



CLGA VENDOR REGISTRATION FORM

Company Information

Company Name

Local Foreign

Nature of Business

Goods Services Consultancy

Registration Date

Business Reg. Number

TIN Number

Region

District

Phone

Alt Phone

Email

Country

City/Town

Postal Address



CLGA VENDOR REGISTRATION FORM

SMS Alert Number

Contact Person

First Name

Last Name

Cell Phone

Work Phone

Email

P.O. Box CT 4559, Cantonments, Accra
Ghana Post: GD-220-0693

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