



# JOHANNITER

## **Johanniter International Assistance Supplier Information Form**

*The information provided will be used to evaluate the Company before contracting with  
Johanniter International Assistance.*

*Please complete all fields.*

### **Supplier Information**

Company Name	
Any other names company is operating under (Acronyms, Abbreviations)	
Postal Address	
Physical Address	
Website	
Phone Numbers	:
Primary Contact	Name: Phone Number: Email Address:
# of Staff	
# of Locations	
Avg. Value of Stock on Hand (KES)	
Government - owned (yes/no)	
Name(s) of Board of Directors	
Name(s) of Company Owner(s)	
Parent companies, if any	

Subsidiary or affiliate companies, if any	
---	--

**Financial Information**

Bank Name and Address	
Name under which company is registered at bank	
Payment Terms	Payment By: <u>Cheque</u> Yes   No <span style="float: right;"><u>Wire Transfer</u> Yes   No</span>
Specify Standard Payment Terms (15 days, 30 days, etc.)	

**Product/Service Information**

List Range of Products/Services Offered	
Basis For Pricing (Catalog, List, etc.)	

**References**

Client Name:	<u>Contact Name, Phone, Email Address:</u>
Client Name:	<u>Contact Name, Phone, Email Address:</u>
Client Name:	<u>Contact Name, Phone, Email Address:</u>

By signing the Supplier Information Form you certify that your Company is eligible to supply goods and services to major donor funded organizations and that all of the above statements are accurate and factual.

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

Name of Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

-----