

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- Letter of Association (اساسنامه)
- 8- National identity card of President and Vice president.
- 9- TIN Copy.
- 10- 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 Procurement & Contract Section on email Add: azahed@eand.af.

Contact Details: 0786773777

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:

☐	NEW REGISTRATION
☐	CHANGE OF NAME/ADDRESS
☐	ADD PRODUCT OR SERVICE CATEGORIES
☐	DELETE PRODUCT OR SERCIE CATEGORES
☐	RENEWAL OF REGISTRATION
☐	OTHERS, PLEASE SPECIFY _____

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

NAME OF FIRM _____ (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		

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 4 – Official Name/ Address/ Contact details (Legally binding):

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:

Note:

Sr. No	Description	Financial Status					
		2018	2019	2020	2021	2022	2023
1.	Sales / Revenues						
2.	Less: Cost of Sales						
3.	= Gross Profit						
4.	Less: <u>Expenses</u> / <u>Charges</u>						
	a. Administrative Expenses						
	b. Other operating Expenses						
	c. Financial Charges						
5.	Add: Other Income						
6.	= Profit / (Loss) Before Tax						
7.	Less: Taxation						
8.	= Profit / (Loss) after Tax						

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: _____

S #	Products & Services Categories	Experience in Years	List of Telecom/Mobile companies where supplied made (If any previous Experience)	List of major Clients where goods or Services supplied with proofs	Remarks

ALL THE VENDORS ARE REQUESTED TO PLEASE PROVIDE EVIDENCES/ PROOF OF THEIR PREVIOUS EXPERIENCES AND CLIENTS DETAILS.

Vendor - Conflict of Interest Disclosure Form

All vendors interested in conducting business with Etisalat Afghanistan must complete and return the Vendor Conflict of Interest Disclosure Form in order to be eligible to be registered with Etisalat Afghanistan. Please note that all vendors are subject to comply with Etisalat Afghanistan conflict interest policies as stated within the certification section below.

If a vendor has a relationship with an Etisalat Afghanistan official or employee or an immediate family member of an Etisalat Afghanistan official or employee, the vendor shall disclose the information required below.

Certification: I hereby certify that to my knowledge, there is no conflict of interest involving the vendor named below:

1. No Etisalat Afghanistan official or employee or immediate family member has an ownership interest

2. No Etisalat Afghanistan official or employee is contemporaneously employed or prospectively to be employed with the vendor.

Are you aware of any business or personal relationship between Etisalat Afghanistan employees or immediate family members with your company?

Yes ☐

No ☐

If yes, please list such relationships, with which the relationship exist, and the details of annual or potential financial benefits as you can best estimate them.

S.No	Details	Financial Value	Relationship of company with Employee

Your obligation with regard to the disclosure of conflicts of interest is ongoing, therefore we ask that you promptly notify us should you become aware of any potential conflict following the submission of this form.

Supplier Name: _____ Contact Name: _____

Address: _____ Phone No.: _____

Email: _____

I certify that the information provided is true and correct by my signature below:

Sign by: CEO or authorized person Name

Date:

Company Stamp