



**African Trade Insurance Agency**  
Agence pour l'Assurance du Commerce en Afrique

**SUPPLIER REGISTRATION FORM**

Please complete this form carefully, including attachments, and return to:

THE ADMINISTRATION AND PROCUREMENT OFFICER  
AFRICAN TRADE INSURANCE AGENCY  
P.O BOX 10620-00100  
NAIROBI- KENYA

Phone: +254 20 272 6999 Fax: +254 20 271 9701

Upon receipt of the completed form, the company will be appraised for possible registration.

1. Name of Company:		2. Phone:	
3. Street Address:		4. Fax:	
5. Mail Address:		6. Contact Person:	
7. E-mail Address:		8. Number of Employees:	
9. VAT Registration No. :		10. Annual Turnover (state currency) Total:	
11. Bank Name: Bank Address:		Accounts No:	
12. Type of Business: Stationery & Office Consumable ( ) Service Provider ( ) Other s ( )  Specify type of Business :			
14. List of goods, work or consultancy services offered ( one line for each item) ; list separately, if necessary:			
15. Prepared by (Name in capital)	Title:	Signature:	Date:

• Africa's Trade Credit & Investment Risk Insurer •

P. O. Box 10620 - 00100, Nairobi - Kenya • Tel +254 20 272 6999 • Fax +254 20 271 9701  
Safaricom: +254 722 205 007 • Airtel: +254 733 625 511  
E-mail: info@ati-aca.org • Website: www.ati-aca.org

<b>FOR INTERNAL USE ONLY:</b>			
Evaluated by: (Name)	Initial:	Rating:	Date:

**LIST OF ATTACHMENTS**

The following attachments are essential for appraisal; please confirm by ticking that they are attached: (If not please explain why in the space provided below)

- 1. Latest Financial Report or Bank Statement ( ) .....
- 2. Copy of Certificate of Incorporation (or equivalent) ( ) .....
- 3. VAT Registration Certificate ( ) .....
- 4. PIN Certificate ( ) .....
- 5. Copy of Agency / Distributorship Agreement (If Applicable) ( ) .....
- 6. Banker’s Reference ( ) .....
- 7. List of current customers and approximate values and year ( ) .....
- 8. 3 Recommendation Letters
- 9. Other Attachments (specify) ( )
- 10. Complete Appendix 1: Vendor Form

**Please note that completion and submission of the supplier registration form does not guarantee business.**

## VENDOR MASTER FORM

Vendor Number:

Start Date

Vendor Name:

Address:

City:

Country

State/Prov.:

Telephone

Zip/Postal Code:

Fax

Contact:

E-mail:

Web Site:

Bank Name:

Bank A/C Name:

A/C Number:

Branch:

Swift Code:

Account Type:

**Note:**

1. All fields, except those shaded, must be completed in print or block letters.
2. This form should be printed on your letter head and signed by your authorized personnel.

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