SUPPLIER PROFILE FORM

Requested Information's is for UNICEF Official use only and will be treated as Confidential

General Information

Full Name of the Company:

Parent Company (if applicable):

Full Address:
Street Name:
Tel: Fax No.: Email:

Mobile No.: Internet Home Page (if any):

Contact Person Name and Title:

Type of Organization: State Enterprises __ Private Company ___
Other (please specify):

Activity Category: Manufacturer: ___ Trading Company: ___
Consultants:___ Authorized Agent:___ Forwarder: _____
Name of Principals: _____ Other (please specify):___

Year Established:

Registration No./Date: **Registered as:** Pvt. Ltd./Co. Ltd./
(Please attach Registration certificate)

VAT No.: **PAN No.:**

Authorized Capital: **Paid-up capital:**

Audit Report attached: YES/No

Main Product/Services Provided:

1.
2.
3.

(Please provide Product list or Catalogue)

Management and Staff:

1. Chairperson of the board:

2. GM/Ex.Director/Manager:

Person(s) legally empowered to represent the company:

	Name	Official Title
1.		
2.		

Total staff:

Technical:	Non-technical:	Contract:
Male:	Female:	

If Agent/Trading House does you hold Sole/Exclusive rights/License?

Yes/No (if yes, please list on attachment)

Facilities and Capacity

Machinery and Plants/Fixed Assets:
(For a manufacturing company)

Machine Type	Make/Model	Capacity/Size

Other Fixed Assets:

Storage/Warehousing Capacity (in sq. mtrs):

Financial Statement

Bank Name and Address	Bank Account Number
1.	
2.	

Audited Financial Statement: Yes/No
(Please attach a copy of your latest Audited Financial Statement. If not available, please provide a certified copy of your Income Tax Return)

Gross Annual Turnover: **Current Year Estimate:**
Last Year:
Previous Year:

Annual Import/Export Turnover: **Current Year Estimate:**
Last Year:
Previous Year:

Previous Contracts during the last 2-3 years with UNICEF/Other UN agencies/INGOs etc.:

PO/Contract #	Date	Value	Product	Organization (Name & Address)
1.				
2.				
3.				

Local representation:
(Please mention/attach list of districts where your local representative will provide warranty services on products services purchased from you. Please provide complete address of your subsidiaries/agents, where applicable)

Others

Approved Standards (ISO, FDA, GMP, etc.):
{Please attach a copy of the certificate(s)}

Should your company have a Quality Assurance Policy, please indicate person(s) responsible together with title and telephone number:

Membership of National/International Associations:

1.

2.

Third party liability (please provide copy of relevant documents):

Patent infringement pending lawsuit: Yes/No (if yes, please attach copy)

Does your company have a written statement of its environment policy?
Yes/No (if yes, please attach copy)

Any other information:

Certification by the Company

I hereby certify that the information provided above and in all the annexes is correct and that no person in any connection with this establishment, as a supplier for providing material, supplies or services, or as a principal or employee, is employed by UNICEF, or barred by UNICEF.

Name :

Title :

Mobile Number:

Signature :

Date :

UNICEF Evaluation:

Recommendation:

Evaluated and Recommended by:

Date: