



Date:

SUPPLIER REGISTRATION FORM

Please return electronically completed form to REGAS.

Supplier Information:

Full Company Name:

Owner/s	Contact Details	Authoized Signatory	Contact Details
	Tel:		Tel:
	Mob:		Mob:
	Fax:		Fax:
	E-mail:		E-Mail:

PROCUREMENT SECTION

Supplier Address Information:

Company Short Name:			
Street address:	Street:		
	Postal Code:	City:	
	Country:	County:	
PO Box address:	PO Box:	PO Box Postal Code:	
Phone:			
Telefax:		(Telefax no. to which Purchase Orders should be sent!)	
E-mail:		(Generic address for various inquiries)	
Company Registration Number:			

Purchasing Information:

Standard Sales Currency:			
Representative:			
Representative Contact's:	Direct Tel.	Mobile No.	Fax.
Payment Terms:	Days	Payment Methods:	
In case of RFQ, Tender or Contract, are you interested to provide relevant bank gurantees?			Yes. No.

FINANCE SECTION (provide the bank details as per your invoicing currency/as per the contract currency)

BENEFICIARY Bank Account Information 1:

Name of Bank:			
Street Address:			
Branch:		City:	
Bank SWIFT Code:		Country:	
Bank Account No:		Currency:	
UAE Banks - Bank Routing Number			

BENEFICIARY Bank Account Information 2 (If any):

Name of Bank:			
Street Address:			
Branch:		City:	
Bank SWIFT Code:		Country:	
Bank Account No:		Currency:	
UAE Banks - Bank Routing Number			

SUPPLIER SIGNATURE

Signature	Company Stamp	Direct Phone:	Date:

ADDITIONAL INFORMATION (IF ANY):**SUPPLIER REGISTRATION REORT (FOR REGAS USE ONLY)****REGISTRATION MARKS:** **Approved** - **Deffered** - **Rejected****REMARKS:****REGISTRATION STATUS:****SUPPLIER REG. NUMBER:****DATE OF REGISTRATION:**