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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 No  If 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 No  If 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: ………………………………………………………….. |