|  |  |
| --- | --- |
| **BUSINESS PARTNER INFORMATION** |  |
|  |
|  |  |  |  |  |
| Company Name (English): |  |  | Company Name (Arabic): |  |
| Sector: | Choose an item. |  | Trade Name (if applicable): |  |
| Address: |  |  | Commercial Reg. No.: |  |
| City, ZIP: |  |  | CRN Expiry Date: |  |
| Website:  |  |  | CR Place of Issue: |  |
| Email: |  |  | Tax or VAT No.: |  |

Are you registered in Saudi? Choose an item. If yes, Choose an item.

|  |  |
| --- | --- |
| **CONTACT INFORMATION** |  |
|  |
|  |  |
|  |  |  |  |  |  |  |  |
| **Full Name (First, Middle, Last Name)** | **Designation**  | **Landline** | **Email** |
|  |  |  |  |

|  |  |
| --- | --- |
| **PAYMENT TRANSACTION & BENEFICIARY BANK DETAILS** |  |
|  |
|  |  |  |  |  |
| Beneficiary Name: |  |  | SWIFT/BIC: |  |
| Bank Name: |  |  | Account Currency: |  |
| Bank Account No.: |  |  | Bank City: |  |
| IBAN No.: |  |  | Bank Country: |  |

|  |  |
| --- | --- |
| **CONFLICT OF INTEREST INFORMATION** |  |
|  |
| *Please make sure to answer all questions completely, accurately, and to the best of your knowledge.* |
| 1. Do you have any of InoChem employees and their immediate relatives (spouses, parents, sons & daughters) who are partners or have any ownership direct or indirect with any of the stakeholders who work as your employee, or are involved with a third party?
 | Choose an item. | If so, please write the name of the employee |
|  |
| 1. Have you previously done business with InoChem?
 | Choose an item. | If so, pls state the name of the project and the year  |
|  |
| 1. Do you have any personal services or private business with InoChem?
 | Choose an item. | If so, please explain |
|  |
| 1. Have you or anyone from your immediate family received any gift (other than promotional items) or entertainment from a supplier, customer, or competitor of InoChem?
 | Choose an item. | If so, please explain. |
|  |

|  |  |
| --- | --- |
| **PRIMARY CONTACT** |  |
|  |
|  |  |  |  |  |  |  |
| **Name:** | Full Name (First, Middle, Last Name ) | Full Name (First, Middle, Last Name ) |
| **Designation:** |  |  |
| **Email:** |  |  |
| **Landline:** | Code Area | Landline No. | Code Area | Landline No. |
| **Phone #1:** | Code Area | Phone No. | Code Area | Phone No. |
| **Phone #2:** | Code Area | Phone No. | Code Area | Phone No. |

|  |  |
| --- | --- |
| **PRODUCT REQUIREMENTS** |  |
|  |
|  |  |  |  |  |  |  |
|  |  | [ ]  **SODA ASH (NA2CO3)** |  | [ ]  **CALCIUM CHLORIDE (CACL2)** |
| **Grade** |  | [ ]  DENSE | [ ]  LIGHT |  | [ ]  FLAKES 77% | [ ]  GRANULES 94% |
| **Quantity** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 |
| **Weight** |  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
| **Package** |  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
| **Pallet** |  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
| **Inner liner** |  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |
| **Bottom** |  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |

|  |  |
| --- | --- |
| **REQUIRED DOCUMENTS** |  |
|  |
| *Please make sure to check and attach the required documents.* |
| ☐ Company Profile ☐ Commercial Registration Certificate☐ TAX/VAT Certificate☐ Signed Non-Disclosure Agreement (NDA) | ☐ Financial Statements☐ Official Bank Verification Letter/Company Letterhead☐ Product Technical Specifications (If applicable)☐ Incoterm Choose an item. (Please specify) |

|  |  |
| --- | --- |
| **AUTHORIZED SIGNATORIES** |  |
|  |
|  |  |  |  |  |  |  |
| **Employee Full Name** | **Position**  |
|  |  |

I, the undersigned, hereby warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible.

|  |  |  |
| --- | --- | --- |
| **Certified Signature by the Chamber of Commerce** | **Official Company Stamp or Seal** | **Stamp/Attest from Chamber of Commerce** |
|  |  |  |