**CHADO PRE-QUALIFICATION/REGISTRATION FORM**

**Confidential Business Questionnaire**

**PART I**

Name of the Company/Firm…………………………………………………………………………

Location of the Business………………………………………………………………………………

Street/Road……………………………………………………………………………………………..

Plot No…………………………………………………………………………………………………..

Postal Address……………………………………………Code……………………………………...

Telephone No/s………………………………………………………………………………………...

Email Address: ………………………………………………………………………………………...

Certificate of Registration/Incorporation, Number and Date………………………………………

**(Attach certified Copy)**

Trade license No: ……………………………………………………………………………………

**(Attach Certified Copy)**

Personal Identification No (PIN)……………………………………………………………………

**(Attach certified copy)**

**Attach a profile of your Company**

**Attach Certified Copy of your Tax Compliance Certificate (CURRENT TCC) from the Directorate of Taxation or Tax Registration Certificate.**

**Type of Business (Sole proprietor, Limited Company, or Partnership) …………………**

Area in which you seek pre-qualification in (e.g Supply of stationery, ICT et)

**Attach certified copies of Certificates with relevant regulatory Authorities (where applicable)**

**Part II**

**Particulars of Directors**

**Name Nationality Citizenship Shares**

1. **………………………… ………………………. …………………….. ……………………**
2. **………………………… ………………………. …………………….. ……………………**
3. **………………………… ………………………. …………………….. ……………………**
4. **………………………… ………………………. …………………….. ……………………**

**Part III**

**Particulars of your Bankers:**

Name……………………………………………Branch: ……………………………… Code:………………………………

Account:…………………………………………………………………………………….

Name :………………………………………………….Branch:……………………………. Code:……………………………

Account:………………………………………………

Name :………………………………………………….Branch:……………………………. Code:……………………………

Account:………………………………………………

**Maximum value of business your firm can handle at any on item in South Sudanese Pounds/ US Dollars: …………………………………………………………………………………**

**Part IV**

**Particulars of your three major clients:**

Name of the Organization/Company………………………………………………………………

Postal address:………………………………………Telephone:………………………………

Email address:……………………………..Contact Person:……………………………………

Name of the Organization/Company………………………………………………………………

Postal address:………………………………………Telephone:………………………………

Email address:……………………………..Contact Person:……………………………………

Name of the Organization/Company………………………………………………………………

Postal address:………………………………………Telephone:………………………………

Email address:……………………………..Contact Person:……………………………………

**(Attach letter of introduction from at least two of the above Companies/organization)**

Credit period your company/organization is willing to extend to all the associated companies

(Credit period from the date of invoice) Please tick: **30days 60days 90days 120days 150days etc.**

**Part V**

**Details of Technical capabilities/list of 6 major supplies to different organizations/companies**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….................

**Part VI**

Give a brief of your firm’s experience in the field of services you are aspiring to offer to us.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Part VII**

 **ENVIRONMENTAL POLICY**

Attach as an affixed

**Part VIII**

**HEALTH, SAFETY AND GREEN AGENDA**

Attach as an affixed

**Part VIIII**

**Declaration/Certification:**

I certify that the information given above is correct.

Name:……………………………………………………………………………………………………

Designation: ……………………………………………………………………………………………

Signature: ………………………………………………………………………………………………

**(Affix office rubber stamp)**

Date: …………………………………………………………………………………………

**WITNESSED BY:**

Name:……………………………………………………………………………………………………

Designation: ……………………………………………………………………………………..

Signature: ………………………………………………………………………………….

**(Affix office rubber stamp)**

Date: …………………………………………………………………………………………

**Approval Part (CHADO official Use Only)**

**APPROVED:** Please tick one **(YES) (NO)**

**Remarks:**……………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name: ……………………………………………………..Signature: …………………………….. Date:……………………………………

Name: ……………………………………………………..Signature: …………………………….. Date:……………………………………

Name: ……………………………………………………..Signature: …………………………….. Date:……………………………………