



中國科學院系港創新研究院
再生醫學與健康創新中心

Centre for Regenerative Medicine and Health
Hong Kong Institute of Science & Innovation, Chinese Academy of Sciences



SUPPLIER REGISTRATION FORM

Please provide a copy of your company's business registration certificate.

Section 1: COMPANY DETAILS

Company Name in English:

Company Name in Chinese:

Mailing Address:

Business Registration Certificate No.:

Telephone No.:

Fax No.:

Company Email:

Contact Person, Title:

Contact No.:

E-Mail:

Finance Contact, Title:

Contact No.:

E-Mail:

Section 2: BANKING DETAILS

Account Name:

Account Number:

Name of Bank:

Bank Address:

SWIFT Code:

CNAPS Code: (for China banks only)

Section 3: FOR INTERNAL USE ONLY

Date received:

Approved by: