



COMESA – LEATHER AND LEATHER PRODUCTS INSTITUTE

**P.O. BOX 2358 CODE 1110
ADDIS ABABA, ETHIOPIA
TEL. +251 – 11 – 4390228/0911233099**

SUPPLIERS' REGISTRATION FORM

All pages to be completed by Supplier and submitted to

***COMESA – Leather and Leather Products Institute
(COMESA/LLPI)***

*Requested information is for COMESA/LLPI official use only and
will be treated as confidential.*

Section 1: General Information

1. Name of Company:
- 1.1 Parent Company (if applicable).....
2. Full address of the company:
 Post Box No. :
 City:, Woreda/Kebele.....
 Sub-City:
3. Telephone No. :
4. Fax /Telex No. :.....
5. Name and title of contact person:
6. Type of organization: (Tick only one)
 State enterprise: Private company: Other:
 Year established: License no.:

(Please attach a copy of your license)

7. Activity Category:
 Manufacturer: Consultant: Builder: Clearing Agent:
 Wholesaler Retailer
 Trading Company: Authorized Agent: Other (please specify):

8. Area of Specialization(s): (please tick):

CATEGORIES		
Construction and Renovation Works	<input type="checkbox"/>	Consultancy Service <input type="checkbox"/>
Stationary and Office Consumables	<input type="checkbox"/>	Translation and Interpretation Services <input type="checkbox"/>
Cleaning Materials	<input type="checkbox"/>	Equipment Maintenance <input type="checkbox"/>
Food Stuff	<input type="checkbox"/>	Plumbing Materials <input type="checkbox"/>
Hotel Accommodation	<input type="checkbox"/>	Vehicle spare parts, tyres and Maintenance Materials <input type="checkbox"/>
Conference Packages	<input type="checkbox"/>	Pest Control Services <input type="checkbox"/>
Computer, IT Equipments, Accessories, and Software	<input type="checkbox"/>	Packing, Forwarding and Clearing <input type="checkbox"/>
Promotional/ Gift Items	<input type="checkbox"/>	Advertising Services <input type="checkbox"/>
Printing Works	<input type="checkbox"/>	Car Rental Services <input type="checkbox"/>
Graphics design and/or Video editing Works	<input type="checkbox"/>	Networking Service <input type="checkbox"/>
Air Ticket and Travel Bookings	<input type="checkbox"/>	Uniforms and Safety Clothes <input type="checkbox"/>
Furniture and Fittings	<input type="checkbox"/>	Generators Service and Parts <input type="checkbox"/>
Office Equipment and Consumables	<input type="checkbox"/>	Air Conditioning and Serving Parts <input type="checkbox"/>
Electrical Materials	<input type="checkbox"/>	Provision of Cleaning and Gardening Services <input type="checkbox"/>
Motor Vehicles & Services maintenance	<input type="checkbox"/>	Provision of Catering Service <input type="checkbox"/>

9. Number of employees (full time):Part time hiring:

10. If Agent/Trading house, do you hold sole/exclusive rights/license? Yes No
 (If yes, please state name and address of Principals and attach documentation):

Name	Title
.....

Section 2: Financial Statement

11. Registration/Incorporation:(please provide Incorporation Certificate, and Certificate of Name Change, if applicable) Number:

12. Payment methods: Cheque Account transfer

Preferred Payment Terms

Payment Upon Delivery Irrevocable Letter of Credit
 Advance Payment Upon Presentation of Bank Guarantee

13. Audited Financial Statement: Yes No (please tick correctly)
 (Please attach a copy of your latest Audited Financial Statement. If not available, please provide a certified copy of your Income Tax Return)

14. Gross annual turnover: Current year estimate (US\$)
 Last year (US\$)

Section 3: Bank Details- To make an International Transfer

Payment Method :- Account transfer

15. Beneficiary Name.....

16. Bank Name.....

17. Account Number.....

18. SWIFT/BIC Code.....

19. IBAN

20. Country.....

21. Company Name.....

22. Contact Address.

Telephone.....Email.....

Fax..... Web Site.....

Local Transfer :

- 26. Account Holders Name/ Beneficiary Name.....
- 27. Company Name.....
- 28. Account Number.....
- 29. Bank Name.....
- 30. Bank Address.....
- 31. Contact details, Telephone.....
 - Email.....
 - Web site.....

Section 4: Activities

32. Previous contracts (during the last 2 years) with the COMESA/LLPI, Regional Organization, United Nations/International or Governmental Organizations/Private Companies, for the products/services/Work:

Date Value Product/Service/Work Organization Name/address
(provide at least three references):

- i.
- ii.
- iii.
- iv.

33. Provide list of local agents in Ethiopia (for Foreign Company only)

Section 5: Other Information

34. Storage/warehousing capacity (in square feet):

Transportation: Yes No (If yes, please specify number, type and capacity)

Any other information (tick as applicable): Yes No (if yes, please specify. Use additional paper if needed)

35. Membership of National/International Associations?

(Tick as appropriate Yes No (if yes, please provide a copy of relevant document)

36. Is your company covered by third party liability insurance?

(Tick as appropriate Yes No (if yes, please provide a copy of relevant document)

I hereby certify that the information provided above and in all the annexes is correct and that no person in any connection with this establishment, as a supplier for providing material, supplies or services, or as a principal or employee, is employed by COMESA/LLPI, or barred by COMESA/LLPI

Name:

Title:.....

Date:.....

Signature:.....



NOTE: Kindly send this form after filling in all the required spaces and information to executive.director@comesa-llpi.int comesa.llpi@ethionet.et.