



REPUBLIC OF TOGO

ADHOC CONTRACT COMMITTEE

192, BOULEVARD DE LA KARA, 2nd FLOOR ADHOC - CC BUILDING

04 B.P698, LOME TOGO

TEL/FAX: +22822323534

EMAIL: info@adhoc-cc.org

SECRETARIAT COMPLEX

LOME -TOGO

CONTRACT REGISTRATION FORM

REGISTERED BUSINESS NAME:.....

REGISTERED BUSINESS ADDRESS:.....

COUNTRY OF REGISTRATION.....

DATE OF REGISTRATION.....

TAX REGISTRATION.....

REGISTRATION NUMBER.....

PAID UP CAPITAL.....

ANNUAL TURNOVER (EST).....

FORM OF BUSINESS ENTITY.....

PRINCIPAL ACTIVITIES.....

.....

BOARD OF DIRECTORS;

KEY POSITION HOLDERS

DESIGNATION

CONTACT NUMBERS (MOBILE)

.....
.....
.....

KEY PERSON NAME.....

STAFF STRENGTH.....

BANK'S NAME.....

BANK'S ADDRESS.....

CONTACT PERSON'S NAME.....

CONTACT'S DESIGNATION.....

BANK'S CONTACT NUMBER.....

BANK'S FAX NUMBER.....

ACCOUNT TYPE.....

FACILITIES GRANTED.....

LENGTH OF RELATIONSHIP.....

I, THE UNDERSIGNED, REPRESENTING THE ABOVE, CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

NAME&AUTHORIZED SIGNATURE.....

DESIGNATION.....

COMPANY'S STAMP.....

DATE.....