



## Supplier Registration Form نموذج تسجيل الموردين

<b>SECTION 1 (For Internal Use only)</b> للاستخدام الداخلي فقط		
<b>Requesting Person:</b>	<b>Date:</b>	<b>Vendor No:</b>
First Name / Last Name/Extension		
<b>VENDOR CATEGORY:</b> <input type="checkbox"/> CONSUMER ELECTRONICS, MULTIMEDIA, OFFICE <input type="checkbox"/> CONSTRUCTION/MAINTENANCE <input type="checkbox"/> EDUCATIONAL/PROFESSIONAL SERVICES <input type="checkbox"/> FINANCIAL SERVICES <input type="checkbox"/> FOOD, BEVERAGES, HOSPITALITY <input type="checkbox"/> HEALTHCARE PROVISION <input type="checkbox"/> HEALTHCARE SUPPORT SERVICES <input type="checkbox"/> HUMANITARIAN <input type="checkbox"/> HYGIENE/WASTE MANAGEMENT <input type="checkbox"/> INTERNET <input type="checkbox"/> INDUSTRIAL GOODS, MACHINERY, MANUFACTURING <input type="checkbox"/> MEDICAL/CLINICAL/DIAGNOSTIC SERVICES <input type="checkbox"/> UTILITIES - ELECTRICITY, GAS, FUEL, WATER <input type="checkbox"/> TRANSPORTATION, WAREHOUSING <b>OTHER:</b>		
<b>VENDOR APPROVER SIGNATURE:</b> _____ <b>DATE:</b> _____		

<b>SECTION 2 (SUPPLIER INFORMATION)</b> معلومات المورد			
Company_Name_EN: اسم الشركة (انكليزي) 9		Company_Name_AR: اسم الشركة (عربي)	
Full_Name_AR: الاسم الكامل (عربي)	First Name_EN: الاسم الاول (انكليزي)	Middle_Name_EN: الاسم الاوسط (انكليزي)	
Last_Name_EN: النسبة (انكليزي)	ID_Type: نوع الهوية	ID_Number: رقم الهوية	
Date_of_Birth: تاريخ الميلاد	Sex: الجنس ذكر <input type="checkbox"/> Male <input type="checkbox"/> انثى <input type="checkbox"/> Female <input type="checkbox"/>		
Address: العنوان الكامل			
Country: الدولة	Governorate: المحافظة	District: المنطقة	Subdistrict: الحي
E-mail Address: الايميل	Telephone Number: الموبايل	Fax Number	
E-mail Address	Telephone Number	Fax Number	

<b>SECTION 3 (SUPPLIER BANKING INFORMATION)</b>			
Bank Name			
Bank ID:		SWIFT code :	
Branch ID:	Branch Name:		
Street Address:			
City	State/Province	Postal Code	Country
Account Name: (name as it appears on bank account)		Bank Account Currency <input type="checkbox"/> US\$ <input type="checkbox"/> IDR Other (PLEASE INDICATE)	
Bank Account No.: (ENTER WITH NO PUNCTUATION, NO DOTS, DASHES, OR SPACES )		Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
IBAN (European Banks)			
Transit Code (5 digits) Canadian Banks	Sort Code (6 digits ) UK Banks	BSB code (6 digits) Australia Banks	
<b>Bank Information for Intermediary/Correspondent Bank (if applicable)</b>			
Name of Bank:		Address of Bank:	
Bank Account No (of the beneficiary bank with the intermediary bank)		SWIFT Code:	FED WIRE NO. ( US BANKS ONLY)

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_, hereby authorize the agency to direct payments for goods and services to the above account.

Signature: \_\_\_\_\_