**SUPPLIER PROFILE / REGISTRATION FORM**

**No** ...................

|  |
| --- |
| **Please fill in this questionnaire in order to register.**  **Information given in this questionnaire will be handled confidentially.**  **Please attach all other documents requested in the questionnaire.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **NAME OF COMPANY:** | | | | | | | | | | | | | | | | |
|  | Mailing Address: | | | | | | | KACYIRU GASABO | | | | | | | | | |
|  | Country: | | | | | | | RWANDA | | | | | | | | | |
|  | Contact Person(s): | | | | | | | BRIAN MUTABAZI | | | | | | | | | |
|  | Telephone: | | | | | | | 0782995644 | | | | | | | | | |
|  | E-mail: | | | | | | | brianmutabz@gmail.com | | | | | | | | | |
|  | Web site: | | | | | | | Dopesupply.africa | | | | | | | | | |
|  | Tax Identification Number (TIN): | | | | | | | 119653468 | | | | | | | | | |
| **2** | **TYPE OF ORGANISATION:(Please check)** | | | | | | | | | | | | | | | | |
|  | Individual |  | Private Limited Liability Company | | | | | | | | |  | Non-Profit Organization | | | |  |
|  | Partnership |  | Public Limited Liability Company | | | | | | | | |  | Other\* | | | |  |
|  | *\* (Please explain)* | | | | | | | | | | | | | | | | |
|  | Year Established: | | | | | | | 11/11/2019 | | | | | | | | | |
|  | Under the laws of: RWANDA | | | | | | | RWANDA | | | | | | | | | |
|  | Quoted on the Stock Exchange of: | | | | | | | RW | | | | | | | | | |
|  | Please attach copy of registration certificate | | | | | | | | | | | | | | | | |
| **3** | **TYPE OF BUSINESS: (Please check)** | | | | | | | | | | | | | | | | |
|  | Manufacturing | |  | | Construction | | | |  | | Trading X | | | | | |  |
|  | Consultancy | | X | | Service Provider | | | | X | | Other\* | | | | | |  |
|  | *\* (Please explain)* | | | | | | | | | | | | | | | | |
|  | Please describe your company's major business activity: | | | | | | | | | | | | | | | | |
|  | GENERAL SUPPLY | | | | | | | | | | | | | | | | |
|  | Please indicate the main commodities/services your company offers: | | | | | | | | | | | | | | | | |
| **4** | **SIZE OF BUSINESS:** | | | | | | | | | | | | | | | | |
|  | Please provide a copy of your latest audited financial statements. | | | | | | | | | | | | | | | | |
|  | Turnover (last financial year) | | | | | | Ended: | *12/8/2020* | | | | US$: | | **80,000** | | | |
|  | (previous financial year) | | | | | | Ended: | *31/9/2021* | | | | US$: | | **100,000** | | | |
|  | (previous financial year) | | | | | | Ended: | *14/8/2022* | | | | US$: | | **90,000** | | | |
|  | No. of Employees: | | | 15 | | | | | | No. of Branches: | | | | | | 1 | |
|  | No. of International Offices: | | | | | | | N/A | | | | | | | | | |
|  | Location of Factories: | | | | | | | N/A | | | | | | | | | |
|  | No. of Plants: | | | | | | | N/A | | | | | | | | | |
|  | No. of Warehouses: | | | | | | | 1 | | | | | | | | | |
|  | Countries to which you do not export: | | | | | | | NONE | | | | | | | | | |
| **5** | **AFFILIATED/HOLDING/SUBSIDIARY COMPANIES:** | | | | | | | | | | | | | | | | |
|  | *Name* | | | *Address* | | | | | | | | | | | | *Nature of Affiliation* | |
|  | 1. NONE | | | 1. | | | | | | | | | | | | 1. | |
|  |  | | | 2. | | | | | | | | | | | | 2. | |
|  |  | | | 3. | | | | | | | | | | | | 3. | |
|  | Please attach an organisation chart | | | | | | | | | | | | | | | | |
| **6** | **PERSONS AUTHORISED TO SIGN BIDS, OFFERS AND CONTRACTS:** | | | | | | | | | | | | | | | | |
|  | *Name* | | | *Position* | | | | | | *Telephone* | | | | | | *Email* | |
|  | BRIAN MUTABAZI | | | MD | | | | | | 0782995644 | | | | | | dopesupplyltd@gmail.com | |
|  |  | | |  | | | | | |  | | | | | |  | |
|  |  | | |  | | | | | |  | | | | | |  | |
|  |  | | |  | | | | | |  | | | | | |  | |
|  |  | | |  | | | | | |  | | | | | |  | |
| **7** | **BANKING INFORMATION:** | | | | | | | | | | | | | | | | |
