

**BARAKAT GROUP**

P.O Box: 11286, Nad Al Hamar,  
Dubai, UAETel: 04 2393333

**Vendor Registration Form**

Company Name			
Address			
P O Box			
Contact Name		Mob No.	
Telephone Number		Fax No.	
Finance Contact Name		Mob No.	
Finance contact mail ID			
Transaction Currency			
Credit Period (In days from month-end statement date, If, Credit Application Form not provided)			

**Bank & Beneficiary Information:**

Beneficiary Name	
Beneficiary Address	
Name of Bank	
Bank Address	
SWIFT	
Account No.	
IBAN No.	
Intermediary Bank Name & SWIFT	

**Declaration:**

By signing this document, the signee confirms that he/she is authorized to sign this document on behalf of the organization and that the information furnished in this document is accurate.

Authorized Signatory and Stamp

Date