



The Engineering Institution of Zambia
SUPPLIER REGISTRATION FORM

Please fill in this form when submitting

PART A: COMPANY DETAILS

1.	Company Name	
2.	Physical Address	
3.	Postal Address	
4.	Telephone Number	
5.	E-mail Address	
6.	Name and Title of Company Representative(s)	
7.	Direct E-mail address of Company Representative	
8.	Direct Number of Company Representative; (a) Telephone (b) Mobile	
9.	Date Company was established	
10.	Gross annual sales for the last 2 years	
11.	Legal Structure: (a) Corporation <input type="checkbox"/> (b) Partnership <input type="checkbox"/> (c) Sole Proprietorship <input type="checkbox"/> (d) Joint Venture <input type="checkbox"/> (e) Franchise <input type="checkbox"/>	
12.	Type of business: (a) Retailer <input type="checkbox"/> (b) Distributor/Dealer <input type="checkbox"/> (c) Wholesaler <input type="checkbox"/> (d) Manufacturer <input type="checkbox"/> (e) Service Provider <input type="checkbox"/> (f) Other <input type="checkbox"/>	
13.	Details on services or goods your company supplies	
14.	State Lot(s) bided for: (a) Lot 1 <input type="checkbox"/> (b) Lot 2 <input type="checkbox"/> (c) Lot 3 <input type="checkbox"/> (d) Lot 4 <input type="checkbox"/>	
15.	Business Geographic Location: (a) Local (Lusaka based) <input type="checkbox"/> (b) National (From other towns) <input type="checkbox"/> (c) Regional <input type="checkbox"/>	
16.	Have you conducted business with EIZ? (a) Yes <input type="checkbox"/> (b) No <input type="checkbox"/>	

PART B: BANKING INFORMATION

1.	Bank Name:
2.	Bank Address:
3.	Beneficiary name:
4.	Bank Account Number:
5.	SWIFT code:
6.	Account Currency:

PART C: SUPPORTING DOCUMENTATION

In order to be considered for registration by EIZ, please provide the following requirements:

- (a) Certificate of incorporation/registration with PACRA
- (b) Valid Tax clearance certificate from ZRA
- (c) Proof of certification with other relevant bodies
- (d) Any other information relevant to this **“Supplier Registration”** request

PART D: AUTHORIZATION

I/We, the undersigned, hereby accept the EIZ General Terms and Conditions, and warrant that the information provided in this form is correct, and in the event of changes, such changes shall be provided to EIZ as soon as possible.

Name: _____

Title/Position: _____

Signature: _____

Date: _____

PAYMENT DETAILS

Please Pay using any of the following Bank / Mobile Money:

Engineering Institution of Zambia Stanbic Bank, Mulungushi Branch 9130000711083 040015	AIRTEL MONEY Dial *115# Select option 4 (Make Payment) Select option 5 (Goods & Services) Select Option 1 (Enter Merchant Code) Enter Business Name (EIZ) Enter Amount (Eg. K250) Enter Reference (Eg. Tom Banda)	MTN MONEY Dial *115# Enter the Merchant Code (739859) Enter Amount (Eg. K250) Enter Reference (Eg. Tom Sitali, Technologist) Enter PIN (Your Mobile Money PIN)
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DECLARATION

By submitting this form, I/We declare that the information contained in this form is correct to the best of my knowledge and belief and do hereby express our interest in this procurement.

Name and Title

Date: _____ Signature: _____