

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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