**ANNEX C**

**“ACOFA-SUPPLIER REGISTRY”**

1. Fill this registry in all its parts.
2. This form and every additional documentation must be upload with the original signature to the Subdivision of Purchasing Acquisitions in Bogota through the following link:

<https://proveedores.fac.mil.co>

1. Send only the certifications required as annex.
2. The data contained in this form and its annexes will be the basis of your Company’s registration.
3. The information could be verified to prove its authenticity.

**G**. All the information included in this form, in order to complete the registration, shall be responsibility of the signer.

1. Name of the Company:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. FEI Number or fiscal identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Email (For all communications): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8. Date of Creation and/or Constitution of the Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Name of the Representative or CEO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. CEO Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Name of the Agent or legal representative in Colombia: (optional, but Power of Attorney must be provided) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL INFORMATION (CLOSE LAST YEAR)**

12. (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Liquidity ratio:

Current assets: USD\_\_\_\_\_\_\_\_\_\_\_ / Current liabilities USD\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_

13. Working Capital

Current assets: USD\_\_\_\_\_\_\_\_\_\_\_ - Current liabilities USD\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_

14. Patrimonial Capacity:

Total Assets USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Liabilities USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Equity USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Assets USD \_\_\_\_\_\_\_\_\_\_\_\_ / Total Liabilities USD \_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_

15. Debt to Equity ratio

Total Liabilities USD \_\_\_\_\_\_\_\_\_\_\_\_\_ / Total Equity USD \_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_

16. Bank Information (Required space):

a. Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Swift Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. ABA or IBAN Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL ATTRIBUTES**

16. Manufacturing Company: Yes No Explanation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Exclusive Manufacturer’s representative (Exclusive distributor): Yes No Explanation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Exclusive Supplier: Yes No Explanation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: If you answered YES to any of sections 16, 17 or 18, you must complete the **Capabilities Report** and provide sufficient documents to prove such statements, along with your registration forms.

**SUPPLIER'S CAPACITY ACTUALIZATION FORM**

(mark with an X) SALE and/or REPAIR



**Regards, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Representative (Foreign Company)**

**Name:**

**CAPABILITIES REPORT**

|  |  |
| --- | --- |
| **COMPANY NAME:** |   |
|  |  |  |  |  |  |  |
| **CAPABILITY TO REPORT: (mark with an X)** |  **PARTS DISTRIBUTION** |   |  **COMPONENTS REPAIR** |   |

**PARTS DISTRIBUTION**

DOES YOUR COMPANY HAVE ANY CERTIFICATION IN ACCORDANCE WITH AC No 00-56B?

(mark with an X)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| YES |   |  | NO |   |  |  |
|  |  |  |  |  |  |  |
| AS-9100 |   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ISO-9001 |   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ASA-100 |   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TAC 2000 |   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| OTHER |   |  | DESCRIBE |   |

DOES YOUR COMPANY HAVE ANY EXCLUSIVE OR AUTHORIZED REPRESENTATION FOR PARTS DISTRIBUTION?

(mark with an X)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YES** |   |  | **NO** |   |  |  |
|  |  |  |  |  |  |  |
| **INDICATE FROM WHICH OEM** |   |   |   |   |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| DOCUMENTS THAT CERTIFY THIS **MUST** BE ATTACHED FOR EACH CASE.  |  |   |   |   |   |
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**COMPONENTS REPAIR**

DOES YOUR COMPANY OWN A REPAIR STATION CERTIFIED BY FAA OR EASA?

(mark with an X)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |   |  | NO |   |
|  |  |  |  |  |
| CERTIFICATE NUMBER |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **THE REPAIR STATION FAA OR EASA CERTIFICATE AND THE LIST OF CAPABILITIES MUST BE ATTACHED** |
|  |  |  |  |  |  |  |

DOES YOUR COMPANY HAVE ANY EXCLUSIVE OR AUTHORIZED REPRESENTATION OF COMPONENTS REPAIR DIRECTLY FROM AN OEM?

(mark with an X)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YES** |   |  | **NO** |   |  |  |
|  |  |  |  |  |  |  |
| **INDICATE FROM WHICH OEM** |   |   |   |   |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| DOCUMENTS THAT CERTIFY THIS MUST BE ATTACHED FOR EACH CASE AND THE REPRESENTATION LIMITATIONS (WITH MODELS OR P/N OF SPECIFIC COMPONENTS) MUST BE DETAILED. |  |   |   |   |   |
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**Regards, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Representative (Foreign Company)**

**Name:**