

FREE SHS SUPPLIER'S FORM

APPLICATION REQUIREMENTS

INSTRUCTIONS

- 1. Please read the Terms and Conditions carefully.
- 2. Complete the Supplier's Application Form, attaching any required documents along with the application.
- 3. Please submit the completed copy of this application form to the membership department in the GCX office with address listed in the last page. You will be notified once your application is received.

TERMS AND CONDITIONS FOR REGISTRATION

- 1. A <u>SUPPLIER</u> applicant shall submit this application form along with copies of the following requirements, (duly attested by the applicant), which are a part of the membership criteria:
 - a. Business registration documents
 - b. Tax clearance certificate (TIN number)
 - c. Proof of residence (e.g. Water Bill, Light Bill)
 - d. National ID Card (e.g. Voters registration/Passport/other)
 - e. PPA Supplier, Contractor, Consultant Registration Certificate
 - f. Certificate / Confirmation of Registration with FDA

SUPPLIER'S DETAILS			
Name of Supplier or Business:			
Physical Address:			
City:	Country:	Region:	
Telephone:	Email:		
Commodities to supply:			
Warehouse Location:			

BANK ACCOUNT DETAILS

(Account Details Must Be in Your Registered Business Name with GCX)

OPTION 1

Bank Name:	
Branch:	
Account Name:	
Account Number:	
	OPTION 2
Bank Name:	
Branch:	
Account Name:	
Account Number:	
knowledge and belief and I undertake t	shed above are true and correct to the best of our to inform you of any changes therein immediately. In is found to be false or untrue or misleading or be held liable for it.
Signature:	
Name:	
Designation:	
Date:	

Submit completed form to:

The Membership & Special Projects Manager - GCX,

2nd Floor Africa Trade House (Next to British Council)

Cruickshank Road/ Liberia Road

Ridge - Accra

Phone: +233 – 594-164-479 / 594-164-473

Email: membership@gcx.com.gh Website: www.gcx.com.gh