



**BANK OF GHANA**

**SERVICE PROVIDER  
REGISTRATION FORM  
(SPRF)**

*SERVICE PROVIDER REGISTRATION FORM - 2018 VERSION 2.0*

# SERVICE PROVIDER REGISTRATION FORM (SPRF)

## BANK OF GHANA

**SERVICE PROVIDER NAME:**

Version : 2.0  
Date of Issue :  
Prepared by :  
Approved By :

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## **INTRODUCTION**

We welcome you for showing interest in becoming part of Bank of Ghana's Service Providers.

In order to become potential partner, you need to fill the details about your esteemed company and sign our Code of Conduct Policy.

In case of successful registration, you will receive a system generated Registration Number. This number will be required for reference in all future communication.

Registration is only a process for showing interest in doing business with us and does not constitute a guarantee for business from Bank of Ghana (the Bank).

### **POLICY ON CODE OF CONDUCT**

1. Messrs ..... agrees to conduct all its dealings with its management, employees and other business associates, in a very ethical manner and with the highest business standards.
2. All Partners with a business relationship with Bank of Ghana shall comply with the highest level of integrity and ethical practices.
3. The Bank, in its Code of Conduct strictly prohibits its employees from demanding/ accepting or payment of illegal gratification in the form of bribes or kickbacks either in cash or in kind in the course of all their dealings with outside parties.
4. The Bank also requires the partner to refrain from giving or attempting to pay illegal gratification/ bribes/ kickbacks to any employee of the Bank. Any attempts to provide such personal gratification to any employee will be viewed in a very serious manner and where there is confirmation of such instances, it may lead to:
  - Cessation of all business dealings with the Service Provider.
  - Blacklisting the Service Provider and its associates for any future business.
  - Reporting of matter to law enforcement agencies.
  - Appropriate legal action, where necessary.
5. The Partners will provide all possible assistance to each other in order to investigate any possible instances of unethical behavior or business conduct violations by an employee of the other. Either Party will disclose forthwith any breach of these provisions that comes to their knowledge to allow for timely action in their prevention and detection.
6. All business associates are expected to confirm their compliance to Ethical dealings on an annual basis, by signing a certificate to the effect that the business associate has complied with the Code of Conduct in all their dealings with the Bank as given in the annexure.

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7. Any ethical or integrity issues observed or encountered while dealing with the Bank shall be brought to the notice of the Head, Corporate Management and Services Department (CMSD) immediately.

**CODE OF CONDUCT: PARTNERS' CERTIFICATION – TO BE COMPLETED ON COMPANY'S LETTERHEAD**

We certify that:

We have read, understood and complied with the policy on Code of Conduct.

We also confirm that we will disclose any breach that comes to our knowledge.

**Authorised Signatory**

Name:

Position:

Organisation:

Location/Address:

Telephone No.:

Email:

Date:

STAMP

**1. COMPANY PROFILE**

<b>Name of the Company</b>	
<b>Date of Establishment</b>	
<b>Name of Parent or Associated Company (if any)</b>	

**Head Office****Communication Address:**

Address (Mention Postal Codes & Region/State)	
Country	
Telephone	
Fax. No.	
Email Address	

**Local Office****Communication Address:**

Address (Mention Postal Codes & Region/State)	
Country	
Telephone	
Fax. No.	
Email Address	

**Tax Identification References:**


**Company Details**

Describe scale of company		
<b>Large Scale</b>	<b>Medium Scale</b>	<b>Small Scale</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of company			
<b>State Owned</b>	<b>Corporate/Limited</b>	<b>Partnership</b>	<b>Others(Specify)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shareholding Pattern of the company		
Do you have any joint venture with other companies?		
<input type="checkbox"/>	Yes	Name of the joint venture partners
If yes, state names		
<input type="checkbox"/>	No	

**Note:** Scale of company is determined by your net worth.

Ownership of the Company			
<input type="checkbox"/>	Private owned. Name of the three largest Shareholders/Partners/Directors:		
State names			
<input type="checkbox"/>	Registered on Stock Market		
<input type="checkbox"/>	Other Ownership:		

List at least 3 references of Companies for which you have carried out similar services you are applying for below:					
Name	Office Address & Location	Contact		Date	
		Telephone	Email	From	To

## 2. CONTACT DETAILS

### Management Team

Name	Designation	Department	Responsibility	Email	Mobile No.

### Escalation Matrix

Details	*Level-1	Level-2	Level-3
Name			
Designation			
Email			
Mobile Number			

\*Level -1 is the highest

### 3. BUSINESS PROFILE

<b>Supplier Type</b>	<b>National</b>	√	<b>International</b>	√
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*Category			
State Category Items			

\*Note: Category chosen should be tied to your net worth.

