|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issue Date** |  |  | **For InoChem Use Only** | **Vendor No.** |  |

|  |  |
| --- | --- |
| **I. COMPANY INFORMATION** |  |
|  |

(All the information must match the information in Commercial Registration / License)

|  |  |  |
| --- | --- | --- |
| **Company Name** | In English |  |
| In Arabic |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Commercial Registration No.** | **CRN Expiry Date** **(Hijri)** | **CRN Expiry Date (Gregorian)** | **CR Issue** **Place** | **VAT Account Number** | **ZAKAT Certificate No. (Only in Saudi)** | **Expiry** **Date** |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Legal Structure** | [ ]  100% Saudi [ ]  100% Foreign [ ]  Joint Venture [ ]  Consortium [ ]  Affiliate [ ]  Franchisee [ ]  Subsidiaries |

|  |  |
| --- | --- |
| **In case not 100% Saudi or Foreign, the company name, please** |  |

|  |  |
| --- | --- |
| **II. COMPANY ADDRESS** |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country |  |  | Region |  |
| City |  |  | Postal Code |  |
| Address |  |  | Landline No. |  |
| Mobile No. |  |  | Fax No. |  |
| Email Address |  |  | Website |  |

|  |  |
| --- | --- |
| **III. CONTACT INFORMATION** |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name (First, Middle, Last Name ) |  |  | Phone no. |  |
| Mobile No. |  |  | Email Address |  |

|  |  |
| --- | --- |
| **IV. PAYMENT TRANSACTION & BENEFICIARY BANK DETAILS** |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank Name** |  | **Beneficiary Name** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bank Country** | **Bank City** | **Bank Account Number** | **IBAN No** | **SWIFT code** | **Currency** |
|  |  |  |  |  |  |

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| --- | --- |
| **V. CONFLICT OF INTEREST INFORMATION** |  |
|  |

Names of InoChem employees and their immediate relatives (spouses, parents, sons & daughters) who are partners or have an ownership stake or are your employees (if applicable).

|  |  |  |
| --- | --- | --- |
| **Name of InoChem Employee** | **Name of Related Owner** | **Relationship to InoChem Employee** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have You previously done business with InoChem** | [ ]  Yes [ ]  No | **If Yes, pls state the Company Name & Year** |  |

|  |  |
| --- | --- |
| **VI. AUTHORIZED SIGNATORIES** |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Employee Full Name** | **Position** | **Certified signature by the Chamber of Commerce** |
|  |  |  |
|  |  |  |

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.

|  |  |
| --- | --- |
| **Company Stamp Official Seal ختم الشركة الرسمي**  | **Chamber of Commerce Stamp تصديق الغرفة التجارية**  |
|  |  |