## **VENDOR REGISTRATION FORM**

| Company Name:                         |                   |  |                 |                                 |
|---------------------------------------|-------------------|--|-----------------|---------------------------------|
| Full Address:                         |                   | Branch Office Address: (if any)          |                 |                                 |
| E-mail:                               |                   | E-mail:                                  |                 |                                 |
| Tel (bus):                            |                   | Tel (bus):                               |                 |                                 |
| Tel (a/h):                            |                   | Tel (a/h):                               |                 |                                 |
| Mobile:                               |                   | Mobile:                                  |                 |                                 |
| Fax:                                  |                   | Fax:                                     |                 |                                 |
| Contact Person:                       |                   |  |                 |                                 |
| Description                           |                   | Put ⊠ on the row that you offer products |                 | ne groups as following; Remarks |
| Architect/Construction works          |                   |  |                 |                                 |
| IT Equipment & accessories            |                   |  |                 |                                 |
| Laboratory/medical equipment Supplies |                   |  |                 |                                 |
| Printing Services                     |                   |  |                 |                                 |
| Stationery Supplies                   |                   |  |                 |                                 |
| Toner Supplies                        |                   |  |                 |                                 |
| Consultancy Service                   |                   |  |                 |                                 |
| Any other products                    |                   |  |                 |                                 |
| Experience in providing of            | or serving the a  | above pro                                | ducts/services  |                                 |
| 3 years                               | 5 year            | rs .                                     | 10 years        | More than 10 years              |
| If consultancy services, plea         | se provide your   | area of ex                               | pertise detail: |                                 |
| Certificate of legal business r       | egistration is av | ailable (Ye                              | es/No)          |                                 |

## **Declaration**

I certify that the statements made by me in this application form are true, complete and correct to the best of my knowledge and belief. Permission is given to the MRC to make such investigations as are necessary on the information provided. I understand that any misrepresentation or material omission made herein or in any other document requested by the MRC can render a staff member liable to termination of service or dismissal.

| Date: | Signature: |
|-------|------------|
| Dutc. | Signature. |