registration form

(CA Ref.: UAJ22)

1. **Contact Information**
	1. Company Name:
	2. Contact Persons (please name 2 persons in charge):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title / Section | Telephone | E-mail |
|  |  |  |  |
|  |  |  |  |

1. **Selection of Subproject**

Please mark sub-project(s) you are interested in participating

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sub-project | Water | Energy | Education | Medical | Agriculture |
| ✓ |  |  |  |  |  |

1. **Eligibility**
	1. Japanese Nationals

We hereby confirm that we fully meet the following eligibility criteria *1)* to *5)*

(please check the box if you confirm that you fully meet the following criteria):[ ]

1. *Bidders shall be Japanese nationals (Japanese physical persons or juridical persons controlled by Japanese physical persons).*
2. *Bidders shall be Japanese companies incorporated and registered under Japan Law with their headquarters in Japan.*
3. *The majority of bidders’ capital with voting rights shall be owned by Japanese nationals and majority of board members are Japanese physical persons.*
4. *Bidders shall not fall under any of the items of Article 26, paragraph 1 of the Foreign Exchange and Foreign Trade Act (Gaikokukawase-oyobi-Gaikokuboeki-Ho, Law No.228 of 1949, Japan).*
5. *Bidders shall not be debarred by the Government of Japan and/or by the Japan International Cooperation Agency (JICA) from participating in bidding exercises.*

We agree to submit further supporting documents to prove our eligibility (which may include copy of passports) upon request from Crown Agents (Please check the box if you agree):[ ]

* 1. Track Record

For the Subproject you wish to participate, please fill in forms as below.

Participant may insert rows if necessary.

1. The Subproject for Urgent Improvement of Energy Service

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Product | Quantity | Client Name with Contact | Contract Amount | Contract Date/Year | Supplied Country | ODA or Commercial |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. The Subproject for Urgent Improvement of Water Supply

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Product | Quantity | Client Name with Contact | Contract Amount | Contract Date/Year | Supplied Country | ODA or Commercial |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

1. The Subproject for Urgent Improvement of Equipment for Medical and Health Services

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Product | Quantity | Client Name with Contact | Contract Amount | Contract Date/Year | Supplied Country | ODA or Commercial |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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1. The Subproject for Urgent Improvement of Equipment for Education Service

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Product | Quantity | Client Name with Contact | Contract Amount | Contract Date/Year | Supplied Country | ODA or Commercial |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. The Subproject for Agriculture Sector Urgent Support

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Product | Quantity | Client Name with Contact | Contract Amount | Contract Date/Year | Supplied Country | ODA or Commercial |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. Have any one of subsidiaries, branch offices and agents (registered companies) in Ukraine, Poland or Romania which meet the following conditions:
* subsidiaries and/or branch offices shall have a minimum of three (3) years of continuous business history as of 1 April 2023; and/or
* agents (registered companies) shall have a minimum of three (3) years of continuous contract with Companies as of 1 April 2023.
1. Country Name:
2. Registered Address:
3. Name of Representative:

***\*Evidential documents such as the registration and the agent contract shall be submitted. English translation is also required.***

*\*In case you cannot meet the criteria (2) and (3) above, please fill out (2) and (3) with the parent company’s information and (4) below with parent company’s information.*

*Please submit the power of attorney issued by the parent company together with this Registration Form.*

* 1. Parent Company
1. Company Name:
2. Contact Persons (please name the person in charge):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title / Section | Telephone | E-mail |
|  |  |  |  |

1. Our parent company fully meets the eligibility criteria *1)* to *5)* of (1) Japanese Nationals (please check the box if you confirm that your parent company fully meets the criteria):☐

We declare that all the above information is true and correct. We also understand that misrepresentations or incorrect information provided in this form can result in our disqualification.

|  |  |  |
| --- | --- | --- |
| ............................................Authorised Signature | ............................................NamePosition/TitleCompany Name  | ............................................Date |