

VENDOR PRE-QUALIFICATION FORM

SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION

* A) FULL LEGAL NAME OF COMPANY:

B) COUNTRY OF REGISTRATION: _____

2. PHYSICAL ADDRESS OF COMPANY:

3: POSTAL, EMAIL AND TELEPHONE CONTACTS

P.O.BOX: _____

EMAIL: _____

TEL: _____

* SPECIALIZATION/CATEGORY:

5. PRINCIPLE CONTACT PERSON'S NAME, TITLE, EMAIL AND PHONE NUMBER:

Full Name and Title: _____

Email and Phone Contact: _____

6. PARENT COMPANY (if different from Company Name given above):

7 SUBSIDIARIES, ASSOCIATES AND/OR OVERSEAS REPRESENTATIVE(S):
(if any)

8a. NATURE OF BUSINESS (Tick one box only):

Trader: Authorized Agent: Company:

Other (specify): _____

8b. TYPE AND/R OWNERSHIP OF BUSINESS:

Corporate/Limited: Partnership: NGO: Sole Proprietorship:

Other (specify): _____

9. YEAR ESTABLISHED: _____ **10. NUMBER OF FULL-TIME EMPLOYEES:** _____

11. CERTIFICATE OF INCORPORATION/REGISTRATION OF NAME NO: _____

12. TRADING/OPERATION LICENCE No: _____ **VALID TILL** _____

13. VAT NUMBER: _____ **14. TIN NUMBER:** _____

15. Tax Clearance Certificate No: _____

Note: Please ensure that you must attach Certified **Copies** of all Documents listed under this section. The Certification should be done by either the Regulatory Body

16. a) ANNUAL VALUE OF TOTAL REVENUE FOR THE LAST 3 YEARS:

(1) 2023: SLE _____ (2) 2024: SLE _____ (3) 2025: SLE _____

16. b) Proof of recently past of current business engagements with reputable firms/NGOs or Institutions. Please Attach a minimum of 5 Recommendation letters from Current Clients and 5 other documents (either recommendation letters or past contracts) from recently past clients with whom your company was conducting business on a regular basis, in the last two years .

17 BANK NAME: _____

BRANCH AND ADDRESS: _____

18 BANK ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

SWIFT/BIC: _____

SECTION 2: FINANCIAL HEALTH INFORMATION

19 PLEASE PROVIDE COPIES OF THE COMPANY'S BANK STATEMENT LAST 1 YEAR,

20 PLEASE PROVIDE CONFIRMATION LETTER FROM YOUR BANKERS TO THE EFFECT THAT YOU HOLD AN ACCOUNT WITH THEM. THE LETTER MUST BE DRAWN AGAINST A BANK OFFICIAL LETTERHEAD, ISSUED AND SIGNED BY A SENIOR STAFF MEMBER OF THE BANK AND STAMPED WITH A BANK STAMP

21 BANK LETTER ATTESTING TO YOUR COMPANY'S FINANCIAL HEALTH OR CREDIT WORTHINESS

SECTION 3: REGULATORY AND MANUFACTURER'S CERTIFICATION AND/OR ACCREDITATION

22 If the category you are bidding for is of the nature that is regulated by a National or International Agency or the products you are dealing in are brand specific and as such do carry a manufacturer's warranty, please provide proof of valid certification/accreditation or appointment as Dealer/Distributor or Reseller (whichever is applicable). For example,

- Air Travel Ticketing Services: Valid IATA License and respective Ugandan Regulatory License
- Manufacturer's Distributor: Genuine and valid Manufacturer's Authorization/Distributorship Authorization, ...
- Brand Specific: Genuine and valid Parent Manufacturer's Authorization
- Motor vehicle Hire Services: Valid Ministry of Works/Transport Licensing Board License
- Hotels and hospitality Services: Valid Ministry of Tourism License and Sierra Leone Hotels Owners' Membership

Note: The above list is not conclusive but rather used for example purposes only. It is the responsibility of the Applicant to ensure that they present the relevant valid proof of licensing /authorization to provide a service or supply a product for which such regulatory or manufacturer's pre-authorization or approval is a must have. BRAC Microfinance Sierra Leone Limited, as part of the due diligence process, cross checks with relevant bodies to ascertain the authenticity of such documents. Documents proved to be forged and/or fake will lead to automatic disqualification from this process.

CERTIFICATION/UNDERTAKING:

I, the undersigned, warrant that the information provided in this form is genuine correct and valid at the time of signing this submission. And by participating in this process, I confirm that we impliedly accept to abide by all terms and conditions set forth against which the process is conducted and that we shall abide by whatsoever eventual outcome as determined by the same set terms and conditions.

Name _____ Signature _____

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Functional Title _____ Date _____