

## Vendor Registration Form

Vendor Registration is mandatory process for all vendors wishing to supply material or services to Etisalat Afghanistan. Vendor registration helps in up-dation of vendor's details and monitoring of vendor performance. It enable vendors to participate in tenders/RFQs and to issue contracts or purchase orders.

### GENERAL INSTRUCTIONS

Vendors interested in becoming registered with Etisalat Afghanistan must pre-register with the Procurement & Contract Management Section (Vendor relation section). This registration process is mandatory and supersedes all previous registration, such registration is valid for "3" years, thereafter, and it is the vendor's responsibility to renew their registration in a timely manner at least 3 months ahead of expiry. All new and existing vendors are required to register by completing this form and submitting the following documents along with it.

- 1- Firm registration and incorporation certificate.
- 2- Company financial statement/bank statement for last one year
- 3- Copies of valid Power of Attorney (Judicial Paper) of authorized personnel attested by Court/Notary Public.
- 4- Copies of valid foreign Agency Agreement/dealership/distributorship, if applicable.
- 5- Past experience over the last two years stating major supplies/contracts/services, with values and corresponding client name.
- 6- Detail of any litigation, settlements and pending cases (if any)
- 7- All pages of this registration form & related documents must be signed and stamped by the authorized signatory.

All parts of the registration form must be completed, and all above Requirement must be fully complied with.

Registration with Etisalat Afghanistan, if accepted, does not constitute any obligation by Etisalat Afghanistan or Etisalat Group UAE to guarantee any tender invitation, RFQs, contractual awards or any order for product or service.

Incomplete application and / or missing information shall not be dealt with; all queries regarding registration should be directed to Mr. Muhammad Mustafa Ahady Contracts Coordinator in Contracts Management Section on Telephone No. 0786-1000-84.

All parts of this registration form must be completed; incomplete forms will not be processed. (Apply only if your firm has a sound financial back grounds and sufficient experience).

**Part-I Purpose - Please tick as appropriate:**

|                          |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | NEW REGISTRATION                   |
| <input type="checkbox"/> | CHANGE OF NAME/ADDRESS             |
| <input type="checkbox"/> | ADD PRODUCT OR SERVICE CATEGORIES  |
| <input type="checkbox"/> | DELETE PRODUCT OR SERCIE CATEGORES |
| <input type="checkbox"/> | RENEWAL OF REGISTRATION            |
| <input type="checkbox"/> | OTHERS, PLEASE SPECIFY _____       |

**Part-2 Official Name / Address / Contact details (legally binding):**

|  |                   |
|--|-------------------|
| NAME OF FIRM _____<br>(Legal Name as in incorporation certificate) |                   |
| ADDRESS _____  | STREET _____      |
| CITY/ TOWN _____   | POSTAL CODE _____ |
| COUNTRY _____  |                   |
| TELEPHONE NO _____   |                   |
| TELEPHONE NO FOR URGENT CONTACT _____                              |                   |
| NAME OF CONTACT PERSON _____                                       |                   |
| MOBILE NO _____  |                   |
| FAX NO. _____  |                   |
| E-MAIL. _____  |                   |

**Part 3 - Certificates Validity:**

| S.No | Certificate   | Certificate No | Expiry Date |
|------|---|----------------|-------------|
| 1    | Incorporation Certificate                             |                |             |
| 2    | Firm of Registration Certificate                      |                |             |
| 3    | Sales Tax Number                                      |                |             |
| 4    | National Tax Number (NTN)                             |                |             |
| 5    | ISO Certification/ Quality Assurance / Quality Policy |                |             |
| 6    | Others  |                |             |

**Part 4 - Official Name/ Address/ Contact details (Legally binding):**

NAME OF FIRM \_\_\_\_\_

(LEGAL NAME AS PER INCORPORATION CERTIFICATE)

MAJOR ITEM OF SUPPLY \_\_\_\_\_

(STATE ONLY ONE)

**ADDRESS DETAILS:** (kindly attach separate list of your branches on the same format).

| DESCRIPTION         | HEAD OFFICE | URGENT / EMERGENCY ( 24 / 7 ) |   |   |
|---------------------|-------------|-------------------------------|---|---|
|                     |             | 1                             | 2 | 3 |
| CONTACT PERSON NAME |             |                               |   |   |
| STREET / HOUSE NO.  |             |                               |   |   |
| PO BOX              |             |                               |   |   |
| POSTAL CODE         |             |                               |   |   |
| CITY / TOWN         |             |                               |   |   |
| COUNTRY             |             |                               |   |   |
| TELEPHONE NO.       |             |                               |   |   |

