

Supplier / Vendor Registration Request Form

General Information

Firm/ Company Type	Sole Proprietor	Partnership	PSC (Private Stock Co)	PJSC (Public Joint Stock Company)	Others
Company Name					
Contact Person					
Contact No	Telephone				Fax
Mobile No					
E-mail					
Trading Address					
Registered Address					
Nature of Business & Type of Services Offered					
Location of Offices	Country:			City:	
References	1.				
	2.				
Total Number of Staffs Employed in Firm /Company			Total Number of UAE National Employee		
Tashjee Initiative (Emiratization Program)	Is your organization currently active in developing and supporting local Emirati talent? If yes, please briefly describe the program.			What is your Emiratization trend for the last three years?	
				Trend on Emiratization ratio for the last 3 years (%age of UAE National employees)	
				<div style="text-align: center;"> <u>Year 1</u> <u>Year 2</u> <u>Year3</u> </div> %age	
If your organization is not yet active in CSR and or supporting local talent what are your plans in this respect? Please provide details in a separate sheet.					
Annual Turnover	Year	AED			
Annual Business Relationship With ADIB	Year	AED			

Payment Bank Account Details

Please state the Banking details :(Note- Payment will be released only to the beneficiary account as per the details you provided below. (All below fields are Mandatory)

Payment Settlement Method	Transfer To Account With ADIB		Transfer To Account With Other Bank	
	Telegraphic Transfer		Swift Code / Sort Code (For UK only)	
Beneficiary / Account Name				
Bank Name			Branch	
Bank Address				
			Country	
Account No				
Account Currency	<input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> QAR <input type="checkbox"/> IRQ <input type="checkbox"/> SGP			
IBAN No. (Mandatory)				

We hereby agree to abide with all terms & conditions for registering our company / Establishment with ADIB or any of its subsidiaries or affiliates. The account details given above are verified and authorized by company and are correct and we therefore indemnify ADIB against any miss-declaration or false information what so ever on this form.

Supplier Authorized Signatory Sign-off _____

Details of Proprietor, Partner and Directors

تفاصيل المالك، الشريك والمديرين

Name	Nationality	Address/ Location
1-		
2-		
3-		
4-		

Document Required for Registration

Pls Tick

1. Valid Trade License & Commercial Registration OR Certificate of Incorporation in case of International Vendor	
2. Memorandum of Association and / or Power of Attorney	
3. Company Profile (Where Available)	
4. Bank Account Details on Company Letter Head signed by Power Of Attorney Holder	

ADIB Terms & Conditions

- 1) Companies, Firms and Establishments who wish to apply for registration shall fulfill the following requirements:
 - a) It shall be licensed to operate from the concerned authorities in the country of operation.
 - b) It is not banned from participating in tenders or negotiation conducted by any government organization.
 - c) The company is not owned by an employee of ADIB or any staff of its subsidiaries or affiliates nor have a first degree private relationship with the officers responsible for contracting/purchasing.
 - d) Full and fair disclosure of all the facts must be made in advance in case the company is directly owned by any ADIB Group staff.
- 2) The supplier should pledge to submit the required samples and catalogues on request.
- 3) The supplier is requested to submit a valid Trade License. This registration is renewable on submitting a renewed Trade License.
- 4) The supplier must immediately update ADIB on company letter head if there are any changes to the Banking Details specified above. No requests for changes will be entertained at the Payment stage.
- 5) This form needs to be signed, stamped by the Supplier authorized staff who has the signing authority though POA or Memorandum of Association and deliver (with required documents) to ADIB.

Authorized Signatory of Supplier

Name		Specimen Signature	
1)		1)	
2)		2)	
3)		3)	

**Supplier Company
Seal / Stamp**

ADIB Official Use Only (To be filled by the Requestor)

Requested by (Name)		Requestor Sign	
Approved by Department Head		Approver Signature	

ADIB VMCP Use Only

Vendor Account Number allocated in Al Madar ERP		Allocated By	Name	Initial
Approved By (Name)		Signature		
Date				

All Vendor registration and opening in ERP System request should comply with all the requirements documentation/details mentioned above.