TRADEMARK AFRICA (TMA) VENDOR INFORMATION FORM

Please complete the information below, attaching your company's letterhead (if available), to facilitate your registration on TMA's system and ensure timely processing of payments. You are requested to provide the particulars indicated in Part 1, and either Part 2(a), 2(b) or 2 (c) whichever applies to your type of business.

No.	Description	Details		
PART 1: General				
1	Supplier name			
2	Nature of business			
3	Branch			
4	Name of main contact person			
5	Job title of contact person			
6	Contact person's e-mail address			
7	Supplier postal (P. O Box) and physical address (Building name, Plot No., Street No./Road)			
8	Supplier phone number			
9	Company Registration Certificate Number			
10	VAT Registration Number			
11	PIN/TIN/Social Security Number			
12	If individual vendor, passport/identification number			
Bank Details				
13	Bank name			
	Bank branch name			
	Bank account name (company/individual)			
	Currency			
	Bank account number			
	Bank address *(including country)*			
	Bank sort code			
	Bank swift code			
PART 2: Confidential Business Questionnaire				
14	**Part 2 (a) – Sole proprietors/Individual consultants**			
	Full Name			
	Nationality			
	Country of Residence			
	Citizenship (Birth, naturalization, or registration)			
15	**Part 2 (b) – Partnership (provide details for all partners)**			
	Name	**Nationality**	**Citizenship**	**No. of Shares**	**% Stake (shares) held**
16	**Part 2 (c) – Registered Companies:**			

	Private or Public				
	State the issued capital of company:				
	Issued Capital (US $)				
	Details of Company Directors:				
	Name	**Nationality**	**Citizenship**	**No. of Shares**	**% Shareholding**
	Details of Company Shareholding:				
	Name of Shareholder	**Country of Registration/Nationality**	**Country of Operation**	**No. of Shares**	**% Shareholding**
	Beneficial ownership declaration: *A beneficial owner in respect of a company means the natural person(s) who directly or indirectly ultimately owns or controls the corporate entity.*				
	Identity of the Beneficial Owner	**Date when beneficial interest was acquired**	**Means of contact**	**Information about how ownership is held or control over the company is exercised (By shares)**	
	[Full name as it appears on national identity card/passport] [Date of birth and/or national identity number/passport number] [Nationality] [Country of residence]	[Date]	[Residential/service address] [other contact details]	[Number of shares]/ [% of shares]	

Please attach to this form, copies of the following documents applicable to you/your firm:

1. Copy of Certificate of Registration/Incorporation.
2. Copy of Joint Venture Agreement.
3. Tax Compliance Certificate from your Revenue Authority.
4. Copy of passport/Identification Card (if individual vendor).
5. Copy of VAT/ TIN/PIN/Social Security Certificate.
6. Copy of Shareholders Register/CR12 Form.

For vendors residing or incorporated in countries where Tax Compliance Certificates are not issued by the relevant Revenue Authorities, please tick the box below to confirm that:

1. Your jurisdiction does not issue Tax Compliance Certificates; and
2. You are fully compliant with all applicable tax filing and payment obligations under the laws of your jurisdiction.

☐ I confirm that my jurisdiction does not issue Tax Compliance Certificates and that I/we are compliant with all applicable tax obligations.

NOTE:

1. Failure to provide the relevant documents will lead to delays in setting you up on our financial management system and may result in delays in the processing of payments.
2. The information provided shall be kept in strict confidence and will be used solely for the purpose of setting you up on TMA's financial management system. Submission of this form does not guarantee award of any contract. Payments will only be made once a valid contract is fully signed and agreed upon.
3. Please ensure all submitted documents are clear and legible.
4. For any queries regarding this form, please contact the TMA Procurement Team at procurement@trademarkafrica.com.

Name of representative of the company/individual vendor: _____

Signature: _____

Date: _____

Company stamp (if applicable): _____