

**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 MoraleYear of creation : ……………………………………………….Type of tax regime: Real SyntheticBank 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 companyCommercial RegisterFiscal identification cardReceipt of payment of the Tax on Road TransportLetter of power of attorney from the principal to the agent + identity document of the agentBank account Number |