Nigeria free of tuberculosis!

KNCV TUBERCULOSIS FOUNDATION | NIGERIA

VENDOR INFORMATION FORM

(Required for procurement transactions above ₦ 550,000)

Instructions: KNCV Nigeria a registered non-profit and non-governmental organization, is requesting the following information for all vendors who submit quotations or bids. We request this information in order to promote fair, ethical, and legal procurement processes.

VENDOR BUSINESS INFORMATION

Name of Business: _____

Year Established: _____

Business Registration /Tax ID No.: _____

Address: _____

_____

_____

Owner(s)/Proprietors: _____

_____

Business Industry/ Sector: _____

Telephone No. _____

Email: _____

Website: _____

VENDOR CONFLICT OF INTEREST DISCLOSURE

1. Do you have any of the following family members who work for KNCV Nigeria: spouse, child, parent, brother, sister, mother- or father-in-law, or brother- or sister-in-law?

   ☐ No ☐ Yes

   If yes, please provide his/her name and relationship to you:

   _____

2. Do you have a person who lives with you who currently works for KNCV Nigeria?

   ☐ No ☐ Yes

   If yes, please provide his/her name:

   _____

   I/We understand that if I/we answered yes to Question 1 or 2, then I/we do have a conflict of interest with KNCV Nigeria I understand that I can still be a vendor for KNCV Nigeria even if I do have a conflict of interest if my quotation is accepted.

   I also understand that failure to disclose a known conflict of interest could prevent me from being a vendor in the future.

_____ _____ _____

Vendor Representative's Name Signature Date