



## **FREE SHS SUPPLIER'S FORM**

### **APPLICATION REQUIREMENTS INSTRUCTIONS**

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Please read the Terms and Conditions carefully.

1. Complete the Supplier's Application Form, attach all required documents along with the application.
  2. Please submit the completed form electronically to the Head of Special Projects Unit to:  
**specialprojects@gcx.com.gh**
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### **TERMS AND CONDITIONS FOR REGISTRATION**

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1. A **SUPPLIER** applicant shall submit this application form along with copies of the following requirements, (duly attested by the applicant), which are a part of the membership criteria:
  - a. Business Registration Documents (Certificates, Form 3 and Form C)
  - b. Valid VAT Registration Certificate
  - c. Valid PPA Certificate
  - d. Valid Tax Clearance Certificate (TIN number)
  - e. Proof of Office (Utility Bills, Rent Agreement, other)
  - f. Valid ID Card of Managing Director, CEO, Partner(s) of business (Ghana Card, Passport, Voter's ID card)
  - g. Proof of Registration with GCX
  - h. Valid ID Card of Team Member with food supply and distribution experience.
  - i. FDA Certificate for processed food (Tom Brown / Palm Oil)

**NB:** Completion of this form, presentation of same including documents and payment of registration fees does **NOT** guarantee 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.*

<b>Signature:</b>	
<b>Name:</b>	
<b>Designation:</b>	
<b>Date:</b>	

**Phone:** 0594164479/0550829915

**Email:** specialprojects@gcx.com.gh

**Website:** www.gcx.com.gh