



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 <u>Wire Transfer</u> Yes No |
| 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: _____
