

## (SECTION 1 ) Internal Use only

للاستخدام الداخلي فقط

Requesting Person:

AFH Procurement Department

Date: - -2024

### Supplier Service Category

تصنيف خدمة المورد

- ☐ Consumer Eletronics
 ☐ Multimedia
 ☐ Office Materials
 ☐ Constrcution Service
 ☐ Maintenance Service  
☐ Educational Service
 ☐ Food and Beverages supply Service
 ☐ Accommodation ,Flight tickets and Event Management  
☐ Financial Services
 ☐ Healthcare Services
 ☐ Hygiene or Waste Management
 ☐ Internet Services  
☐ Industrial Goods Machinery Services
 ☐ Electricity - Gas or Fuel Supplies
 ☐ Water Supplies
 ☐ Other  
☐ Medical-Clinical-Diagnostic Services
 ☐ Transportation-logistics-Warehousing
 ☐ IT equipment
 ☐ Refreshment Service

Supplier APPROVER SIGNATURE: \_\_\_\_\_

DATE: - -2024

## SECTION 2 (SUPPLIER INFORMATION) معلومات المورد

Company full name:		اسم الشركة عربي		
Company Owner Full Name_EN:		الاسم صاحب الشركة الكامل AR		
Date_of_Birth تاريخ الميلاد:		ID_Type نوع الهوية:	Passport	
Company Email Address:			Sex: الجنس:	Male
Address العنوان الكامل:		License No. رقم الرخصة الشركة:		
Country الدولة:		District المنطقة:		
Company Phone No1. رقم الهاتف المحمول		Website:		
Company Partners Name	Partners Nationalities	جنسيات الشركاء	أسماء الشركاء	
1-				
2-				
3-				
Focal Person Name (for Bids)		Focal Person Title		
Email Address		Mobile Number: رقم الهاتف المحمول		

## SECTION 3 (SUPPLIER BANKING INFORMATION)

Bank Name:			
Bank ID No.:		SWIFT code :	
Branch ID:		Branch Name:	
Street Address:			
City:		State/Province :	
Account Name: (name as it appears on bank account)		Account Currency	USD
Bank Account No.:		Account Type:	Business account
IBAN (European Banks)			

<b>Transit Code</b> (5 digits) Canadian Banks	-	<b>Sort Code</b> (6 digits ) UK Banks	
<b>Bank Information for Intermediary/Correspondent Bank</b>			
<b>Name of Intermediary Bank:</b>		<b>Address of Bank:</b>	
<b>Bank Account No:</b> (of the beneficiary bank with the intermediary bank)		<b>SWIFT Code:</b>	
I ( Company Owner Full Name) in my capacity as a company owner, hereby authorize the agency to direct payments for goods and services to the above account.			
Signature & Stamp of The Company: _____			
Date _____			
<b>Documents Required ( المستندات المطلوبة )</b>			
1- Valid Trade License (الرخصة التجارية سارية المفعول) 2- Memorandum of Association ( عقد تأسيس / إنشاء الشركة ) 3-Power of Attorney for Authorized Signatory (الوكالة القانونية للشخص المخول بالتوقيع نيابة عن الشركة) 4-Attach a copy of Company owners ID or Passport ( ارفاق صورة عن الوثائق الشخصية, وهويات او جوازات السفر ) 5-Certificate of Registration for Tax ( شهادة تسجيل الضريبة ) 6-Bank /IBAN Certificate(If needed any) ( شهادة رقم الحساب الدولي )			