**Part 5 - Staff Strength:**

a. Total Number of Employees: \_\_\_\_\_

b. Technical Support Staff:

| Sr. No | DESIGNATION / POSITION | NO. OF STAFF |
|--------|------------------------|--------------|
| 1      |                        |              |
| 2      |                        |              |
| 3      |                        |              |

**Part 6 - Ownership:**

PLEASE SPECIFY OWNER/PARTNERS/SHAREHOLDERS NAME/NAMES WITH SHARE PERCENTAGE.

NAME

SHARE %

\_\_\_\_\_

Mr. \_\_\_\_\_

Mr. \_\_\_\_\_

Mr. \_\_\_\_\_

Mr. \_\_\_\_\_

Mr. \_\_\_\_\_

**Part 7- Authorized Signatories (Key Personnel) authorized to signs Bids/offers & contracts:**

| S.No | Name | Position | Contact Numbers | Specimen signatures |
|------|------|----------|-----------------|---------------------|
| 1    |      |          |                 |                     |
| 2    |      |          |                 |                     |
| 3    |      |          |                 |                     |
| 4    |      |          |                 |                     |

**Part 8 - Firm Remit Details (For payment Purposes):**

SAME AS PART 4, tick only  IF NOT COMPLETE THE FOLLOWING.

NAME, REMIT TO \_\_\_\_\_

ADDRESS, REMIT TO \_\_\_\_\_

CITY \_\_\_\_\_ SECTOR \_\_\_\_\_

TELEPHONE NOS. \_\_\_\_\_ FAX NO \_\_\_\_\_

CONTACT PERSON. \_\_\_\_\_

**Part 9 - Details of your Bankers:**

1. ACCOUNT HOLDER \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

2. ACCOUNT HOLDER \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

3. OTHER BANKS \_\_\_\_\_

**Part 10 - Relatives / Employees of Etisalat Afghanistan:**

LIST FIRM OFFICERS OR PRINCIPLES WHO ARE ETISALAT AFGHANISTAN EMPLOYEES OR RELATED TO ETISALAT EMPLOYEES. PLEASE TICK IF APPLICABLE

YES

NONE

(If Yes; then provide detail :)

1. NAME \_\_\_\_\_ POSITION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ POSITION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## Part 11 - Company / Firm Profit & Loss Statement:

| Sr.<br>No | Description                            | Financial Status (Last Two Years) |      |         |
|-----------|--|-----------------------------------|------|---------|
|           |  | 2008                              | 2009 | Average |
| 1.        | Sales / Revenues                       |                                   |      |         |
| 2.        | <b>Less:</b> Cost of Sales             |                                   |      |         |
| 3.        | = Gross Profit                         |                                   |      |         |
| 4.        | <b>Less:</b> <u>Expenses / Charges</u> |                                   |      |         |
|           | a. Administrative Expenses             |                                   |      |         |
|           | b. Other operating Expenses            |                                   |      |         |
|           | c. Financial Charges                   |                                   |      |         |
| 5.        | <b>Add:</b> Other Income               |                                   |      |         |
| 6.        | = Profit / (Loss) Before Tax           |                                   |      |         |
| 7.        | <b>Less:</b> Taxation                  |                                   |      |         |
| 8.        | = Profit / (Loss) after Tax            |                                   |      |         |

### Note:

In case of audit accounts are not available; a business Profit & Loss statement is required to be submitted on the company letter head along with copy of Tax Return details (if available).

**DECLARATION:**

I the undersigned Mr. \_\_\_\_\_  
authorized on behalf of Messrs \_\_\_\_\_ declare and confirm  
that the information provided herein is true, accurate and correct. I agree that  
this registration, if accepted, shall be valid for 3 years from the date of  
approval and it does not constitute an assumed obligation whatsoever by  
Etisalat Afghanistan. I also confirm that in the event of any changes of status  
or changes in the elements of the aforementioned information, details shall be  
provided as and when changes take place.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

