**ANNEX 3-**

**SUPPLIER PROFILE / REGISTRATION FORM**

**Please fill in this questionnaire in order to register.**

**Information given in this questionnaire will be handled confidentially.**

**Please attach all other documents requested in the questionnaire.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **NAME OF COMPANY:** | | | | | | | | | | | | | | | | |
|  | Mailing Address: | | | | | | |  | | | | | | | | | |
|  | Country: | | | | | | |  | | | | | | | | | |
|  | Contact Person(s): | | | | | | |  | | | | | | | | | |
|  | Telephone: | | | | | | |  | | | | | | | | | |
|  | E-mail: | | | | | | |  | | | | | | | | | |
|  | Web site: | | | | | | |  | | | | | | | | | |
|  | Tax Identification Number (TIN): | | | | | | |  | | | | | | | | | |
| **2** | **TYPE OF ORGANISATION:(Please check)** | | | | | | | | | | | | | | | | |
|  | Individual |  | Private Limited Liability Company | | | | | | | | |  | Non-Profit Organization | | | |  |
|  | Partnership |  | Public Limited Liability Company | | | | | | | | |  | Other\* | | | |  |
|  | *\* (Please explain)* | | | | | | | | | | | | | | | | |
|  | Year Established: | | | | | | |  | | | | | | | | | |
|  | Under the laws of: | | | | | | |  | | | | | | | | | |
|  | Quoted on the Stock Exchange of: | | | | | | |  | | | | | | | | | |
|  | Please attach copy of registration certificate | | | | | | | | | | | | | | | | |
| **3** | **TYPE OF BUSINESS: (Please check)** | | | | | | | | | | | | | | | | |
|  | Manufacturing | |  | | Construction | | | | |  | Trading | | | | | |  |
|  | Consultancy | |  | | Service Provider | | | | |  | Other\* | | | | | |  |
|  | *\* (Please explain)* | | | | | | | | | | | | | | | | |
|  | Please describe your company's major business activity: | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | Please indicate the main commodities/services your company offers: | | | | | | | | | | | | | | | | |
| **4** | **SIZE OF BUSINESS:** | | | | | | | | | | | | | | | | |
|  | Please provide a copy of your latest audited financial statements. | | | | | | | | | | | | | | | | |
|  | Turnover (last financial year) | | | | | | Ended: | *YYYY/MM/DD* | | | | US$: | |  | | | |
|  | (previous financial year) | | | | | | Ended: | *YYYY/MM/DD* | | | | US$: | |  | | | |
|  | (previous financial year) | | | | | | Ended: | *YYYY/MM/DD* | | | | US$: | |  | | | |
|  | No. of Employees: | | |  | | | | | No. of Branches: | | | | | | |  | |
|  | No. of International Offices: | | | | | | |  | | | | | | | | | |
|  | Location of Factories: | | | | | | |  | | | | | | | | | |
|  | No. of Plants: | | | | | | |  | | | | | | | | | |
|  | No. of Warehouses: | | | | | | |  | | | | | | | | | |
|  | Countries to which you do not export: | | | | | | |  | | | | | | | | | |
| **5** | **AFFILIATED/HOLDING/SUBSIDIARY COMPANIES:** | | | | | | | | | | | | | | | | |
|  | *Name* | | | *Address* | | | | | | | | | | | | *Nature of Affiliation* | |
|  |  | | | 1. | | | | | | | | | | | | 1. | |
|  |  | | | 2. | | | | | | | | | | | | 2. | |
|  |  | | | 3. | | | | | | | | | | | | 3. | |
|  | 1. Please attach an organisation chart | | | | | | | | | | | | | | | | |
| **6** | **PERSONS AUTHORISED TO SIGN BIDS, OFFERS AND CONTRACTS:** | | | | | | | | | | | | | | | | |
|  | *Name* | | | *Position* | | | | | *Telephone* | | | | | | | *Email* | |
|  |  | | |  | | | | |  | | | | | | |  | |
|  |  | | |  | | | | |  | | | | | | |  | |
|  |  | | |  | | | | |  | | | | | | |  | |
| **7** | **BANKING INFORMATION:** | | | | | | | | | | | | | | | | |
|  | Name: | | |  | | | | | | | | | | | | | |
|  | Address: | | |  | | | | | | | | | | | | | |
|  | Account Number: | | |  | | | | | SWIFT Code: | | | | | | |  | |
|  | IBAN: | | |  | | | | | | | | | | | | | |
| **8** | **REFERENCES:** | | | | | | | | | | | | | | | | |
|  | *Date* | *Service or Product* | | | | | | | *Value (US$)* | | | | | | *Contact (Email & Telephone)* | | |
|  |  |  | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | |  | | | | | |  | | |
|  |  |  | | | | | | |  | | | | | |  | | |
|  | Please specify your quality assurance standards: | | | | | | | |  | | | | | | | | |
| **9** | **NAMES OF OFFICERS, OWNERS OR PARTNERS:** | | | | | | | | | | | | | | | | |
|  | Owner(s): | | | | |  | | | | | | | | | | | |
|  | Chief Executive Officer: | | | | |  | | | | | | | | | | | |
|  | Chief Financial Officer: | | | | |  | | | | | | | | | | | |
| **10** | **PAYMENT TERMS:** | | | | | | | | | | | | | | | | |
|  | * The AIMS-NEI shall make payments within 30 days following receipt of goods in good order and all requested documentation. * Payments shall be made only against supplier's invoice and shall be subject to conformity of goods to specifications. * For your information, the AIMS-NEI's documentation requirements frequently include an acknowledgement of delivery certificate signed by a local representative of the AIMS-NEI. * Please note that any non-acceptance of these terms may preclude your company from being considered as a potential supplier. | | | | | | | | | | | | | | | | |
| **11** | **QUALITY ASSURANCE**: | | | | | | | | | | | | | | | | |
|  | Please attach any certificates or documents which denote quality assurance. | | | | | | | | | | | | | | | | |
| **12** | **TERMS AND CONDITIONS:** | | | | | | | | | | | | | | | | |
|  | Please carefully read the attached Terms and Conditions of the AIMS-NEI, which shall be applicable for purchases by the AIMS-NEI. Signing and returning this form, confirms your acceptance of the Terms and Conditions. | | | | | | | | | | | | | | | | |
| **13** | **CERTIFICATION:** | | | | | | | | | | | | | | | | |
|  | The undersigned, an authorised signer for the company, hereby certifies that the information provided herein, including that on any attached pages, is true and correct to the best of his/her knowledge. The same acknowledges having read and agreed to the AIMS-NEI's payment terms of 30 days credit: | | | | | | | | | | | | | | | | |
|  | **Name and Title:** | |  | | | | | | | | | | | | | | |
|  | **Date:** | |  | | | | | | | | | | | | | | |
|  | **Signature:** | |  | | | | | | | | | | | | | | |