

SUPPLIER INFORMATION

SUPPLIER NAME:

MAIN ADDRESS:

TELEPHONE NO(S):

FAX NO(S):

WEBSITE ADDRESS:

CONTACT PERSON:

TITLE:

DIRECT TELEPHONE NO.:

EMAIL ADDRESS:

**ADDRESS(ES) OF OTHER
LOCATIONS, IF ANY:**

G.C.T. REGISTRATION NO.:

TRN:

TERMS OF PAYMENT:

(COD, 15 days, 30 days, etc.)

SUPPLIER TYPE:

(Contractor, Local Trade, Foreign Trade,
Manufacturing etc.)

TYPE OF GOODS/SERVICE:

**Does the supplier have a
parent company?**

If so, give name and address:

Does the supplier bank with us?

(a) If yes, please supply current account
number to facilitate direct deposit.

(b) If no, would they want to open a
Corporate A/C or utilize other services?

PLEASE NOTE:

**A VALID TAX COMPLIANCE CERTIFICATE (TCC) MUST BE SUPPLIED WITH THIS
APPLICATION**

* For overseas suppliers remittance information required.