



SUPPLIER REGISTRATION FORM

Locally registered suppliers interested in doing business with HRDC must complete and submit Supplier Registration Form. Completion of the Supplier Registration Form does not imply that the supplier is qualified to meet HRDC Procurement requirements as all parties will be subjected to evaluation. Companies that will pass the evaluation process will be registered for future procurement.

| 1. COMPANY DETAILS | |
|--|--|
| Name of Incorporated Company | |
| Name of Registered Business Name (if applicable) | |
| Tax Registration Number (Tax Payer Pin) and the Tax Certificate No. | |
| VAT Number (if applicable) | |
| PPADB Code | |
| Description of PPADB Code | |
| Description of PPADB Sub Code | |
| EDD CERTIFICATE No. (attach a certified copy of the EDD Certificate if applicable) | |
| 2. BANK DETAILS | |
| COMPANY NAME | |
| BANK NAME | |

| | |
|--------------------------------------|--|
| | |
| BANK ACCOUNT NUMBER | |
| BRANCH NAME | |
| BRANCH CODE | |
| 3. ADDRESS DATA | |
| Telephone Number | |
| Fascimile Number | |
| Postal Address | |
| Physical Address | |
| Website Address | |
| Email Address | |
| 4. CONTACT PERSON INFORMATION | |
| First Name | |
| Last Name | |
| Contact Email Address | |
| Contact Tel/ Mobile No. | |

| 5. LIST OF SHAREHOLDERS | | | |
|--------------------------------|----------------|--------------------|---------------------|
| NAME | SURNAME | CITIZENSHIP | SHAREHOLDING |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 6. LIST OF DIRECTORS | | |
|----------------------|---------|--------------------------|
| NAME | SURNAME | CITIZENSHIP SHAREHOLDING |
| | | |
| | | |
| | | |
| | | |

| 7. TYPES OF BENEFIT- COMPANY OWNERSHIP OR CONTROLLED (Indicate the status of the company by ticking the appropriate box hereunder that the above mentioned business is 100% owned by women/ youth/ people with disability.) (attach certified copy of ID & complete the Local Procurement Registration Certificate- APPENDIX B) | | | |
|---|--------|-------|-------------------------------|
| Rural Setting | Female | Youth | People Living With Disability |
| | | | |
| | | | |

| 8. DECLARATION OF INTEREST | | |
|---|----|------------------|
| Indicate if there is any relationship between your company and any of the employee (s) of the Botswana Human Resource Development Council | | |
| Yes | No | |
| | | Family |
| | | Friend |
| | | Business Partner |
| If yes, please specify the employee (s) | | 1. |
| | | 2. |

DECLARATION

I/ We the undersigned confirm that all the information provided is true and correct.

Name.....Surname.....

Capacity.....

Date.....

Company Stamp

suppliers that provide false information will be disqualified. Also, kindly initial on each page of this document.

Submitted By HRDC Representative;

Full Name.....Designation.....Date.....

Approval by HRDC Representative:

Approved By:

Full Name.....Designation.....Date.....