Nature of Business				
Manufacturer	Trader*	Authorised Agent *	Service Provider	Other (specifiy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*If Trader, Agent or Representative Company, not directly involved in the manufacture of the product, please provide:  
 1) Certification from your principals that you are authorised to deal with their products or to act on their behalf.

### 4. SYSTEMS & PROCESSES

No.	Systems / Capability	Yes	No
1.	Do you have a comprehensive documented quality manual that defines your quality system?		
2.	Do you have corrective action process for customer complaints and field problems, which includes root cause analysis? If yes, attach a sample.		

## 5. DATA SECURITY

Do you agree to abide by the Bank's non-disclosure agreement relevant to you at the time of signing a contract if selected?	<b>Yes</b>	<b>No</b>

## 6. LITIGATIONS / COMPLAINTS

<b>1.</b>	Has the proprietorship / partnership / company or its proprietor, partner, authorised signatory at any time been convicted by a court in Ghana or overseas for any criminal offence?	<b>Yes</b>	<b>No</b>
<b>2.</b>	Are any criminal proceedings pending or going on against proprietorship / partnership or its proprietor, partner, authorised signatory before a court in Ghana or overseas?		
<b>3.</b>	Has any court issued a warrant or summons for appearance or warrant for arrest or an order prohibiting the departure of the proprietorship / partnership or its proprietor, partner, authorised signatory from Ghana or Overseas?		

## 7. ELECTRONIC PAYMENTS (EP)

All the payments shall be made electronically and hence supplier shall be required to submit the account details at the time of contract finalisation. The payments shall be made through GIS/Swift Transfer which would need the following documents

- Provide details as per Table EP on letterhead and duly signed by authorised signatory and verified by bankers.
- Give a blank cancelled cheque of the same account.
- Email address for sending the details of the payments

**TABLE EP**

<b>No.</b>	<b>Electronic Payments</b>	<b>Yes</b>	<b>No</b>
<b>1.</b>	Do you agree to this system of payment if selected for award of Contract?		

*Payments shall be made in Ghana Cedis or Letter of Credit.*

*Please find below the format for Bank Details for making payment through GIS/Swift Transfer. The same must be on the letterheads of the Partner and duly attested by the Bank. (Please fill all information in block letters)*

### ***BANK ACCOUNT DETAILS***

<b>SERVICE PROVIDER'S ACCOUNT NAME:</b>	
<b>BANKERS:</b>	
<b>BANK ADDRESS:</b>	
<b>BANK BRANCH:</b>	

<b>ACCOUNT NO:</b>					
<b>BANK CODE:</b>					
<b>INTERNATIONAL BANK ACCOUNT NUMBER (IBAN)</b>					
<b>SWIFT CODE:</b>					
<b>CONTACT PERSON:</b>					
<b>TEL. (OFFICE)</b>		<b>MOBILE:</b>		<b>FAX:</b>	
<b>P.O. BOX NO:</b>				<b>TOWN:</b>	

<b>Form Authorised by:</b>	<b>Partner</b>	<b>Bank</b>
<b>NAME:</b>		
<b>EMPLOYEE CODE:</b>		
<b>DESIGNATION:</b>		
<b>SIGN:</b>		
<b>DATE:</b>		

## 8. ANY OTHER INFORMATION

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## 9. ATTACHMENTS

Additional Information to be Provided	Attached (Y/N)
Customer Testimonials	
Organization Chart	
Major Customers List	
<b>Copy of the following:</b> <b>Business Registration Form A.</b> <b>Valid Business Registration Certificate</b> <b>TIN Number</b> <b>Valid Tax Compliance Certificate</b> <b>Valid VAT Certificate</b> <b>Any Evidence of Tax Exemption</b> <b>Tax Clearance Certificate</b> <b>SSNIT Certificate (where applicable)</b> <b>Company Profile (Business Location, Address &amp; major product/business line)</b> <b>Valid Manufacturers Authorisation (where applicable)</b> <b>EPA Certificate (where applicable)</b> <b>Ministry of Works &amp; Housing Certificate (where applicable)</b>	

## 10. CERTIFICATION

I/we certify that the above particulars submitted by me/us are true and will keep this updated as per the policy of the Bank or whenever any change to the above happens.

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

Place: \_\_\_\_\_ (Signature, Stamp & Name of Signing Authority)

**FOR BANK OF GHANA USE ONLY**

**JUSTIFICATION FOR SUPPLIER SET-UP –**

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**HEAD OF PROCUREMENT OFFICE**

**Approval by: HEAD OF CMSD**

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: .....

Date: .....

<b>ENTERED IN ORACLE</b>			
<b>By</b>		<b>Date</b>	
<b>Supplier Code</b>		<b>SCM Category</b>	