

VENDOR INFORMATION FORM

(Required for all procurement)

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 No. (CAC): _____

Address: _____

Tax ID No.: _____

Owner(s)/Proprietors: _____

Telephone No. _____

Business Industry/Core Sector (Specialization): _____

Email: _____

Website: _____

VENDOR CONFLICT OF INTEREST DISCLOSURE

1. Do you have any family member(s) who currently works for KNCV Nigeria (e.g. Spouse, Child, Parent, Brother, Sister, In-law(s) or any relative)?

☐ 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