



SUPPLIER REGISTRATION FORM

Dear Supplier

Right to Care Zambia (RTCZ) is at the vanguard in supporting and delivering prevention, care, and treatment services for HIV and associated diseases. We work with government and communities to find pioneering solutions to build and strengthening public healthcare.

We embrace a strong entrepreneurial culture and focuses on innovation and the use of technology to enhance services, address skills shortages, and deliver quality healthcare outcomes. Our areas of expertise include HIV and TB care and treatment, pharmacy automation, medical male circumcision, and cervical cancer diagnosis and treatment.

Right to Care Zambia has been awarded a five (5) year project funded by the USAID through the PEPFAR mechanism. The Maintained Epidemic Control of HIV (MECH) Project aims to reduce HIV mortality, morbidity and transmission by achieving the UNAIDS and PEPFAR goal of 95/95/95 HIV treatment coverage by providing comprehensive HIV Prevention, Care and Treatment services in Luapula, Northern and Muchinga provinces of Zambia.

The MECH project will work closely with and in support of the Ministry of Health

By submitting the information below, you agree that RTCZ may proceed with a credit check and contact supplier references, to make an informed decision, as to approving or declining your request.

The submission of information below, must not be seen as an undertaking of RTCZ, that RTCZ will do business with you, and it will be in the sole discretion of RTCZ, to decide to do business with you or not.

In the event you are successful, RTCZ will add you to the database and may contact you your products/services be required.

Should you be unsuccessful, RTCZ is not obligated to notify you, and, not to provide any reasons for RTCZ's decision to decline your application.

RTCZ, applies the principals of good corporate governance and prescribed to various anti - corruption legislations, and by signing this application, you bind yourself and will adhere to such legislation.

RTCZ values supplier relationships and wishes to ensure, that supplier information is accurately reflected on our database. In the interest of good corporate governance and the potential opportunity to do business with you in future, we kindly request that you complete this form and provide us with the requested documents.

SECTION A- PROSPECTIVE SUPPLIER INFORMATION

| | | |
|----|--|------------------|
| 1 | Company Name | |
| 2 | Trading Name if different from Registered Name: | |
| 3 | Provide up to 4 keywords that describe the nature of your business and the products or services that you are able to supply to RTCZ: | |
| 4 | Company registration number: | |
| 5 | VAT registration number (where applicable): | |
| 6 | Physical address: | |
| 7 | Postal address: | |
| 8 | Website address: | |
| 9 | Names of Directors/Proprietors | |
| | | |
| | | |
| | BANKING DETAILS | |
| 10 | Bank name: | |
| | Branch name: | |
| | Branch code: | |
| | Account name: | |
| | Account number: | |
| | Account type: | |
| | | |
| | CONTACT DETAILS FOR PURCHASE ORDERS | |
| 11 | Name and Surname: | Designation: |
| | Email: | Contact details: |
| | | |
| | TRADE REFERENCES | |
| | Company name | |
| | Contact name | |
| | Contact details | |
| | Contact email address | |
| | | |
| | Company name | |
| | Contact name | |
| | Contact details | |
| | Contact email address | |
| | | |
| | Company name | |
| | Contact name | |
| | Contact details | |
| | Contact email address | |



| CATEGORY NUMBER | 12. DESCRIPTION OF CATEGORY APPLIED FOR |
|-----------------|---|
| | |
| | |

SECTION B

Supporting documentation to be submitted with this form (each labelled by document name):

1. Fully signed completed supplier registration form
2. Certificate of Incorporation/Registration
3. Listing of company directors (PACRA print out)
4. Proof of residential address for the Company
5. Valid Tax Clearance Certificate
6. VAT Certificate (If registered for VAT)
7. Copy of a cancelled cheque OR copy of letter from the bank verifying the banking details, including the bank stamp.
8. Certification – if any e.g., dealership agreements
9. Brief company profile

I/we, the undersigned, hereby confirm that I/we are duly authorized to bind the entity/company and I/we certify that all information provided in this form is true and correct.

Authorized Signature 1

Authorized Signature 2

Full Name and Surname

Full Name and Surname

Designation

Designation

Date

Date



FOR RIGHT TO CARE INTERNAL OFFICE USE ONLY

Supplier creation requested by:

Signature:

Date: _____

Reviewed by:

Signature:

Date: _____

Approved by: _____

Signature: _____

Date: _____

RTCZ FINANCE DEPARTMENT INTERNAL USE

Supplier previously created? Yes No