



Public Procurement & Concessions Commission

Capitol Hill, Monrovia



Vendors Registration Form

Please read the instructions in the accompanying documents before filling-in the form. Please use a ball-point ink pen to provide responses to all items on this form. Please use block letters and fill one letter or digit per box unless otherwise instructed

Please note that vendors that have been registered onto the Vendors Register may have the opportunity of being invited to participate in the procurement process of any institution receiving funds from the Government of Liberia. Registration onto the Vendors Register does not guarantee award of a procurement contract as the award of all contracts will be subject to the provisions of the Public Procurement and Concessions Act of 2010 (PPCA).

Part 1: Company Base Data

1.01 Enterprise Name											
<input type="text"/>											
1.02 Branch Name											
<input type="text"/>											
1.03 Holding Company Name											
<input type="text"/>											
1.04 Enterprise Code						1.05 Branch Code			1.06 Tax Identification Number (TIN)		
<input type="text"/>						<input type="text"/>			<input type="text"/>		
1.07 Enterprise Activity Code				1.08 Bank				1.09 Initial Registration Date			
<input type="text"/>				<input type="text"/>				<input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y			
1.10 Type of Business											
<input type="checkbox"/> Public Corporation			<input type="checkbox"/> Sole Proprietorship			<input type="checkbox"/> Partnership			<input type="checkbox"/> Private Company		
1.11 Telephone Numbers						1.12 Email Address					
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.14 Postal Address of Company						1.15 Physical Address of Company					
<input type="text"/>						<input type="text"/>					
1.16 County(ies) of Operation											
<input type="checkbox"/> Bomi	<input type="checkbox"/> Grand Bassa	<input type="checkbox"/> Grand Kru	<input type="checkbox"/> Maryland	<input type="checkbox"/> Rivercess							
<input type="checkbox"/> Bong	<input type="checkbox"/> Grand Cape Mt.	<input type="checkbox"/> Lofa	<input type="checkbox"/> Montserrado	<input type="checkbox"/> River Gee							
<input type="checkbox"/> Gbarpolu	<input type="checkbox"/> Grand Gedeh	<input type="checkbox"/> Margibi	<input type="checkbox"/> Nimba	<input type="checkbox"/> Sinoe							
1.17 Business Specialization Category											
<input type="checkbox"/> Goods			<input type="checkbox"/> Works			<input type="checkbox"/> Consulting Service			<input type="checkbox"/> Non-Consulting Service		

Part 2: Contact Person(s) Details

	Person 1			Person 2				
2.01 Contact Name								
2.02 Job Title								
2.03 Receiver of Contract?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.04 Receiver of Bids?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.05 Phone Number 1								
2.06 Phone Number 2								
2.07 Email Address								

Part 3: List of Professionals (Consulting Services, only)

	Name	Area of Specialization	Certification	Certification #	Principal
3.01					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.02					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.03					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.04					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.05					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.06					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.07					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.08					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.09					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10					<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 4: Membership of Professional Organizations

4.1 Please indicate membership in the following

<input type="checkbox"/>	African Women Entrepreneurship Program (AWEP)	<input type="checkbox"/>	Liberia Chamber of Commerce (LCC)
<input type="checkbox"/>	Association of Liberian Construction Contractors (ALCC)	<input type="checkbox"/>	Liberia National Bar Association (LNBA)
<input type="checkbox"/>	Engineering Society of Liberia (ESL)	<input type="checkbox"/>	Liberia Small Business Association (LSBA)
<input type="checkbox"/>	Fula Business Association (FBA)	<input type="checkbox"/>	Liberia Women Chamber of Commerce
<input type="checkbox"/>	Indian Business Association (IBA)	<input type="checkbox"/>	Liberian Institute of Certified Public Accountants
<input type="checkbox"/>	Liberia Business Association (LIBA)	<input type="checkbox"/>	World Lebanese Cultural Union (WLCU)
<input type="checkbox"/>	Liberia Carpenters Union (LCU)	<input type="checkbox"/>	Other <input type="text"/>

Please Specify

Part 5: Business Ownership

Please give the name, nationality, and percentage share of each of the business owners.

