



## Vendor Registration Form

### A: Supplier general details:

1. Name:

2. Address / City:

3. Telephone:

Fax:

4. Email Address:

Website:

5. Contact Person: Delegated Member Name:

Position/Title:

Phone No:

6. Company Registration No. in MOL:

### B: Technical Capability and Information on Goods / Services Offered:

1. Please advise the categories and items, or services that your company sells:

Category	Item	Description

### C: Self-Declaration:

I, the undersigned, declare that:

Our company is not involved in any fraudulent or corrupt activities and has not been in the past, and is not currently under any investigation for any such activities which would render our company unsuitable for business dealing with FISTA Association.



**D: Other factors:**

1. Has the Company ever been bankrupt, or is in the process of being wound up, having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, or is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations? Yes  No
2. Has the Company ever been guilty of grave professional misconduct proven by any means? Yes  No
3. Has the Company ever not fulfilled its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established? Yes  No
4. Has the Company ever been the subject of a judgment which has the force of corruption, involvement in a criminal organization or any other illegal activity? Yes  No
5. Has the Company ever been declared to be in serious breach of contract for failure to comply with our contractual obligations, following another procurement procedure or grant award procedure? Yes  No
6. Has the Company ever been in any disputes with any Government Agency, the UN, or any other organizations? Yes  No

**E: Certification:**

I, the undersigned warrant that the information provided in this form is correct, and in the event of changes, details will be provided as soon as possible.

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

Signature:

Title/Position:

Date:

Place:

Email Address: \_\_\_\_\_ (for contact for verification purposes)

Phone Number: \_\_\_\_\_ (for contact for verification purposes)

Please sign, initial each page and return this Form is to be completed and returned to our premises.