

VENDOR DATA SHEET 2024

Vendor - Name & Contacts	
Address & Location (sec and lot# incl) *	
Contact details: *	
Phone	
Mobile	
Email	

Internal Revenue Commission (IRC) – Tax Laws Compliance Check

Certificate of compliance (Original)	Yes / No / Not applicable
Taxpayer Identification # (attach TIN) *	No:..... Copy attached
GPT/BPT No:	No:..... Copy attached: Yes / No
GST Regn No. (attach copies)	No:..... Copy attached: Yes / No

Investment Promotion Authority (IPA) Compliance Check

IPA Company / Business Rego *	No:..... Copy attached: Yes
	Expiry Date:
Certificate of Incorporation *	No:... 1-..... Copy attached: Yes / NA
Foreign Enterprise Certification *	No:..... Copy attached: Yes / NA
Foreigner - permitted activity code	ISIC Code:
Company Search Details (Attach)	No:..... Copy attached: Yes / No

Bank Account Compliance Check

Bank Name: *	
Bank Address:	
Account Number - attach proof *	
Bank BSB No*:	
Names of Signatory *	

National Procurement Act Compliance Check *

Name & Nationality of all Shareholders & % age of shares held)	
Name & Nationality of all Directors	
Attach proof of Nationality	
Do you employ Expatriates?	
Expatriates Income ratio to Citizens	

“KYC” & AML Identification Check *

Full Name:	
Qualifications* (submit CV & proof) – Note that unqualified persons will not be considered for engagements that require	

skills (like, Accounting, Audit, any fields of Engineering, IT, Public Events, Curriculum,	
Position in the Company: (Director /Shareholder/both)	
Photo Identification (Attach ID)	
Areas Qualified for Work	
Signature:	

.....*For Office use only*.....

ORIGINATING DIVISION

Sign: _____	Sign: _____
Name: _____	Name: _____
Requested By: Commitment Clerk	Endorsed By - Cost Centre - Director
Date: ____ / ____ / ____	Date: ____ / ____ / ____

FINANCE DIVISION

Sign: _____	Sign: _____
Approved for Creation by:	Created by AP: Data Entry Officer.
Director Finance	Business Analyst
Date: ____ / ____ / ____	Date: ____ / ____ / ____

VENDOR CODE #	
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Notes:

- 1) This is a mandatory document for anyone wanting to do business with NCDC to ensure the compliance of legislations of IPA, IRC, PFMA, NPA CPA and AML. Non-compliance to this test will result in cancellation of contracts.
- 2) All sections of the form **MUST** be filled with proof; any missing data may result in delay in creating the vendor code.
- 3) This form **MUST** be submitted after and Vendor has signed agreements with NCDC to supply goods & services, or prior to a payment being made.
- 4) This form should be sent to the Director - Finance at least one week before raising the first claim.

Mandatory Fields *