

This Registration Form enables the Together for Inclusion International (TOFI) to gather information about your company. TOFI can only issue Purchase Orders and pay invoices from vendors that are registered with suchinformation. The information is kept confidential, only authorized staff will have access to this form when filled out. Except for information mentioned in the below paragraph, all other data will be solely for internal use and not share with external parties.

When registering as a vendor with TOFI, and in line with TOFI donor regulations, the details in "Vendor Name", "Addresses", "Company contact details", "Banking information" and/or "Additional financial identification" will be used to conduct due diligence checks on financial information and to confirm that the vendor is not listed in any sanction lists. The data will be kept for 3 years.

Click the area you want to edit and start writing.

Do you agree that TOFI, or an external party on behalf of TOFI, carries out such checks?					
	Yes	□ No			
Section 1					
Supplier information:					
Ма	andatory information for a	all potential suppliers.			
1.	Legal name:				
2.	Type of business:	☐ Community Based Organization	☐ Corporation		
	☐ Government	☐ Limited Liability Co.	\square INGO		
	\square Limited Partnership	☐ Local NGO	☐ Partnership		
	\square Public Institution	☐ Sole Proprietorship	\square Individual		
Address:					
3.	Street address:				
4.	4. Street address continued:				
5.	Zip code:				
6.	City:				
7.	Country:				
8.	PO Box:				

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Company contact details:	
9. Phone:	
10. E-mail:	
11. Website:	
Contact person:	
12. Name:	
13. Title:	
14. Phone:	
15. E-mail:	
Banking Information:	
our bank to issue payment of	to enable TOFI to pay through bank transfer. It will solely be used to instruct any legitimate invoices from your company. vailable, please advise on other possible payment methods.
16. Bank name:	
17. Bank address:	
18. Account number:	
19. Account currency:	
20. Account name:	
21. Swift code:	
22. IBAN number:	
This information is needed to TOFI and is part of our due dil	business engagement exceeding <u>USD 30,000</u> per year. understand your capabilities to fulfill higher value goods, services or works to igence. This section is <u>not</u> mandatory if you only wish to register for a business 00 per year, then check this box:
- -	

If the information requested is not available or not applicable, please state "N/A" in your response.

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and proceed to Section 3: Certification.



Financial identification:			
23. Parent company/Name of owner:			
24. Company license/Registration no:			
25. VAT no:			
26. Tax no:			
27. DUNS no:			
Delivery capacity This information is gathered to assess your financial strength and capability. As a rule of thumb TOFI will not award a contract with a value exceeding 33% of the company annual turnover. This information is kept confidential and not shared with any third party outside TOFI. Access to this information is limited to those TOFI staff assessing the capability of vendors.			
28. Year established:			
29. Number of employees:			
30. Annual value of sales for the last 3 f	inancial years (according to balance sheet) in US Dollars (if other		
currency please state currency code	e):		
Year 1:	. Turnover:		
Year 2:	Turnover:		
.Year 3:	Turnover:		
31. Has the company been audited in th	ne last 3 years?		
32. If "Yes", please enclose latest balance	ce sheet.		
If "No", please advise reason for no aud	it: Click or tap here to enter text.		
Experience:			
Recent contracts with the UN, Internation	onal Aid Organizations, Governments, or International companies:		
33. Organization:			
Contract type:	(Service or goods)		
Date:			
Value:			
Contact person:			
E-mail:			

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34. Organisation:	
Contract type:	(Service or goods)
Date:	
Value:	
Contact person:	
E-mail:	
35. Organisation:	
Contract type:	(Service or goods)
Date:	
Value:	
Contact person:	
E-mail:	
Technical capability:	
found here https://www.unspsc.or 36. Please advise the categories and UNSPSC code:	items, or services that your company sells:
UNSPSC code:	Item/Service:
Quality Assurance:	
37. Please list any quality standards	that you are certified for (e.g. ANSI, BS, ISO etc.):
Standard:	Valid until:
Standard:	Valid until:
Standard:	Valid until:
.Standard:	Valid until:
Standard: .	Valid until:

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Other factors:

If you answer "Yes" to any of the following 7 questions, then please explain on a separate note.

a.	ad bu an	as the Company ever been bankrupt, or is in the process of being wound up, or is having its affairs dministered by the courts, or has entered into an arrangement with creditors, or has had their usiness activities suspended, or is the subject of proceedings concerning these matters or is in any halogous situation arising from a similar procedure provided for in national legislation or igulations?		
	. 0		□ Yes	□ No
b.		es the Company ever been convicted of an offence concerning its professional cond dgment which has the force of res judicata.	uct by a	
			□ Yes	□ No
c.	На	as the Company ever been guilty of grave professional misconduct proven by any m	eans?	
		J	□ Yes	□ No
d.	d. Has the Company ever not fulfilled its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country which it is established, or with those of Denmark, or those of the country where the contrable performed?		country i	
			□ Yes	□ No
e.	Has the Company ever been the subject of a judgment which has the force of res judicata for f corruption, involvement in a criminal organization or any other illegal activity detrimental to t European Union's financial interests?			
			□ Yes	□ No
f. Has the Company ever been declared to be in serious breach of contract for failure to our contractual obligations, following another procurement procedure or grant awar financed by the European Union's budget?				
			□ Yes	□ No
g.		as the Company ever been in any disputes with any Government Agency, the UN, or dorganizations?	r interna	tional
		-	□ Yes	□ No
List	an	y National or International Trade or Professional Organizations which your Compar	ıy is a m	ember
of:	[
	[

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38.



Section 3: Certification

Mandatory information for all potential suppliers.

I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes, details will be provided as soon as possible.

I further confirm that my company will adhere to the TOFI Supplier Code of Conduct and that a signed copywill be submitted with this application.

39. Name:		
40. Date and signature	<u> </u>	
41. Print name:		
42. Title/Position:		
43. Place/Location:		
44. E-mail:		
45. Phone number:		
Company stamp:		

Please complete, sign, initial each page and return this form to the TOFI Procurement Manager.

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