

SUPPLIER REGISTRATION FORM

Date: DD/MM/YEAR

Company Name:

Business Type: ☐ Contractors ☐ General ☐ Services ☐ Supply only
☐ Supply & Installation ☐ Duty Free

Contact Person (Mr./Miss/Mrs.):

Contact Person Email:

Contact Person Number:

Mobile:

Landline:

Fax Number:

P.O Box Number:

Office Address:

City & Country:

Owner's Name:

Trade License Number:

TRN:

Payment Terms:

Required Documents:

1.Trade License Copy 2.VAT Certificate 3.Company Profile 4.Other

Bank Details:

1. Beneficiary Name:

2. Bank Account IBAN:

3.Beneficiary Account Number:

4.Bank Name:

5.Bank Branch:

6.Bank Swift Code:

(To be signed by Ras Al Khaimah International Airport)

Head of Department

Procurement Department