	Name	Nationality	Gender	Percentage Share
5.01			<input type="checkbox"/> M <input type="checkbox"/> F	
5.02			<input type="checkbox"/> M <input type="checkbox"/> F	
5.03			<input type="checkbox"/> M <input type="checkbox"/> F	
5.04			<input type="checkbox"/> M <input type="checkbox"/> F	
5.05			<input type="checkbox"/> M <input type="checkbox"/> F	
5.06			<input type="checkbox"/> M <input type="checkbox"/> F	
5.07			<input type="checkbox"/> M <input type="checkbox"/> F	
5.08			<input type="checkbox"/> M <input type="checkbox"/> F	
5.09			<input type="checkbox"/> M <input type="checkbox"/> F	
5.10			<input type="checkbox"/> M <input type="checkbox"/> F	

Part 6: References

6.01 Client 1	Name	Contract Description	Amount (USD)	Completion Date
				MMDDYY
	City, Country	Phone		MMDDYY
6.02 Client 2	Name	Contract Description	Amount (USD)	Completion Date
				MMDDYY
	City, Country	Phone		MMDDYY
6.03 Client 3	Name	Contract Description	Amount (USD)	Completion Date
				MMDDYY
	City, Country	Phone		MMDDYY
6.04 Client 4	Name	Contract Description	Amount (USD)	Completion Date
				MMDDYY
	City, Country	Phone		MMDDYY
6.05 Client 5	Name	Contract Description	Amount (USD)	Completion Date
				MMDDYY
	City, Country	Phone		MMDDYY

Part 7: Declaration

By completing this application form, the Business declares that:

- 7.1 All the information supplied in this application is true and correct.
- 7.2 The Business will, without protest submit itself to procedures instituted by the Public Procurement and Concessions Commission for supplier registration.
- 7.3 The Business will, if requested to do so supply further information and documentary evidence for scrutiny.
- 7.4 The Business will update their registration particulars whenever a significant change in their details occurs.
- 7.5 The Business acknowledges that any false information provided can lead to disqualification from the Supplier Register and being listed on Public Procurement and Concessions Commission debarment list.
- 7.6 The Business acknowledges that it can be penalized by the Commission for poor performance as reported by a Procuring Entity, in keeping with contractual terms.

Full Name

Signature

Position

Date

End of Form

Please submit the completed form along with all required documents listed on Page 5 of the instructions booklet to the PPCC office on Capitol Hill. For businesses in the counties, please submit the application package to the Office of the Superintendent.

Do not write below this line. This section is for official use, only

Form Processing Information		Gender of Majority Owner(s)	Percentage of Liberian Ownership
Submission Date	Vendor Identification Number (VIN)	<input type="checkbox"/> F <input type="checkbox"/> M	
DDMMYY	XXXXXXXXXXXX		
Processed by:		Full Name	Signature
			Date

Company Representative Authorization

The owner/directors/members/partners of the business are required to sign this resolution authorizing the company's representative.

Resolution of Owners/Directors/Members/Partners

RESOLUTION of a meeting of the Board of Directors / Members / Partners/ Owners of:

Full Legal Name of Enterprise as indicated in Item 1.01

Held at

Place

M M D D Y Y

1

M

1

4

1

RESOLVED that:

1 The Business submits an application to the Public Procurement and Concessions Commission for registration on PPCC's Vendor Register.

Name of Authorized Person

in her/his capacity as

Position in Enterprise

and who will sign as follows: be, and is hereby, authorized

Signature of Authorized Person

Signed:

1	Name	Capacity	Signature
2	Name	Capacity	Signature
3	Name	Capacity	Signature
4	Name	Capacity	Signature
5	Name	Capacity	Signature
6	Name	Capacity	Signature
7	Name	Capacity	Signature
8	Name	Capacity	Signature
9	Name	Capacity	Signature
10	Name	Capacity	Signature