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**VENDOR AUDIT FORM FOR VEHICLE RENTAL**

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Kindly send completed document to [procurement@tfhoghana.org](mailto:procurement@tfhoghana.org)

**Otherwise, post to: Or submit in person to:**

P.O Box OS 3403 No. 74 second Osu Badu Street

Attention: Andrew Mensah Quaye

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**SECTION 1 – YOUR BUSINESS DETAILS & GENERAL INFORMATION**

1. Business Name: (state full legal name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trading Name: (if different from legal name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current business address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address(If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Contact Person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Contact person email address (where applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide an email address where RFQ/purchase orders can be emailed to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State your Certificate of Incorporation Number: (you must also attach a photocopy of your Certificate of

Incorporation) (where applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State your Certificate to Commence Business Number: (Where applicable) (you must also attach a photocopy of your Certificate to Commence Business)-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other: (Provide any other registration to authenticate you busines name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 – TAXATION DETAILS**

1. Are you registered for VAT in Ghana? (circle the applicable) YES/NO
2. If ‘YES’, state your VAT registration number: (you must also attach a photocopy of your VAT Certificate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you registered with the Ghana Revenue Authority GRA? (circle the applicable) YES/NO
2. If ‘YES’, state your TIN: (you must also attach a photocopy of your Tax Registration certificate)

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1. Have you obtained exemption from the GRA for withholding tax? (circle the applicable) YES/NO
2. If ‘YES’, you must attach a photocopy of the current exemption letter from the GRA.
3. Do you have a premises you operate from (circle the applicable) YES/NO?
4. If ‘YES’, give a vivid description of the location, include street name, major landmark etc

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**SECTION 3 – PAYMENT DETAILS**

Provide your banking details

**Local Currency**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name |  | Account Name |  |
| Branch |  | Account Number |  |
| Sort Code |  |  |  |
| Currency |  |  |  |

**SECTION 4 – OTHER INFORMATION**

1. What is the legal status of your business? (tick one box only)

|  |  |  |  |
| --- | --- | --- | --- |
| Public Company |  | Sole Proprietor |  |
| Private Company |  | Other (specify) |  |
| Partnership |  |  |  |

**SECTION 5 – DETAILS OF PERSON COMPLETING THE FORM**

I confirm that all the information given is accurate and in the event of any changes, details will be provided as soon as possible. For and on behalf of the Vendor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature &Stamp Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

**DATA PROTECTION**

TFHO values your right to privacy. We collect information to fulfill our statutory obligations. The information provided in this form will be treated in strict confidence.

**TFHO OFFICE USE ONLY**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Created by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date created: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_