

SUPPLIER REGISTRATION FORM [APPENDIX 1]



Complete the form with accurate information. [Handwritten NOT ACCEPTED]

GENERAL INFORMATION			
Supplier Name			
Address (Official Premises)			
Country			
Date Established		Number of employees	
Registration Details/License			
Supplying to NGOs? (Y/N) /Main customers			
Previous Year's Turnover (in USD)		Previous Year's Net Profit (in USD)	
Account Name			
Account Number			
VAT Number			

Quality System Certification

ISO (please, list)	
Other (please, list)	

CONTACT INFORMATION

Managing Director

Managing Director Full Name		Date Of Birth (IN FULL)	
E-mail			
Telephone No (full with the country dial code)		Mobile No (full with the country dial code)	
Nationality as stated on passport.			

Primary Contact

Contact Name		Position	
E-mail			
Telephone No (full with the country dial code)		Mobile No (full with the country dial code)	

Nationality as stated on passport.			
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Secondary Contact

Contact Name		Position	
E-mail			
Telephone No (full with the country dial code)		Mobile No (full with the country dial code)	
Nationality as stated on passport.			

PRODUCT/SERVICE INFORMATION

Type of Business/company (Tick the options or add relevant sector)	Public Limited Company		Wholesaler	
	Private Limited Company		Government Agency	
	Partnership		Owned Subsidiary	
	Sole Proprietor		Others	
Locations of Warehouses (EXW)				

Product/Service Category	Products/Services Description	Products/Services Specification**
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CLIENT REFERENCE

Details *	Client /reference 1	Client /reference 2	Client /reference 3
Name of the Organization			
Contact Person			
Phone Number			
Email Address			
Products/Services Provided			

It should be noted that the answers you provided to this supplier registration form might influence your potential relationship with Humanity Care Initiative. Following the completion, signature and submission of this questionnaire any subsequent changes must be submitted to Humanity Care Initiative in writing on official letter head and stamped.

This supplier registration form has been completed in accordance with the best information available at the time of submission and all requested document has been included.

Name: _____

Signature: _____

On behalf of: _____

Position: _____

Date: _____

