

CATHOLIC HEALTH SERVICE TRUST- GHANA

(Archdiocese of Cape Coast)



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Mercy Women Catholic Hospital
Health Service
P. O. Box MK 164, Mankessim
Central Region



MHC / ADM / 026 / 26 - 002

12th January, 2026

Dear Sir/Madam,

INVITATION TO REGISTER AS A SUPPLIER FOR THE YEAR 2026

PROCUREMENT PERIOD

We are pleased to invite you to register as a supplier for the year 2026 procurement period. We value strong partnership with reliable and innovative suppliers to help us meet our organizational goals and deliver exceptional value to our clients.

As part of our procurement process, we are registering both old and new suppliers to ensure compliance with our standards and policies. Registered suppliers will have the opportunity to participate in this year's procurement and contribute to our projects and initiatives for 2026 to achieve value for money.

Registration Process:

Pick a form at the Procurement Office at a fee of Three Hundred Ghana Cedis (GHC 300.00), fill and submit with all required document(s) to the Procurement Officer.

Deadline:

The deadline for registration is 30th January, 2026. Late submission may not be considered for the 2026 procurement period. If you have any question(s) or require assistance with the registration process, please contact our Procurement Manager on 0542147597.

We look forward to receiving your application and working together to achieve mutual success in 2026 and beyond.

Thank you.

Yours faithfully,

Ambruce A.Y. Ayikpah

(HEALTH SERVICE ADMINISTRATOR)

FOR: MANAGEMENT

HEALTH SERVICE ADMIN.
MERCY WOMEN CATHOLIC
HOSPITAL
P. O. BOX MK 164
MANKESSIM

MERCY WOMEN CATHOLIC HOSPITAL-MANKESSIM

SUPPLIER REGISTRATION FORM

1. Name of Supplier.....SCANTECH SURGICALS LIMITED.....
2. Supplier category
☐ Medicines / Drugs ☒ Non-Drug Consumables ☐ Stationery ☐ Detergent and Disinfectants
☐ Building Contractor ☐ Building Construction ☐ Artisan Plant/Machinery ☐ Medical Equipment
☐ Other (please specify).....
3. Location Address.....P.O.BOX 780, TAKORADI.....
4. Do you have a Central Regional outlet or representative?
☒ Yes ☐ No
5. Name of Central Regional Representative.....DANIEL AMOS.....
6. Tel.....0247293399.....Email Address.....amosdaniel20@yahoo.com.....WhatsApp.....0247293399.....
7. What is your preferred mode of correspondence?
☐ Email ☒ WhatsApp ☒ Phone ☐ Letterbox
8. Please state your credit Terms.....90 days.....
9. Attach the following document based on your category. (Tick the relevant document and attach to this form).
☒ Certificate to Commence Business
☒ PPA Certificate
☐ Certificate of Incorporation
☒ Tax/VAT Registration Certificate
☐ Tax Clearance Certificate
☐ SSNIT Registration Certificate
☐ SSNIT Clearance Certificate
☐ FDA Registration for manufacturing and importers
☐ Pharmacy Council certificate for medicine