

## SUPPLIER'S REGISTRATION FORM

DATE: \_\_\_\_\_

### APPLICANT'S DATA

COMPANY : \_\_\_\_\_ FOUNDATION YEAR: \_\_\_\_\_

INVESTED CAPITAL : \_\_\_\_\_

SHAREHOLDERS : \_\_\_\_\_

COMPANY (in case of branch) : \_\_\_\_\_

ENTERPRISES (possibly) : \_\_\_\_\_

YEARS : \_\_\_\_\_

CITY : \_\_\_\_\_ ADDRESS : \_\_\_\_\_ No : \_\_\_\_\_

TEL No : \_\_\_\_\_ FAX : \_\_\_\_\_

URL : \_\_\_\_\_ E-MAIL : \_\_\_\_\_

NAME OF REPRESENTATIVE FOR CONTACT : \_\_\_\_\_

All application forms are administered with top secrecy.

The answers will be used by the Supplies Dept. in order to assess/evaluate the offering products and services

New Supplier: \_\_\_\_\_

Existent Supplier : \_\_\_\_\_

### 1.0 BASIC PRODUCTS OF YOUR ENTERPRISE

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2.0 FINANCIAL DATA

Annual turnover (based on the balances of the last three years) : \_\_\_\_\_

Estimated turnover for this year : \_\_\_\_\_

### 3.0 COMPANY ORGANIZATION STRUCTURE

Total amount of employees : \_\_\_\_\_

Department : \_\_\_\_\_ Number of employees : \_\_\_\_\_

Department : \_\_\_\_\_ Number of employees : \_\_\_\_\_

Department : \_\_\_\_\_ Number of employees : \_\_\_\_\_

Department : \_\_\_\_\_ Number of employees : \_\_\_\_\_

Department : \_\_\_\_\_ Number of employees : \_\_\_\_\_

Department : \_\_\_\_\_ Number of employees : \_\_\_\_\_

Department : \_\_\_\_\_ Number of employees : \_\_\_\_\_

If an organization chart is available, please attach.

### 4.0 BANKS WITH WHICH YOU COOPERATE

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_

City : \_\_\_\_\_

Zip Code : \_\_\_\_\_

Zip Code : \_\_\_\_\_

Country : \_\_\_\_\_

Country : \_\_\_\_\_

Person to contact : \_\_\_\_\_

Person to contact : \_\_\_\_\_

Tel & Fax : \_\_\_\_\_

Tel & Fax : \_\_\_\_\_

\*Financial information may be asked

### 5.0 PREMISES- EQUIPMENT

Production Area : \_\_\_\_\_

Offices Area : \_\_\_\_\_

Software in use : \_\_\_\_\_

Equipment Catalogue (to be submitted if available) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6.0 SYSTEM OF QUALITY ASSESSMENT

Are you certified?

Yes ☐

No ☐

If Yes,

Type: \_\_\_\_\_ Number \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Member of Any Organizations :

Organization : \_\_\_\_\_ Organization : \_\_\_\_\_

Organization : \_\_\_\_\_ Organization : \_\_\_\_\_

## 7.0 REPORT LIST

Constructions of your most important clients : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of your most important suppliers : \_\_\_\_\_

Recommendations for your performance : \_\_\_\_\_

Projects/Programs in progress : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information you consider to be substantial for the nature of your profession, your enterprise or your products :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you deliver the products to your customers? \_\_\_\_\_

Signed declaration legally, stating that the supplier is not classified loss guarantee execution as a penalty for poor performance at least the last three years.

Signed declaration legally, stating that the supplier does not have any liquidation, bankruptcy (certificate for non-bankruptcy).

Company's Stamp & Applicant Signature

Date

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