|  | Name: NCBA BANK | | | NCBA BANK | | | | | | | | | | | | | |
|  | Address: Nyarugenge | | | GASABO | | | | | | | | | | | | | |
|  | Account Number: | | | **2001161170000612** | | | | | | SWIFT Code: | | | | | | CBAFKENX | |
|  | IBAN: | | |  | | | | | | | | | | | | | |
| **8** | **REFERENCES:** | | | | | | | | | | | | | | | | |
|  | *Date* | *Service or Product* | | | | | | | | *Value (US$)* | | | | | *Contact (Email & Telephone)* | | |
|  | **12/06/2023** | LAPTOPS | | | | | | | | 80,000 | | | | | loyalroots@technics.co.in 0783629650 | | |
|  | **12/5/2023** | DESKTOPS | | | | | | | | 50,000 | | | | | Kwanza.mihindi@gmail.com/079547649 | | |
|  | **8th/7/2022** | AIR CONDITIONS | | | | | | | | 37,000 | | | | | Ruth.r@europcar.com | | |
|  | Please specify your quality assurance standards: | | | | | | | | |  | | | | | | | |
| **9** | **NAMES OF OFFICERS, OWNERS OR PARTNERS:** | | | | | | | | | | | | | | | | |
|  | Owner(s): | | | | |  | | | | | | | | | | | |
|  | Chief Executive Officer: | | | | | BRIAN MUTABAZI | | | | | | | | | | | |
|  | Chief Financial Officer: | | | | | KAYITARE JOSEPH | | | | | | | | | | | |
| **10** | **PAYMENT TERMS:** | | | | | | | | | | | | | | | | |
|  | * The AIMS shall make payments within 30 days following receipt of goods in good order and all requested documentation. * Payments shall be made only against supplier's invoice and shall be subject to conformity of goods to specifications. * For your information, the AIMS-NEI's documentation requirements frequently include an acknowledgment of delivery certificate signed by a local representative of the AIMS-NEI. * Please note that any non-acceptance of these terms may preclude your company from being considered as a potential supplier. | | | | | | | | | | | | | | | | |
| **11** | **QUALITY ASSURANCE**: | | | | | | | | | | | | | | | | |
|  | Please attach any certificates or documents which denote quality assurance. | | | | | | | | | | | | | | | | |
| **12** | **TERMS AND CONDITIONS:** | | | | | | | | | | | | | | | | |
|  | Please carefully read the attached Terms and Conditions of the AIMS, which shall be applicable for purchases by the AIMS. Signing and returning this form, confirms your acceptance of the Terms and Conditions. | | | | | | | | | | | | | | | | |
| **13** | **CERTIFICATION:** | | | | | | | | | | | | | | | | |
|  | The undersigned, an authorised signer for the company, hereby certifies that the information provided herein, including that on any attached pages, is true and correct to the best of his/her knowledge. The same acknowledges having read and agreed to the AIMS-NEI's payment terms of 30 days credit: | | | | | | | | | | | | | | | | |
|  | **Name and Title:** | | Brian Mutabazi | | | | | | | | | | | | | | |
|  | **Date:** | | 24/08/2023 | | | | | | | | | | | | | | |
|  | **Signature:** | |  | | | | | | | | | | | | | | |

Notes: - The copy of registration certificate, latest audited financial statements and documents which denote quality assurance have been attached in preceding documents.

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**List of Supplies and Services Provided**

|  |  |
| --- | --- |
| **PROVIDED** | **COMMODITY/SERVICE** |
| **Goods:** | **LAPTOPS** |
| 1. **LAPTOPS** | **DESKTOPS** |
| 1. **DESKTOPS** | **UPS** |
| 1. **UPS** | **AVR** |
| 1. **AVR** | **CCTV** |
| 1. **CCTV** | **GENERATOR** |
| 1. **GENERATOR** | **AVR** |
| 1. **AVR** | **AVS** |
| 1. **AVS** |  |
|  |  |
|  |  |
|  |  |
| Services: |  |
| 1. **DRAWINGS** |  |
| 1. **MAINTENANCES** |  |
| 1. **BOQ** |  |
|  |  |
|  |  |
|  |  |

Please note that the above list is not exhaustive. Rather, it represents those goods and services which we are most likely to require.

**Kigali,**

**DATE: 24/08/2023**

**Name: Brian Mutabazi**

**Title: Managing Director**