

# OPPORTUNITY INTERNATIONAL SAVINGS AND LOANS LMITED

# REGISTRATION OF SUPPLIERS

JUNE/JULY 2023

# **SUPPLIER REGISTRATION FORM**

Please ensure that photocopies of all listed document are attached (where applicable) to the registration form.

# **IMPORTANT NOTES-Please reads carefully**

- To be completed by **all** vendors seeking registration as an approved supplier
- The forms must be completed in **full** and **signed**
- All fields on application form **MUST** be completed by applicant;
- Supplier must comply with all the registration criteria for registration to be finalized failure to do so may result in the application being declined.
- Hard copies of application form must be completed and submitted to:

# The Head of Logistics and SUPPLY

# **Head Office**

# **Opportunity International Saving and Loans Limited**

# Accra Central

Accra

# **Supplier Details**

Company/Supplier Name	
Trading name if (if different)	
Company registration number (if applicable)	
Income tax reference number:	

# Supplier/ Company Contract Details

Web address:	
Email address:	
Telephone Number	
Fax number	
Toll-free number (if any):	
Number of full-time employees:	
Physical address	
Postal address	

# Director's details

First Name
Surname
Telephone number (fixed line):
Mobile Phone Number
Email Address

# Contact Person (General Enquiries)

First Name:
Surname
Position:
Mobile Phone Number:
Email Address:

# **Contact Person (Finance):**

First Name:
Surname:
Position:
Mobile Phone Number:
Email Address:

# Contact person (Marketing/ Sales):

First Name:
Surname:
Position:
Mobile Phone Number:
Email Address:

# List All Partner, Proprietors and Shareholders (Where Applicable)

1.	
2.	
4.	
5.	

# Types of Firm: (please tick the relevant box)

1.	Public company (limited)
2.	Sole proprietor
3.	Private company
4.	Foreign company
5.	Closed corporation
6.	Partnership
7.	Joint Venture
8.	Government venture
9.	Other (specify)

# Category of products and service Being supplied (please Tick the Relevant Boxes)

•	Printing, Stationery and Office Supplies
	Pens, markers, A4 paper, deposit, Deal Slip and withdrawal slip, etc.
	Cleaning materials, tissues, etc.
	Provisions
	Furniture and Fittings
	Ticketing
•	Supply and Maintenance of IT Equipment
	Hp & Dell desktop computers, laptops, printer, blade service
	Supply of computer accessories and consumables: toners, cartridges, etc
	Cisco equipment
•	Supply. Servicing and Maintenance of Vehicles
	Vehicle Accessories & parts
	Supply of Vehicles
	Vehicle Maintenance
Servic	e and Cleaning
	Security guard
	Alarm systems
	Vaults and locks

	CCTV systems
	Biometric access systems
	Fire suppression systems
	Fire extinguisher
	Vehicle tracking devices
	Cleaning and janitorial
•	Supply, Servicing and maintenance of Banking/Other Equipment
	Money counting machines
	Counterfeit detectors
	Generator (Power)
	Refrigerator
	Power Invertors
	Air Conditioners
•	Supply of Marketing Items
	Brochures and promotional materials
	Souvenirs (t shirts, polo shirts, pens, mugs, keys holders, rings etc)
	Supply of indoor and outdoor signage (billboards, directional signs, 3D logos, ligt boxes, etc)
	Supply of media production (radio and TV adverts, jingles, etc.)
	Photography Services
	Billboard flexi, SAV stickers, window branding
	Diaries and Calendar

• Building Construction and Maintenance Works

Civil Works

Glazing Installations

] Metal Works

Electrical Installations

# **PAYMENT DETAILS:**

Account name:
Account number:
Name of Bank:
Branch:

# **Document Check List**

Document	Please tick
Valid tax clearance certificate/ Vat registration certificate	
Withholding tax exemption certificate	
Company registration certificate	
Business profile of not more than two (2) pages	
Latest bank Statement or bank letter with a bank stamp	

# Signed By (Name and Signature)

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# **Third Party Relationship Questionnaire**

### PART A

*NB: Please attach pages of responses to questions that require lengthy responses eg. Describe, Give details etc.* 

### 1.0 COMPANY INFORMATION

### 1.1 General Information

Country of Registrat	ion:	Date of Incorporation			
Income tax Reference	e No				
ompany is associated	with (If applicable)				
Regulatory Authority (if applicable):					
	Registered Address:				
	Ghana Post GPS:				
	Telephone number:				
Toll-free number (if any)					
Website:		ne employees			
	Income tax Reference	Registered Addre Ghana Post GPS:			

### 1.2 Country (ies) of Operations

Yes 🗌

### 2.0 INCORPORATION, OWNERSHIP AND EMPLOYEE INFORMATION

2.1 Are the shares of the Applicant or Applicant's ultimate parent company ("Parent") publicly traded on a major stock exchange?

