Please fill form

|  |  |
| --- | --- |
| **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** |

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