
	Supplier Registration Form	Form Control	Form Code	SRF – T - 025
			Revision Date	22/12/2016
			Revision	01
Supplier Name:		Date:		
Responsible:		Form N#:		

<b>1. COMPANY DETAILS AND GENERAL INFORMATION</b>		
Company Name:		
Company Type: ( ) PROPRIETORSHIP ( ) PARTNERSHIP ( ) LLC ( ) SAOC ( ) SAOG ( ) OTHERS		
In case of others, please specify:		
Registered Office Address:		
Parent Company (Full Legal name):		
CR NO:	Year of Business Establishment:	
(* Please append the copy)		
Subsidiaries, Associates and/or Overseas Representative(s) - (attach list if necessary)		
Grade:	Website:	
Nature of Business: ( ) MANUFACTURING ( ) TRADING ( ) AGENTS ( ) STOCKIST ( ) SERVICE PROVIDER ( ) OTHERS		
In case of others, please specify:		
<b>PRIMARY CONTACT</b>		<b>SECONDARY CONTACT</b>
Contact Person:	Contact Person:	
Mobile / Landline:	Mobile / Landline:	
Email:	Email:	
Fax:	Fax:	
<b>2. ANNUAL VALUE OF TURN OVER FOR THE LAST 3 YEARS</b>		
Year: OMR	Year: OMR	Year: OMR
<b>3. LIST OF PRODUCTS AND SERVICES</b>		
a.	b.	
c.	d.	
e.	f.	
g.	h.	
i.	j.	
k.	l.	
m.	n.	
<b>4. AUTHORIZED DISTRIBUTORSHIP OF PRODUCTS</b>		
a.	b.	
c.	d.	
e.	f.	
Note: Please append the authorization letter from the Principals / OEM		

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<b>5. BANK ACCOUNT DETAILS</b>	
Beneficiary Name:	
Bank Account No:	
Bank Name:	
Branch:	
IBAN:	
Swift Code:	
Payment Terms (Preferred):	
Credit Limit (Preferred):	
<b>6. CERTIFICATION &amp; APPROVALS</b>	
a) Is the company approved by any international certification body?	( ) YES ( ) NO
b) Is the company ISO 9001-2008 certified?	( ) YES ( ) NO
c) Is the company ISO 14001: 2004 approved?	( ) YES ( ) NO
d) Is the company OHSAS 18001: 2007 approved?	( ) YES ( ) NO
e) Does the company have valid type test certificates for items which are applied for Registration?	( ) YES ( ) NO
<b>DECLARATION</b>	
I, ....., UNDERSIGNED on behalf of my Company..... Certify that the information furnished above is correct.	
I accept that the Company holds the right to disqualify or legally proceed against us if the information furnished above is found to be False.	
Name:	Signature:
Designation:	Date:
Special Remarks:	