No	
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If yes, please identify the stock exchange(s) on which the shares of the Application or Parent are publicly traded.

2.2 Please list all shareholders or nominee/indirect shareholders who hold financial interest in the Applicant's business. Where applicable, please provide ownership information that identifies all individual owner of Applicant.

If a business or legal entity (such as corporation or partnership) owns any portion of the Applicant, Please trace ownership natural persons holding 5% or more interest in such entities. *Please use a separate sheet of paper attached to this Questionnaire if necessary.* 

# **Shareholders Details**

Shareholder's Name A	Number of Shares B	Value of shares C	Type of ID D	ID No. E	Residential Address F	Owners corpora	• •	
						NAME	Passport/ Ghana card #	

2.3 Please list Applicant Directors, Key Officers and Key members of Management. Also include key personnel assigned to work on the OISL project, if known. Provide the full name and title.

# **Directors Details**

Name	Date of Birth	ID TYPE	ID No.	Telephone No.	Email Address	Residential Address

2.4 Do any other individuals not mentioned in "2.3 and 2.4" above have a beneficial interest or exercise control over the Applicant or in its decision making, revenues or profits or in any form? "Beneficial" interest means the direct or indirect sharing in voting power in the company or investment power with respect to the company (power to sell an ownership interest).

If yes, please list the individuals and their country of citizenship and explain the nature of such interest.

Name	Date of Birth	ID TYPE	ID Number	Position Held	Nationality	Nature of Interest	Residential Address

### 2.5 Senior Management

Name	Date of Birth	ID Type	ID No.	Position Held	Nationality	Contact number	Residential Address

2.6 Has the Applicant changed its business name in the last five (5) years?

🗌 Yes 🛛 🔲 No

2.7 If 2.6 is truth, stated the previous business name and reason(s) for the change

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 	••••••	 ••••••

# PART B - (for Third-Party service providers)

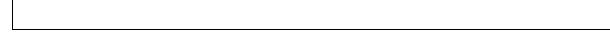
### 3.0 SERVICES

Please answer the following about the services the Applicant will provide OISL

3.1 State how long the applicant has been in business in its home jurisdiction and how long it has been providing the services similar to the proposed services for OISL?

<b></b> <5	years	5 -10 years	10-15 years	15-20 years	> 20 years
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3.2 Please describe in brief the services you expect to provide to oisl. *Attach additional pages if so required* 



3.3 Has the Applicant had a prior business relationship with OISL?



If yes, please describe the contract(s) and provide the dates of the contract(s). Attach additional pages if so required

3.4 Are any key officers related to anyone currently or previously employed by OISL, its subsidiaries and / or its affiliates? ("OISL Contact")?



If Yes, Please provide name of OISL contact, position held and describe the kind of relationship:

3.5 Will the OISL Contact be involved in the project for which the applicant will be providing services?



### **4.0 GOVERNMENT**

4.1 Does the applicant have any Officers, Directors, Shareholders, Owners or Key Employees that are current or former "Public Officials" or politician or has ties with current or former Public Officials or politician?



4.2 if yes identify who is or was the Public Official or who has connections to current or former Public Official

### **Government Connections/Relations**

Government Connections/Relations							
Person Name	Date of Birth	Public Official Name (if by relation)	Form of Relationship to Public Official				

4.3 Would the applicant's services require authorization, approval or other action with any governmental authority for due execution and performance?



### **5.0 VIOLATIONS**

5.1 Within the last five (5) years, has the Applicant, or any of its Directors, Officers, Principal owners or Employees, ever been found by a court or a governmental/ statutory agency to have violated any antibribery laws or securities laws?



If yes, please provide details:

5.2 Within the last five (5) years, has the Applicant or any of the Principal Officers, Directors or Shareholders ever been investigated or charged with any offense, including bribery, conflicts of interest, corruption, kick-backs, or money-laundering?

🔲 Yes 🛛 No

If yes, please provide details

5.3 Has the applicant ever paid money or given anything of value to a Government Official in order to retain business or obtain an improper advantage in any jurisdiction?



If yes, please provide details:

5.4 Has the applicant ever been suspended or debarred from doing business in any capacity as a result of fraud, misrepresentation, corruption, bribery, money laundering or any other activities in any jurisdiction?



If yes, please provide details:

5.5 Has the applicant ever made any public disclosures involving fraudulent or corrupt business practice or improper accounting to any government authority?



If yes, please provide details:

### Supporting Documents required

- 1. Company Registration Documents/Certificates
- 2. License to operate (if applicable)
- 3. Certified copy of identity document (Ghana card) of Board of Directors & Senior Management
- 4. Current Annual Report for Institution
- 5. Passport ID of CEO & annotated residential address