|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| General Information | | | | | |
| Company name  *as per Commercial registration or License* |  | | | | |
| Company address  *Please provide full address details* |  | | Office telephone number | *+(country code)(Area code)(Telephone number)* | |
| Company email address |  | | Website |  | |
| Name of authorized signatory |  | | | | |
| Name of CEO/General Manager |  | | | | |
| Power of Attorney Position |  | | | | |
| Owner full name |  | | Nationality |  | |
| Ownership percentage |  | | Years of operation in UAE |  | |
| Number of employees (current) |  | Full time staff resources |  | Full time staff resources in UAE |  |
|  | | | | | |
| Contact Person | | | | | |
| Name |  | | Position |  | |
| Office telephone number | *+(country code)(Area code)(Telephone number)* | | Mobile Number | *+(country code)(Area code)(Telephone number)* | |
| Email Address |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Details | | | |
| Account number |  | Account holder name |  |
| Bank Name |  | Branch |  |
| Swift code |  | IBAN |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier License and Tax Information | | | |
| Trade License / Certificate of Incorporation Number |  | | |
| Certifying agency |  | | |
| Expiration date | Click or tap to enter a date. | | |
| Does the Supplier have Tax Registration Number? | YES  NO | If YES, Tax Registration Number |  |
| Category of goods or services  *as per Commercial registration or License* |  | | |
| Establishment Date | Click or tap to enter a date. | | |
| Business Type | Choose an item. | | |
| Legal Form | Choose an item. | | |
| MSME Information *(Count of employees: Micro 1-5, Small 6-50, Medium 51-250)* | | | |
| MSME | Choose an item. | | |
| MSME Type | Choose an item. | | |