

## PREBYTERIAN UNIVERSITY, GHANA

## PROCUREMENT UNIT

**Room SF 20 Abetifi-Campus Tel:** 0202277223/0244131357

Email:procurement@presbyuniversity.edu.gh

## SUPPLIERS/CONTRACTORS/CONSULTANTS REGISTRATION FORM

Dear Sir/Madam.

Thank you for expressing an interest in registering your details or in seeking to do business with Presbyterian University, Ghana. In order to assist in the process, we would appreciate if you could complete this preliminary form and return to us so that we can ascertain whether there will be a demand for the service, supplies or works you provide.

(Please complete the client reference questionnaire and attach all company documents including VAT exemptions, etc., ...)

exemptions, etc	• /									
Firm's full name		Registration number							,	
Firm's full postal and business address:										
Tel No.		FAX.		URL:						
Purchase		Techn	ical sup	port						
Order email:		email:								
<b>Contact person:</b>		]	Email:				Cell:			
Description of Goods Services or Works:										
Is any of the Directors a current		Name:				Position:				
or former staff of PUG?										
FOR PROCUREMENT UNIT USE ONLY										
Commodity categ	gories:									
Registration num										
Approved by:										
Date:										

## **BANK/PYMENT DETAILS:**

ACCOUNT NAME: Presbyterian University, Ghana

BANK NAME: Consolidated Bank Ghana Ltd

ACCOUNT NUMBER: 04 23 78 51 00 003

**BANK BRANCH:** Abetifi