

International Center for Biosaline Agriculture

PROCUREMENT SECTION- SUPPLIER REGISTRATION FORM

1- Company details

Company Name:	
Country:	
Products/Services:	<input type="checkbox"/> Agricultural products
	<input type="checkbox"/> Consultancy services
	<input type="checkbox"/> IT
	<input type="checkbox"/> Office supplies
	<input type="checkbox"/> Farm supplies (irrigation, ...)
	<input type="checkbox"/> Hospitality (hotels, Mice, Event organization, catering...)
	<input type="checkbox"/> Laboratories Supplies
	<input type="checkbox"/> Printing, signage & advertisement
	<input type="checkbox"/> Human resources
	<input type="checkbox"/> Legal services
<input type="checkbox"/> Logistics & transportation	
<input type="checkbox"/> Others	
Products/services description:	

2- Contact information

First Name	
Last name:	
Email:	
Position/Department:	

Phone number:	
Alternate phone number:	
Address details:	
Branch address(if any):	
3- Business legal status	
Trade License Number:	
Issuance authority:	
Expiration date:	
Legal status:	
Date of establishment:	
Owner name:	
4- Banking details	
Bank name:	
Bank address:	
Account name:	
Beneficiary address:	

Account number:	
IBAN:	
Swift:	
5- Payment terms	
Credit facility:	<input type="checkbox"/> <u>net 30 days</u> <input type="checkbox"/> <u>After Delivery</u>
Payment terms details: Please Select the payment terms options applicable at the time of placing the purchase order	<input type="checkbox"/> <u>net 30 days</u> <input type="checkbox"/> <u>After Delivery</u> <input type="checkbox"/> <u>100% or 50% Advance payment. Please note security cheque or Bank guarantee is required for advance payment</u> <input type="checkbox"/> <u>After Delivery</u>
6- References	
Present clients:	
<u>Date:</u>	<u>Stamp:</u>

For ICBA Approval

Name: Dr. Tarifa Al Zaabi	
Designation: Deputy Director General	Signature:
Vendor Code:	Date of Creation: