



## VENDOR PRE-QUALIFICATION FORM

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Kindly send PDF of completed form to  
[procurement@tfhghana.org](mailto:procurement@tfhghana.org)

**Otherwise, post to:**

TFHO

P.O Box OS 3403

**Or submit in person to:**

TFHO

No. 74 second Osu Badu street

Attention: Andrew Mensah Quaye

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### SECTION 1 – YOUR BUSINESS DETAILS & GENERAL INFORMATION

A. Supplier Name: (state full legal name) \_\_\_\_\_

Trading Name: (if different from legal name) \_\_\_\_\_

B. Current business address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Website address (if applicable): \_\_\_\_\_

Contact person name: \_\_\_\_\_

Contact person email address: \_\_\_\_\_

C. Provide an email address where RFQ/purchase orders can be emailed to:

\_\_\_\_\_

D. State the nature of your business and your main products/services being offered:

\_\_\_\_\_

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E. State your Certificate of Incorporation Number: (you must also attach a photocopy of your Certificate of Incorporation) \_\_\_\_\_

F. State your Certificate to Commence Business Number: (you must also attach a photocopy of your Certificate to Commence Business) \_\_\_\_\_

G. Year of incorporation: \_\_\_\_\_

H. Region of incorporation: \_\_\_\_\_

I. What is the legal status of your business? (tick one box only)

Public Company	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>
Private Company	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Partnership	<input type="checkbox"/>		<input type="checkbox"/>

J. List three client reference within the past two years

Name	Email	Cell Phone	Type of Service or goods delivered

**SECTION 2 – TAXATION DETAILS**

A. Are you registered for VAT in Ghana? (circle the applicable) YES/NO

B. If 'YES', state your VAT registration number: (you must also attach a photocopy of your VAT Certificate)

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C. Are you registered with the Ghana Revenue Authority (GRA)? (circle the applicable)

YES/NO

D. If 'YES', state your TIN: (you must also attach a photocopy of your Tax Registration certificate)

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E. Have you obtained exemption from the GRA for withholding tax? (circle the applicable) YES/NO

F. If 'YES', you must attach a photocopy of the current exemption letter from the GRA.

G. Do you have a current SSNIT Clearance Certificate? YES/NO

H. If 'YES', you must attach a photocopy of the current SSNIT Clearance Certificate.

I. Do you have a Tax Clearance Certificate (TCC)? YES/NO

J. If 'YES', you must attach a photocopy of the TCC.

K. Do you have a premise you operate from (circle the applicable) YES/NO?

L. If 'YES', give a vivid description of the location, include street name, major landmark etc

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**SECTION 3 – DETAILS OF PERSON COMPLETING THE FORM**

I confirm that all the information given is accurate and in the event of any changes, details will be provided as soon as possible. For and on behalf of the Vendor:

_____	_____
Name	Position
_____	
Date	

**CHECKLIST**

Please check to confirm attaching the following documents:

- Business Registration Certificates
- Certificate to Commerce Business
- SSNIT Certificate
- Tax Clearance Certificate
- Certificate of Incorporation
- Value Added Tax Certificate (VAT Certificate)
- Other .....

**DATA PROTECTION**

TFHO values your right to privacy. We collect information in order to fulfill our procurement obligations. The information provided in this form will be treated in strict confidence.