

AFRICAN COURT ON HUMAN AND PEOPLES' RIGHTS

P.O BOX 6274 ARUSHA, TANZANIA Tel.: +255 732 979506 Fax: +255 732 979503

VENDORS' REGISTRATION FORM

All pages to be completed by Vendors and submitted to the African Court on Human and Peoples' Rights (the Court)

Requested information is for the Court 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:			
	Street:,	Post Box No. :		
	City:,	State:		
	Country:			
3.	Telephone No. (include Country code):			
4.	Fax /Telex No. (include country code):			
5.	Name and title of contact person:			
6.	Type of organization: (Tick only one)			
	State enterprise: Private con	npany: Other:		
	Year established:Licer	nse no.:		
7.	Activity Category:	(Please attach a copy of your license)		
	Manufacturer: Builder:	Clearing Agent:		
	Wholesaler Retailer			
	Trading Company:	nent:		
8.	Area of Specialization: (please tick):			
	EGORIES	CATEGORIES		
	e Furniture	Building materials		
	onery, Photocopy Paper and Office Supplies	Security Equipment and Services		
Com	puter And Accessories	Motor Vehicles and Vehicle Spare		
		Parts and Tires		
Printi	ing Equipment, Consumables and spare	Maintenance of Vehicle Services		
parts				
	Conference Equipment and Services Fuel and Lubricants			
Com	munication and Audio Visual equipment	Car Rental Services		
Prom	Promotional Materials Hotels and Catering Services			
Adve	Advertising Services Drinking Water and Refreshments			
Decc	prations Services	Medical Supplies		
Cour	ourier Services, Packing, Forwarding and Medical equipment and Laboratory			
	earing Materials			
	tworking Services Plumbing Materials and Services			
	ctrical Materials Cleaning Materials and Services			
	fice Equipment Pest Control Services			
	Iome Furniture Carpentry services			
	ousehold Materials Architectural Design			
	Generators and air conditioning Library Books			
	re Extinguishers Uniforms			
	struction, Renovation, Maintenance &			
	lening			

0		Dant time a bining of
9.	Number of employees (full time):	Part time niring:
10.	If Agent/Trading house, do you hold sole/e (If yes, please state name and address of	
Nam	me	Title

Section 2: Financial Statement

11.	Registration/Incorporation: (Name Change, if applicable	•	Incorporation Certificate, and Control Number:	
12.	Payment methods: Cheq Preferred Payment Terms Payment Upon Delivery	Irrevocable Let		
13.	Audited Financial Statemen	t: Yes □ ur latest Audited	No D (please tick correctly) d Financial Statement. If not ava	ailable, please
14.	Gross annual turnover:	Current year Last year	estimate (US\$ (US\$	

Section 3: Activities

	national or Gov		years) with the ganizations/Private (-
<u>Date</u> (provide a	<u>Value</u> <u>Pro</u> t least two (2) re	duct/Service/W ferences):	ork Organization	Name/address
i				
ii				
iii				
iv				
16. Provide list	of local agents in	n Tanzania (for	Foreign Company or	nly)

Section 4: Other Information

17.	Storage/warehousing capacity (in square feet):
	Transportation: Yes \Box No \Box (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)
18.	Membership of National/International Associations? (Tick as appropriate Yes No (if yes, please provide a copy of relevant document)
19.	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 African Union, or barred by African Union.

Name:
Title:
Date:
Signature:



NOTE: Kindly send this form after filling in all the required spaces and information to <u>tender@african-court.org</u>