

Date:/...../.....

Name of establishment / company:

Business Activity:

Legal Form:

Emirate / State:

Country:

Company Headquarters Address

Telephone:

Fax:

P.O. Box:

Email:

Website:

Address:

Name of licensee:

Name of Partner / Partners

Nationality

Name of Authorized Signatory:

Telephone:

Mobile:

Trade License Issuing Authority:

Trade License Number:

Expiry Date:

Salesman Name:

Telephone:

Mobile:

Email:

Quality Assurance Certificates Acquired

Type of company Supplies

Attachments: