



VENDOR PROFILE (Confidential)

Note: Technoserve Standard Payment Terms are 30 days from receipt of goods or service and approved invoice.

I. REQUIRED INFORMATION (Please Print Clearly)

Technoserve Contact Name:			
Company/Individual Name:			
Owner Name (if different from above):		Nationality of Owner:	
Contact Person:			
Full Address (Street/City, etc):			
Phone No:		Fax No:	
E-mail:		Website:	

II. CUSTOMER REFERENCES

Provide 3 current customer references, listing customer, phone number, contact person, contact's e-mail and a description of the product or service provided to the customer. (If you need additional space please use a separate page.)

1	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
2	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
3	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			

III. Indicate below the products or services sold or provided by you

[a]	[b]
[c]	[d]
[e]	[f]
[g]	[h]

IV. Registration of Business

1. Is your firm registered as a business entity with the government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If YES, please provide your business registration number		
3. If applicable, provide Sales Tax Registration Number		
4. If applicable US Tax ID number Individual / Company		
5. Indicate how long have you been in this type of business		
6. Have you ever done business with other aid agencies? If so, provide names of agencies immediately below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you related to any person currently employed with Technoserve?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. If YES, please provide name and position		
9. Provide here, any additional information regarding your business		
10. What is your BEE level certification		
NOTE: Government regulations may require Technoserve to deduct taxes on any transaction prior to effecting payment to the vendor.		

V. Certification

I certify that the foregoing is true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.

CERTIFICATION REGARDING TERRORISM: Seller hereby certifies that it has not provided and will not provide material support or resources to any individual or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.

Misrepresentation above may result in cancellation and severing all ties with the agency/person and will be deleted from Technoserve's database of clients. I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.

Name of Person Completing Form (Please print clearly)		
Title:	Signature:	Date:

FOR PROCUREMENT USE ONLY	
<input type="checkbox"/> Anti-Terrorism Check Completed	
<input type="checkbox"/> Customer References Verified	

Bank Information

Bank Name: _____ **Branch Name:** _____

Bank Address: _____

Swift Code or ABA Number/Routing Number: _____ **Sort Branch Code:** _____

Bank Account Number: _____