



CONTRACTOR/SUPPLIER/CONSULTANT PROFILE for registration with FAO

Address	Name of Company:	
	Registered Address:	
	Postal Code:	City:
	Country:	Tel: #
	Fax: #	E-Mail:
	Country where legally established:	
	Mail address (if different):	
	Postal Code:	City:
	Country:	Tel: #
	Fax: #	E-Mail:
Administrative	Year established:	No. of Employees:
	Gross annual sales (USD m):	Annual export sales (USD m):
	Owner of the company:	Manager of the Company:
	Contact Person:	

Activity code	List of Field activity – From the list of activities below (one line description for each activity – not more than five)

Previous Activities/Projects with Government or with UN Agency		Year	
Activity/project	Value in USD	From	to

Reviewed By:	Signature:	Date:
Title:	Date:	Name and Title:

Type of Business (please tick appropriate box): <input type="checkbox"/> PA = Partnership <input type="checkbox"/> PR = Private Limited Liability Company <input type="checkbox"/> PC = Public Limited Liability Company <input type="checkbox"/> GO = Government Assisted Firm/Institute <input type="checkbox"/> SE = State Enterprise <input type="checkbox"/> NG = Non-Governmental Organization <input type="checkbox"/> NP = Not for Profit Organization <input type="checkbox"/> IN = International Organization <input type="checkbox"/> UN = University <input type="checkbox"/> OT = Other	Status of Business (please tick appropriate box): <input type="checkbox"/> = Manufacturer <input type="checkbox"/> = Retailer <input type="checkbox"/> = Authorized Agent <input type="checkbox"/> = Sole Agent <input type="checkbox"/> = Commission Agent <input type="checkbox"/> = Producer of Raw Material <input type="checkbox"/> = Wholesale Dealer <input type="checkbox"/> = Manufacturer's Representative <input type="checkbox"/> = Other
---	---

Additional Information			
A	Office Facilities / Equipment	Unit	Qty
A1	Office Spare Area (approx)	Sqm.	
A2	Storage space – if any (approx)	Sqm.	
A3	Computers	No.	
A4	Photocopier	No.	
A5	Fax	No.	
B	Equipment	Unit	Qty
B1	Cars	No.	
B2	Trucks	No.	
B3	Other (specify)	No.	
C	Staff	Unit	Qty
C1	Administration Staff	No.	
C2	Technical Staff	No.	
C3	Other (specify)	No.	

List of Activities / Codes	
Designation	Code
Civil works	CW
Design and consultancy	DC
Irrigation works	IW
Supply of Agriculture Equipment	SAE
Supply of Agriculture Inputs	SAI
Supply of Animal Feed	SAF
Supply of Animal Health Inputs	SAHI
Supply of Cars/Trucks/Busses	SCT
Supply of Communication Equipment	SCE
Supply of Electrical Equipment	SEE
Supply of Electronic Equipment	SOE
Supply of Irrigation Equipment	SIE
Supply of Laboratory Equipment	SLE
Supply of Machinery	SM
Supply of Office Equipment	SOFE
Transportation	T
Other (please specify)	O

Documentation to be provided:
- Memorandum of Association -

VAT No. (copy of cert) -

RC Number:

