

**Part reserved for HI**

**Supplier N°:**

**PART 1:**

**SUPPLIER FORM**

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| **Company name:**:  Name of Legal Representative :………………………………………………….  First name of legal representative:…………………………………………….  Tel 1: ………………………………….. Tel 2: ………………………………………..  Website : …………………………………………………………………………………  Number of trucks owned : …………………………………………..  I have chosen an attorney to sign and collect payments  for the service YES NO | MoA : ………………………………………………..  Certificate of incorporation:………………………………………..  Certificate of Registration: …………………………………………….  Company form : Physical Morale  Year of creation : ……………………………………………….  Type of tax regime: Real Synthetic  Bank account No…………………………………………………………..  Account holder : ……….…………………………………………......... | | | |
| **Head Office**  Name of the Representative: ……………………………………………………………………….  First Name of the Representative:………………………………………………………………..  Tel 1: …………………………………….………… Tel 2: ……………………………..…………………  Email : ……………………………………………..………………………………………………………….    Address : …………………………………………………..…………………………………………………  ……………………………………………… …………………………………………………………………….  Municipality………………………………………………………………………………………………….  District: ……………………………………………………………………………………………….……...  Governorat:…………………………………………………….………………………………………….. | |  |  |  |

**PHOTOCOPY OF THE FOLLOWING ORIGINALS ATTACHED TO THE FILE:**

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| Memorandum of Association (MoA)  Certificate of incorporation  Certificate of registration of commercial company  Commercial Register  Fiscal identification card  Receipt of payment of the Tax on Road Transport  Letter of power of attorney from the principal to the agent + identity document of the agent  Bank account Number |