Materials	<input type="checkbox"/>	Networking Services <input type="checkbox"/>
Consultancy Service	<input type="checkbox"/>	

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: Bank Details- To make an International Transfer

Payment Method :- Account transfer

15. Beneficiary Name.....
16. Bank Name.....
17. Account Number.....
18. SWIFT/BIC Code.....
19. IBAN
20. Country.....
21. Company Name.....

22. Contact Address.

Telephone.....Email.....

Fax..... Web Site.....

Local Transfer :

26. Account Holders Name/ Beneficiary Name.....

27. Company Name.....

28. Account Number.....

29. Bank Name.....

30. Bank Address.....

31. Contact details, Telephone.....

Email.....

Web site.....

Section 4: Activities

32. Previous contracts (during the last 2 years) with the COMESA/LLPI, Regional Organization, United Nations/International or Governmental Organizations/Private Companies, for the products/services/Work:

Date Value Product/Service/Work Organization Name/address
(provide at least three references):

- i.
- ii.
- iii.
- iv.

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

Section 5: Other Information

34. 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)

35. Membership of National/International Associations?
(Tick as appropriate Yes No (if yes, please provide a copy of relevant document)

36. 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 COMESA/LLPI, or barred by COMESA/LLPI

Name:

Title:.....

Date:.....

Signature:.....



NOTE: Kindly send this form after filling in all the required spaces and information to comesa.llpi@ethionet.et