# 2026 ACADEMIC YEAR FOOD ITEMS SUPPLY FORM

## APPLICATION REQUIREMENTS INSTRUCTIONS

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Please read the Terms and Conditions carefully.

1. Complete the form, attach all required documents along with the application and submit electronically to the Head of Special Projects Unit : **specialprojects@gcx.com.gh**
2. Pay a non-refundable **Application fee** of **Ghc 1,000.00** into the Ghana Commodity Exchange Revenue Account (Ecobank, Head Office Branch – **1441004833179**)
3. Pay a non-refundable **Registration fee** of **Ghc 5,000.00** for supplies valued below **Ghc 5million** or **Ghc 10,000.00** for supplies valued above **Ghc 5 million** as applicable.

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## TERMS AND CONDITIONS FOR REGISTRATION

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A prospective **Sub-Supplier** shall submit soft copies of the following requirements:

a. Business Registration Documents (Certificate, Form 3 and Form C)
b. Valid VAT Registration Certificate at the time of applying.
c. Valid PPA Certificate at the time of applying.
d. Valid Tax Clearance Certificate at the time of applying.
e. Proof of Office (Utility Bills, Rent Agreement, other) at the time of applying.
f. Valid Ghana Card of key officer(s) and Next of Kin respectively.
g. Proof of Registration with GCX (receipt for application and registration fees payments respectively).
h. FDA Certificate for prospective sub-supplier who produce palm oil, hot chocolate, and tom brown respectively.

**NB:** Completion of this form, presentation of same including documents and payment of registration fees does **NOT** guarantee prospective sub-supplier a contract to supply food items to Senior High Schools and TVETS nationwide.

| SUPPLIER'S DETAILS | | |
|---|---|---|
| **Name of Supplier or Business:** | | |
| **Physical Address:** | | |
| **City:** | **Country:** | **Region:** |
| **Telephone:** | **Email:** | |
| **Commodities to Supply:** | | |
| **Warehouse Location:** | | |

| DETAILS OF TEAM MEMBER WITH FOOD SUPPLY & DISTRIBUTION EXPERIENCE | | |
|---|---|---|
| **Name of Team Member:** | | |
| **Physical Address:** | | |
| **City:** | **Country:** | **Region:** |
| **Telephone:** | **Email:** | |

| NEXT OF KIN DETAILS | |
|---|---|
| **Name:** | |
| **Relationship:** | **Address:** |
| **Mobile:** | **ID Type/No.:** |

(Kindly share a clear copy of your ID preferably Ghana Card-front & back)

## BANK ACCOUNT DETAILS

(Account Details Must Be in Your Registered Business Name with GCX)

**OPTION 1**

**Bank Name:** .....

**Branch:** .....

**Account Name:** .....

**Account Number:** .....

**OPTION 2**

**Bank Name:** .....

**Branch:** .....

**Account Name:** .....

**Account Number:** .....

*I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I am aware that I may be held liable for it.*

| | |
|---|---|
| **Signature:** | |
| **Name:** | |
| **Designation:** | |
| **Date:** | |

**Email**: ceooffice@gcx.com.gh; specialprojects@gcx.com.gh
**Website:** www.gcx.com.gh