

VENDOR INFORMATION FORM

(Required for procurement transactions above ₦ 550,000)

Instructions: KNCV Nigeria a registered non-profit and non-governmental organization, is requesting the following information for all vendors who submit quotations or bids. We request this information in order to promote fair, ethical, and legal procurement processes.

Na	me of Business:			
Year Established:			Business Registration /Tax ID No.:	
Ad	dress:		Owner(s)/Proprietors:	
Tel	ephone No		Business Industry/ Sector:	
Em	ail:		Website:	
1.	VENDOR CONFLICT OF INTEREST DISCLOSURE Do you have any of the following family members who work for KNCV Nigeria: spouse, child, parent, brother, sister, mother- or father-in-law, or brother- or sister-in-law? No Yes If yes, please provide his/her name and relationship to you:			
2.	Do you have a person who lives with you who currently works for KNCV Nigeria?			
	□ No	Yes		
	If yes, please provide his/he	er name:		
	I/We understand that if I/we interest with KNCV Nigeria have a conflict of interest if	I understand that I can	still be a vendor for KN	

I also understand that failure to disclose a known conflict of interest could prevent me from being a vendor in the future.

Vendor	Representative's	Name
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