



VENDOR INFORMATION SHEET

(To be completed by Vendor)

Date: _____

- * Incomplete form will not be processed. Please enter "NA" for items that do not apply.
- * Please note that failure to supply the following information together with supporting documents within 14 working days may result in disapproval of your company as a supplier of goods and/or services to NAGACORP/NAGAWORLD. Additional information may be requested.

COMPANY NAME: _____

1. Registration Information

Registration Number: _____ Date of Registration: _____

Place of Registration: _____ VAT Number: _____

Registered Name: English: _____

Khmer: _____

Local Language: _____

Type of Company:

Private Limited

Sole Proprietorship

Partnership

Publicly Listed (Name of Stock Exchange Market): _____

2. Company Offices' Address

Contracting Office

Address: _____

Contact Person: _____ Contact Number: _____

Position Title: _____

Headquarters

Address: _____

Contact Person: _____ Contact Number: _____

Position Title: _____

3. Company Officers

Name of CEO/President: _____

Name of CFO/Treasurer: _____

4. Company Attorney:

Contact Number: _____

Name of Law Firm (for outside counsel): _____

Contact Person: _____ Contact Number: _____

5. Banking Information

Primary Bank Name: _____ Account Number: _____

Other Banks Name: _____ Account Number: _____

6. Reference: Three (3) Major Customers/Suppliers/Business Partners

Company Name: _____

Contact Person: _____ Contact Number: _____

Products/Services Provided: _____

Company Name: _____

Contact Person: _____ Contact Number: _____

Products/Services Provided: _____

Company Name: _____

Contact Person: _____ Contact Number: _____

Products/Services Provided: _____

7. Please provide the following details of any parent company:

Name of the Parent Company: _____

Business License/Company Registration _____

8. Details of Major Shareholders (>5%)

9. Litigation

Is there any litigation involving the company, its parent companies and/or its shareholders in the past ten years?

No

If Yes (Please list out as an attachment)

Vendor Contact Person

Name: _____ Contact Number: _____

Email : _____ Fax Number: _____

An officer or other authorized person of the company must certify by signing below that to the best of his/her knowledge that all information provided above is correct and accurate.

Signed: _____ Date: _____

Name: _____ Title: _____