

# Supplier Registration Form

<b>Supplier No</b>	
<b>EXTERNAL SUPPLIER</b>	

## SUPPLIER INFORMATION

General Information			Payment Information		
Company Type					
Supplier Name			Tin Number		
			Bank Name		Account No.
Authorized Person	Contact Person & Contact details		Payment Term	<input type="checkbox"/> 7 days <input type="checkbox"/> 30 days <input type="checkbox"/> Others:	
Supplier Site	Supplier Region:	Country:		Payment Method	<input type="checkbox"/> TT <input type="checkbox"/> Cheque <input type="checkbox"/> Others:
Address					
Registered Address			Billing Address		
City, Country, Phone/ Website/Email			City, Country, Phone/		

## DOCUMENT CHECKLIST

	Required Documents	No and Validation Date	Remarks
<input type="checkbox"/>	Company profile with list of products & three traceable current		
<input type="checkbox"/>	Certificate of Incorporation & Memorandum and Articles		
<input type="checkbox"/>	CR6 CR5, CR11		
<input type="checkbox"/>	VAT registration and Tax Clearance Certificate (ITF 263)		
<input type="checkbox"/>	Trade license, Certificates, Dealership		
<input type="checkbox"/>	Shareholding structure & Director's copy of ID, s and proof or Residence not older than 3 months		
<input type="checkbox"/>	NSSA Compliance certificate		
<input type="checkbox"/>	Registration Form		
<input type="checkbox"/>	Categories registered for		

SUPPLIER	INTERNAL APPROVALS	
The undersigned hereby states that the information provided herein is true, valid and correct on the date of submission.	Requested by,	Approved by,
Name: Date: Signature:	Name: Date: Signature:	Name: Date: Signature: