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| **BUSINESS PARTNER INFORMATION** | |  | | | |
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| 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.

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| **CONTACT INFORMATION** | | | | |  | | | | | | | |
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| **Full Name (First, Middle, Last Name)** | | | | **Designation** | | | | | **Landline** | | | **Email** |
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| **PAYMENT TRANSACTION & BENEFICIARY BANK DETAILS** | |  | | | |
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|  |  | |  |  |  |
| Beneficiary Name: |  | |  | SWIFT/BIC: |  |
| Bank Name: |  | |  | Account Currency: |  |
| Bank Account No.: |  | |  | Bank City: |  |
| IBAN No.: |  | |  | Bank Country: |  |

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| **CONFLICT OF INTEREST INFORMATION** |  | | |
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| *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. |
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| **PRIMARY CONTACT** | | | | |  | | | | | | |
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| **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. | | |

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| **PRODUCT REQUIREMENTS** | | | |  | | | | | | | |
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|  |  | **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. | | |

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| **REQUIRED DOCUMENTS** |  | |
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| *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) |

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

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