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| --- |
|  **COMPANY INFORMATION ( Company profile & Legal status)**  |
| COMPANY Name |  |
| Company Type  | LLC / Public-Govt / Private / Partnership / other  |
| GEOGRAPHICAL COVERAGE  |  Dubai UAE GCC MENA International |
| Is your company a branch of a foreign company?  |  Yes No.If yes , please mention the name if the foreign company  |
| Is your Company a member of a group of companies?  |  Yes NoIf yes please mention the name of the group |
| Professional / Trade license approved activity  |  |
| Date Established (Attach copy of Trade License) |  |
| Website URL  | www. |
| **B. CONTACT INFORMATION** |  |
| Mailing Address |  |
| Company Phone / Fax no.  | Phone: Fax:  |
| Main contact assigned to FANR for enquiries or quote requests  | Name: | Position: | E-mail |
| Office Phone Number |  |
| Office Fax Number |  |
| **Mobile No.** |  |
| Second Contact Person | Name:  | Position: | E-mail: |
| Office Phone Number |  |
| Office Fax Number |  |
| Mobile No. |  |

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| **C. COMPANY PERSONAL**  |  |
| Directors & Senior Management |  |
| Name | Present Designation | Phone No.  | E-mail Address | Mobile Phone  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Number of Employees |  | Hired | Subcontracted |
| 1. Director
 |  |  |  |
| 1. Management
 |  |  |  |
| 1. Technical
 |  |  |  |
| 1. Service
 |  |  |  |
| 1. Other
 |  |  |  |
| **D. RESOURCES** |  |  |  |
| Total No. of  | Branches/ offices | Warehouses (if any)  |
| Computerized invoicing /Inventory System |  Yes NO. |
| **E. FINANCIAL DETAILS (from audited accounts)**  | Current Year  | Last Year | 2 years back  |
| Turnover AED Million |  |  |  |
| Can your company provide FANR a bank guarantee upon request? |  Yes No  |
| **F.BANK INFORMATION ( to be used only for reference purposes)** |
|  Name of principal Bank |  |
| Address of principal Bank |  |
| Address of principal Bank  |  |
| Account No. /Currency |  |
| Swift code |  |

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| **G. Product /Service Information**  | **This section is compulsory for products’ providers and shall be as much detailed as possible.** For service providers, G1 is compulsory then please mention N/a if not applicable to your company) |
| Describe the type of products or services your company is offering.  | **Core business (main expertise of your company – *Please mention if any part is subcontracted*)**  | **Other competencies (additional products or services other than core business – *please mention if any part is subcontracted*)**  |
| Mention the name of brandsyour company is distributing / manufacturing.  | **Manufacturing** | **Distributing** (please mention if you are exclusive distributor) | **Reselling**  |
| Does your organization supply **only** Genuine/Original products from the manufacturer? |   Yes No. |
| Does your organization offer a warranty on its product? (If yes for how long) |   Yes No |
| Does your company provide **in house** after sales services?  |  Yes No |
| Is your company ISO 9001:2000 certified?  |  Yes No. |
| Does your company operate an occupational Health &Safety Management System to international standards?  |  Yes No. |
| Does your company have a certified Environmental Management System eg. ISO 14000 |  Yes No. |
| Do you have any recycling system for product packaging? |  |
| Mention any other certification obtained by your company |  |
| 1. **Order information**
 |  |  |
| What is the value of the smallest order your company is willing to accept if any? | AED  |
| **I. CUSTOMER INFORMATION**Mention your 3 main customers with contact details  | Company Name | Customer contact number or email  |
| 1. Customer 1
 |  |  |
| 1. Customer 2
 |  |  |
| 1. Customer 3
 |  |  |
|  |  |
| **J.** Do you know anyone from FANR, other than from the professional relationship you are having with FANR (friend, relative)? If yes, please mention the name(s) |  Yes No |
| **K.** Are you registered with any Federal Government entity other than FANR? |  Yes No If yes, please specify the entity name and key contact name(s) |
| **L.** Is your company Currently involved in any legal proceeding or arbitration related to your business activates  |  Yes NoIf yes, please be specific |

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| **DECLARATION-** To be signed by an authorized person **only** and ratified **with Company stamp** |
| **I confirm that the information provided in this questionnaire is true and accurate at the time of signature**Name: ………………………………………………………………………………………………………………….. Position: ……………………………………………………………………………………………………………….Date: ……………………………………………………Signature: ………………………………………………………….. |