`

VENDOR PRE-QUALIFICATION APPLICATION

MANAGEMENT SCIENCES FOR HEALTH, [ADD MSH REQUESTING COUNTRY/CITY HERE]

PLEASE NOTE ALL CORRESPONDENCE SHOULD BE ADDRESSED TO:
[ADD MSH COUNRTY SPECIFIC CONTACT HERE]
Name:
Email:

DOCUMENTS TO INCLUDE	YES	NO
Valid and active company registration (i.e. Certificate of incorporation evidencing that the company is a legal entity, and all relevant forms listing the names of the Directors/ownership)		
Evidence of tax payment (tax clearance certificate) for the last three years		
Audited financial statements for the last three years (if applicable)		
Verifiable evidence of similar jobs successfully executed in the past including copies of job orders/contracts and job completion certificate		
Quality assurance documentation (i.e. Certificate of Analysis/Conformity, ISO, GMP Audits, warranty, sourcing policy, SOPs)		
Returned price index		

Physical Address:

SECTION 1: COMPULSORY DOCUMENTS (YES IF INCLUDED)

SECTION 2: BUSINESS PARTICULARS

STATE YOUR CORE BUSINESS

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COMPANY PROFILE

Legal Name of Business (As per Tax Clearance Certificate)

Business Trading as Name (As per Tax Clearance Certificate)

Business Physical Address

City

Code

Business Telephone No.

Business Fax No.

Business e-mail Address

CONTACT PERSON FOR CORRESPONDENCE

Title

First Name

Surname

Cell No.

SECTION 3: BANKING DETAILS (MUST BE IN THE NAME OF THE BUSINESS)

MANDATORY REQUIREMENTS

Banking institution name _____

Town / City _____

Banking business account number _____

Account Type Company name Branch Name _____

Branch Code _____

Tax Identification Number (TIN)_____

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We offer Credit Terms: Yes ☐ No ☐

DECLARATION: I WILL NOT HOLD MANAGEMENT SCIENCES FOR HEALTH LIABLE FOR ANY PAYMENT NOT MADE INTO THE COMPANY'S BANK ACCOUNT DUE TO MY FAILURE TO NOTIFY MANAGEMENT SCIENCES FOR HEALTH OF ANY CHANGES ON MY BANK PROFILE. NO CHANGES WILL BE ACCEPTED WITHOUT THE CONSENT OF MANAGEMENT SCIENCES FOR HEALTH AND WITHOUT THE MANDATORY SUPPORTING DOCUMENTS.

SECTION 4: PAST CUSTOMER REFERENCES (REQUIRED FOR ALL NEW AND EXISTING VENDORS MSH HAS NOT WORKED WITH IN THE PAST 3 YEARS)

DECLARATION: TO MY KNOWLEDGE, THERE ARE NO LEGAL, CRIMINAL OR PROFESSIONAL COMPLAINTS AGAINST THIS BUSINESS OR ITS OWNERS.

Signature: _____

Date: _____

Vendor Name:				
Past Customer References				
#1	**Company Name:**		**Contact Person Name:**	
	Address:		**Phone/Email:**	
	Description of work performed:			
#2	**Company Name:**		**Contact Person Name:**	
	Address:		**Phone/Email:**	
	Description of work performed:			
#3	**Company Name:**		**Contact Person Name:**	
	Address:		**Phone/Email:**	
	Description of work performed:			