



FREE SHS SUPPLIER'S FORM

APPLICATION REQUIREMENTS INSTRUCTIONS

1. Please read the Terms and Conditions carefully.
 2. Complete the Supplier's Application Form, attaching any required documents along with the application.
 3. Please submit the completed copy of this application form to the Special Projects department in the GCX office with address listed in the last page. You will be notified once your application is received.
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TERMS AND CONDITIONS FOR REGISTRATION

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 Business Address (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 and Profile/CV of Team Member with Food Supply and Distribution Experience
 - i. FDA Certificate for processed food (Tom Brown / Palm Oil)
 - j. Company Profile OR valid website that describes profiles of key management staff and business operations
 - k. Three (3) client references/recommendations
 - l. One-year recent financial statement OR evidence of financial capacity OR bank letter/guarantee OR evidence of available commodities

SUPPLIER'S DETAILS		
Name of Supplier or Business:		
Physical Address:		
City:	Country:	Region:
Telephone:	Email:	
Commodities to Supply:		
Warehouse Location:		
TEAM MEMBER DETAILS		
Name of Team Member:		
Physical Address:		
City:	Country:	Region:
Telephone:	Email:	
NEXT OF KIN DETAILS		
Name:		
Relationship:	Address:	
Mobile:	ID Type/No.	
(Kindly add front & back copy)		

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 our knowledge and belief and 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:	

Submit completed form to:

Special Projects Manager - GCX,

2nd Floor Africa Trade House (Next to British Council)

Cruickshank Road/ Liberia Road

Ridge - Accra

Phone: +233 594 164 479 / 550 829 915

Email: fshs@gcx.com.gh

Website: www.gcx.com.gh