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| SUPPLIER REGISTRATION FORM |
| COMPANY CONTACT |   |
| **COMPANY NAME** |   | **MAILING ADDRESS** |   |
| **TELEPHONE** |   |
| **Fax** |   |
| **EMAIL** |   | **WEBSITE** |   |
| **NAME AND TITLE OF THE POINT OF CONTACT** |   | **CONTACT EMAIL** |   |
| **CONTACT PHONE 1** |   | **CONTACT PHONE 2** |   |
| COMPANY OVERVIEW |   |   |
| **GENERAL DETAILS OF SERVICES / GOODS** |   |
| **DATE OF CREATION OF THE COMPANY** |   | **GROSS ANNUAL SALES** |   |
| **GEOGRAPHICAL AREA OF SERVICE** |   | **LEGAL STRUCTURE** |   |
| **TYPE OF BUSINESS** |   | **PREVIOUS YEARS REGISTERED** |   |
| **LICENSE NUMBER** |   | **CERTIFICATE OF NON ACCOUNTABILITY No**  |   |
| **TAX NUMBER** |   | **INSURANCE TYPE** |   |
| **ADDITIONAL INFO** |   |
| BANKING INFORMATION |   |   |
| **NAME OF BANK** |   | **BANK ADDRESS** |   |
| **NAME OF BENEFICIARY** |   |
| **ACCOUNT NUMBER** |   |
| CERTIFICATION |   |   |   |
| I hereby affirm that all information provided is true and accurate to the best of my knowledge and belief, and I understand that such information will be considered important in evaluating quotations, offers and proposals. Any change in status affecting the information provided must be notified within ten (10) days of such change.  |
| **NAME PRINTED/TYPED** |   | **TITLE** |   |
| **SIGNATURE** |   | **DATE** |   |