SUPPLIER REGISTRATION FORM

|  |
| --- |
| COMPANY DETAILS  |
| FULL COMPANY NAME:  |
|  |
| COMMERCIAL REGISTRATION NUMBER: |
| MAILING ADDRESS: |
| P. O. Box:  | City: | Zip Code: |
|  |  |  |
| Tel.: | Fax: | Website:  |
| PHYSICAL ADDRESS: |
| Street: | Province: | Zip Code: |
|  |  |  |
| CONTACT DETAILS (Head Office): |
| Contact Person: | Designation: | Mobile: |
|  |  |  |
| Tel./Fax: | Email: | Website: |
|  |  |  |
| CONTACT DETAILS (Branch 1): |
| Contact Person: | Designation:  | Mobile: |
|  |  |  |
| Tel./Fax: | Email: | Website: |
|  |  |  |

|  |
| --- |
| TYPE OF BUSINESS |
| 🞏 Proprietorship 🞏 Partnership 🞏 Corporation🞏 Joint-venture 🞏 Others [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |
| YEARS IN BUSINESS |  |
| BUSINESS GROUP CATEGORY |
| 🞏 Construction  | 🞏 Consultancy |
| 🞏 Goods & Supplies (Trader/Distributor) | 🞏 Goods & Supplies (Manufacturer) |
| 🞏 Services |  |
| BUSINESS AREAS (PLEASE LIST DOWN PRODUCTS AND SERVICES BEING SUPPLIED AND OFFERED) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
|  |  |  |
|  ARE YOU REPRESENTING ANY FOREIGN MANUFACTURER(S)/COMPANY(IES)? |
| 🞏 Yes 🞏 No |
| If yes, please enlist below and attach representation letter(s). |
| COMPANY | COUNTRY | TYPE OF PRODUCT |
|  |  |  |
|  |  |  |
| ARE YOU A CERTIFIED DISTRIBUTOR? IF YES, PLEASE LIST AND ATTACH COPY OF CERTIFICATION(S). |
| 🞏 Yes 🞏 No |
| 1. |  |  |
|  |  |  |
| 2. |  |  |
|  |  |  |
|  |
| ATTACH 3 MAJOR CLIENTS REFERENCES DETAILING COMPANY NAME, ADDRESS, CONTACT NUMBERS, REGISTRATION CERTIFICATE, ETC. |
| ACCOUNT DETAILS |
| Bank Name: |  |  |
| Branch Name: |  |  |
| Account Name: |  |  |
| Account No.: |  |  |
| IBAN: |  |  |
| Currency: |  |  |
| Country: |  |  |
| Swift Code: |  |  |
| Other Details: |  |  |
|  |  |  |

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS REGISTRATION APPLICATION FORM ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING.

Name and Designation:

Date Signed and Stamp

FOR PROCUREMENT DEPARTMENT USE:

Justification:

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | REQUESTED BY | APPROVED BY | CREATED BY |
| NAME |  |  |  |
| SIGNATURE |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vendor Code |  |  |  |  |  |  |