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 |  |  |  |  |  |  |