

Supplier Request Form

Date: _____

☐ LMI☐ RGDI☐ LPI☐ SVI

Supplier Group:	01 - Local <input type="checkbox"/>	Major Group:	<input type="checkbox"/> 001 - Local Trade Vendors	<input type="checkbox"/> 008 - One Time Supplier
	02 - Foreign <input type="checkbox"/>		<input type="checkbox"/> 002 - Local Non-Trade Vendors	<input type="checkbox"/> 009 - Government Offices
			<input type="checkbox"/> 003 - Foreign Trade Vendors	<input type="checkbox"/> 010 - Insurance
Supplier	01 - Trade <input type="checkbox"/>		<input type="checkbox"/> 004 - Foreign Non-Trade Vendors	<input type="checkbox"/> 011 - Employees
	02 - Non-Trade <input type="checkbox"/>		<input type="checkbox"/> 005 - Local-Broker / Forwarder	<input type="checkbox"/> 012 - Sub/Affiliates/Intercompany
			<input type="checkbox"/> 006 - Rental	<input type="checkbox"/> 013 - Utilities
Trade Type:	01 - Goods <input type="checkbox"/>		<input type="checkbox"/> 007 - Bank	
	02 - Services <input type="checkbox"/>			
	03 - Goods/Services <input type="checkbox"/>			
Supplier Code:	_____		Supplier Account Group:	_____
Supplier Name:	_____		Country Origin:	_____
Supplier Address:	_____ _____			
Office Tel. No:	_____		Zip Code:	_____
Contact Person:	_____		Terms:	_____
Tin No:	_____		Pricelist:	_____
A/P Account:	_____		EWT:	_____
Advances Account:	_____		VAT:	_____
	Non-VAT <input type="checkbox"/>			
Payee 1	_____	Payee 2	_____	Payee3 _____

Note: This field is for 3PL suppliers only.

Driver			Helper		
Name:	_____		Name:	_____	
Contact No:	_____		Contact No:	_____	
Fleet:	_____	Plate No:	_____	Rate Card:	_____

Remarks: _____

Requested By: _____

Encoded By: _____

Approved By: _____

Checked By: _____