

Vendor Registration Form

If you would like your company to be included in our database of potential vendors, please fill out this form and submit it by email to
KabulGSOProcurement@state.gov

Company Name	
Complete Street address	
Country/ City	Country : _____ City : _____
Postal Code	
Full Name of Point of Contact	
Position / Title	
Telephone	Land line# _____ Mobile # _____
Fax if available	
Email	
Web Page	
Industry (e.g. construction etc.)	
Subcategory (e.g. plumbing, electrical etc.)	
CCR	Registered : <input type="checkbox"/> No <input type="checkbox"/> Yes Registration date : _____
DUNS#	
JCCS#	
Vetting form DS4184	Whether filled and sent by email to A/LM/RAM at RAM@state.gov with CC KabulGSOProcurement@state.gov as per guidelines mentioned in vendor registration instructions (check as applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no then explain)
NCAGE #	
CAGE #	
Local License #	
AISA #	
Brief Description about your company	Please attach additional sheets for providing List of clients, demonstrating prior experience with relevant past performance information of last three years and references (pdf not more than 3 mb)