SUPPLIER REGISTRATION APPLICATION

Name of Business/Institution				
	N. (('C(1 1	N-4 (:641		
Trading Name		Note: (if the product is being manufactuered by third party and is being imp a local organisation; mention bussiness name)		
Business Type		,	,,	
NTN / PRA				
CC	NTACT DETAILS			
Name of the company / local representative firm		700		
Contact Person		OKY		
Designation		1 7		
Mobile No	107			
Telephone No.	* 6	Email		
		Address		
Website	(8)		-	
Registered Address	House/Building N	House/Building Name *		
	City*	City*		
	Province/state*		Postcode*	
	Country*			
Correspondence Address		House/Building Name		
(If different from above)	City		Street Name	
	Province/state		Postcode	
V	Country			
Preferred Mailing Address	Registered A	ddress Correspondence Ad	dress	
I/we hereby agree that:				
* The information provided in this form is correct				
I affirm that I have read and understand the terms of the Partn Agreements checked in the following boxes and agree to abid				
the terms of these Partner Agreements	э Бу			
Partner Agreement for Air Conditioners (dated)				
Partner Agreement for Ceiling Fans (dated)	Ħ			
Partner Agreement for Electric Motors (dated)	Ħ			
Name				
Designation				
Authorized Signature				