



**AFRICA LEATHER AND LEATHER PRODUCTS INSTITUTE**

**P.O. BOX 2358 CODE 1110  
ADDIS ABABA, ETHIOPIA  
TEL. +251 – 11 – 4390228/0911233099**

***SUPPLIERS' REGISTRATION FORM***

*All pages to be completed by Supplier and submitted to  
**Africa Leather and Leather Products Institute (ALLPI)***

*Requested information is for ALLPI 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 ):

<b>CATEGORIES</b>		
Construction and Renovation Works	<input type="checkbox"/>	Consultancy Service <input type="checkbox"/>
Stationary and Office Consumables	<input type="checkbox"/>	Translation and Interpretation Services <input type="checkbox"/>
Cleaning Materials	<input type="checkbox"/>	Equipment Maintenance <input type="checkbox"/>
Food Stuff	<input type="checkbox"/>	Plumbing Materials <input type="checkbox"/>
Hotel Accommodation	<input type="checkbox"/>	Vehicle spare parts, tyres and Maintenance Materials <input type="checkbox"/>
Conference Packages	<input type="checkbox"/>	Pest Control Services <input type="checkbox"/>
Computer, IT Equipments, Accessories, C.C TV and security equipments, and Software suppliers	<input type="checkbox"/>	Packing, Forwarding and Clearing <input type="checkbox"/>
Promotional/ Gift Items	<input type="checkbox"/>	Advertising Services <input type="checkbox"/>
Printing Works	<input type="checkbox"/>	Car Rental Services <input type="checkbox"/>
Graphics design and/or Video editing 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 Fittings	<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 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 ALLPI, Regional Organization, United Nations/International or Governmental Organizations/Private Companies, for the products/services/Work:

<u>Date</u>	<u>Value</u>	<u>Product/Service/Work</u>	<u>Organization</u>	<u>Name/address</u>
(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 ALLPI, or barred by ALLPI

Name: .....

Title:.....

Date:.....

Signature:.....



**NOTE: Kindly send this form after filling in all the required spaces and information to [executive.director@allpi.int](mailto:executive.director@allpi.int)**