



Vendor Registration Form

General Details Application Date

Vendor Name: PO Box:

Vendor Address:

Contact Person: Telephone Number:

Designation of Contact Person: Fax Number:

Principal Activity of the company

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Vendor's Information

Certificate	Reg/Lic No.	Date of Issue	Expiry Date
Municipality License			
Commercial Register			
Chamber of Commerce Membership			
Department of Planning & Economy			
Industrial License Issued by UAE Local Authorities for Local Manufacturers			
Information for any other UAE / International licenses, registrations, certifications please specify:			
1			
2			
3			
4			
5			

Note: Specify N.A. if any of the above information is Not Applicable.

Signature and Seal of Vendor:

Vendor _____ Date: _____

To be filled by FANR Vendor ID assigned

Entered by: _____ Reviewed by: _____

Date _____ Date _____