Please fill form

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| **Supplier Name** | |  | | | | | | | | | | | | | |
| **Chamber Registration No** | | |  | | | | | **VAT Number** | |  | | | | | |
| **Commercial registration no** | | | |  | | | | | | | | **Years in Business** | | |  |
| **Billing / Mailing address:** | | | | | | | | | | | | | | | |
| **Telephone:** |  | | | | **Fax** | |  | | | | **Mobile** | |  | | |
| **Brief description of business activities and sales expectation of B2F products.** | | | | | | | | | | | | | | | |
| **Total Employees:** | | |  | | | **Management** | | |  | | | **Staff** | |  | |

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| **TRADING LOCATIONS** | | | | |
| Country | Operation size | No of employees | Address | Contact person |
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| **Certifications** | **ISO 9001: 2008 / 2015** |  | **ISO 14001:2015** |  | **OHSAS 18001:2007** |  |  |

**Certificates / Documents Copies needed**

|  |  |  |
| --- | --- | --- |
| Commercial registration | Chamber of Commerce | Owners SID (Hafeedha) |

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| **Business activities** | **Please list activities which open market opportunities for B2Flex products** |
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**Payment Pay**

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| **Contacts** | **Name** | **Email** | **Telephone-Ext** | **Mobile** |
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| **Signature of Authorised Person with Date** | **Company Seal** |

**For: Distributor**

|  |  |
| --- | --- |
| **Purchase Manager** | **Accounts Manager** |
| **General Manager** | **Managing Director** |

**For: B2Flex Company only**

**Documents verified & Approved**

|  |  |
| --- | --- |
| **Purchase Manager** | **Accounts Manager** |
| **General Manager** | **Managing Director** |

|  |  |
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| **Date Cleared: / /** | **Customer ID Number:** |