

CHICAURA CLOTHING

KAMPALA
UGANDA
+256 707112244 | +256 777112244
chiaura@email.com



SUPPLIER APPLICATION FORM

SECTION A: COMPANY DETAILS

COMPANY / FIRM NAME
BUSINESS EMAIL
ADDRESS
PHONE NUMBER
DATE ESTABLISHED
URSB REGISTRATION NUMBER
TAX IDENTIFICATION NUMBER (TIN)
TRADING LICENSE NUMBER

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SECTION B: PRINCIPAL CONTACT

FULL NAME
TITLE
EMAIL ADDRESS
CONTACT NUMBER

SECTION C: MATERIAL & QUALITY SPECIFICATIONS

MATERIAL SUPPLIED
LEAD TIME (days)
MINIMUM SUPPLY QUANTITY
NUMBER OF EMPLOYEES
QUALITY STANDARDS & CERTIFICATIONS

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SECTION D: FINANCIAL INFORMATION

NET ASSETS
ANNUAL TURNOVER
BANK REFERENCE

SECTION E: REPUTATION AND REGULATORY COMPLAINCE

AWARDS
COMPLAINTS

SECTION F: DECLARATION

☐ I, the undersigned, certify that the information provided here is accurate and complete to the best of my knowledge. I authorize ChicAura Clothing to verify any information provided.

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SECTION G: ATTACHMENTS