



Red Bull Nigeria Limited • 48, Awolowo Road, South-West, Ikoyi, Lagos • Nigeria
Tel: +234 (912) 389 8897 • RC 1832481

Red Bull would like to include your business on its vendor database. Please complete the following form and return it to your Red Bull contact. Orders and invoices cannot be processed prior to receiving these documents.

A. GENERAL INFORMATION

Company Name:			
Current Address:	Registered Address:	Phone Number:	
		Email Address:	
		Website:	
Type of Business Organization (e.g., Sole Proprietorship Partnership, Ltd Company):			
Number of Director(s) or Partner(s):		Year Established:	
		Number of Employees:	

Contact Details of Directors:

S/N	Name	Phone No.	Address	Email
1				
2				
3				

B. VENDOR

C.A.C No: (Please enclose a copy)	
Chamber of Commerce Certificate No:	

C. CONTACT PERSON DETAILS

Name:		Phone Number (Direct & Mobile):	
Designation:		Email Address:	

D. COMPANY REGISTRATION DETAILS

Company Registration Number:	
Tax Identification Number (TIN):	
Employer Identification Number (EIN):	

E. BANKING AND PAYMENT DETAILS

Bank Name and Branch:	Account Name:	
	Account Number:	
	Account Swift Code:	
	Sort Code:	
Preferred Payment Method (e.g., Wire Transfer, Check):		

Payment Terms:

Kindly note that Red Bull Nigeria operates a 30-day payment policy.

F. LEGAL INFORMATION

1. Are there any pending litigation matters involving your company?	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	
If yes, please provide details: SUIT NUMBER:	
SUIT NAME:	

To maintain compliance with regulations and best practices and ensure the seamless operation of our business relationships with Red Bull's valued vendors, please complete this form in full and return it to the designated contact at our office. All information provided will be treated with the utmost confidentiality and used solely in furtherance of our business relationship.

2. Has your company ever been barred or suspended from doing business with any government entity? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide details: Name of Agency or Organisation:	

Reason for suspension of bar:

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G. INSURANCE DETAILS

Insurance Provider:	
Type of Coverage:	
Policy Number:	
Coverage Amount:	
Policy Expiration Date:	

H. COMPLIANCE AND CERTIFICATIONS

1. Is your company compliant with all applicable labor laws and regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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List any industry-specific certifications or licenses held by your business establishment:

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2. Does your company have a written Code of Conduct or Ethics Policy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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I. REFERENCES

Please provide at least two business references:

Reference 1		Reference 2	
Company Name:		Company Name:	
Contact Person:		Contact Person:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	

J. ADDITIONAL INFORMATION

Please provide any other relevant information about your company

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Declaration:

I hereby declare that the information provided above is accurate and true to the best of my knowledge.

Authorized Signature:

Date:

Name:

Designation:

<i>Internal Information (to be filled out by Red Bull employee - Requestor)</i>		
Requestor:	Vendor contact (phone/email):	Proposed payment terms:
<i>Internal Information (to be filled out by Red Bull employee - Finance)</i>		
Approved by:	Signature with date:	Approved Payment terms:

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