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| **Supporting Documentation** |
| **The following must be included in your application:**  Latest Certificate of Company Registration.  Company’s most recent Annual Audited Financial Statement.  Copy of company Bank details to your company letterhead.  If "Authorised Agent" or "Trader" or “Distributor”. Please provide a copy of your proof of Certificate(s) or letter from your manufacturer(s) that you are authorised to offer their products.  Latest company profile and product brochure.  Company stamp of applicant is required in the provided box  Latest Quality Assurance Certificate e.g. ISO 9000 or equivalent. |

**INCOMPLETE FORM WILL BE RETURNED TO APPLICANT / SUPPLIER.**

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| 1. **Company details and general information** | | | | | |
| **Section 1** | | | | | |
| Certificate of Incorporation No | | Click here to enter text. | | | |
| Date of Issue | | Click here to enter text. | Place of Issue. | | Click here to enter text. |
| 1. | Name of Company | Click here to enter text. | | | |
| 2. | Office Address | Click here to enter text. | | | |
| 3. | Correspondence Address | Click here to enter text. | | | |
| 4. | Contact Person | Click here to enter text. | | | |
| 5. | Phone | Click here to enter text. | | 6. Fax : | Click here to enter text. |
| 7. | E-mail Address | Click here to enter text. | | | |
| 8. | Web-sites Address | Click here to enter text. | | | |
| 9. | Type of Business | Corporation  Partnership  Sole Proprietorship  Other (Please Specify): Click here to enter text. | | | |
| 10. | Nature of Business | Manufacturer / OEM  Trader  Authorized Agent  Distributor  Consulting Company  Other (Please Specify): Click here to enter text. | | | |
| 11. | Number of Employees | Click here to enter text. | | | |

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| **Section 2** | |
| 12.  13.  14. | Parent Company (Full Legal Name) : Click here to enter text.  International Offices / Representation (countries where the Company has local Office Representation or Agent) : Click here to enter text.  Please provide a Corporate Tree that depicts the parents, affiliates, or any other subsidiaries of your company, and their relationships to each other and your company   * Click here to enter text. * Click here to enter text. |

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| **For Limited Company** | |
| 15. | Authorised Share Capital : Click here to enter text. |
| 16. | Paid up Capital : Click here to enter text. |
| 17. | Name(s) of Director (s) (Please use separate sheet if the space provided is not sufficient)   * Click here to enter text. * Click here to enter text. * Click here to enter text. |
| **Customer Reference Check** | |
| 18. | Please provide three of your major customers for the past three years below or use separate sheet if the space provided is not sufficient)  Company Name, Address, Contact Person & Phone No     * Click here to enter text. * Click here to enter text. * Click here to enter text. |

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| **Bank Details** |
| Banker’s Name : Click here to enter text.  Address : Click here to enter text.  Account Number : Click here to enter text.  Sort Code (for UK only) : Click here to enter text.  IBAN Number : Click here to enter text.  BIC / SWIFT Code : Click here to enter text. |

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| 1. **Application Declaration** | |
| Is your company currently involved in any litigation?  If Yes, Please explain fully in a *separate sheet*. | Yes  No |

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| I / We declare and confirm that information disclose is authentic. I am / We are aware and understand that any information and documents submitted found to be false shall cause my/our application to be rejected and any approval granted shall be revoked.  I/We hereby agree to the terms and conditions contained herein. |

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|  | **AUTHORISED SIGNATORY & COMPANY STAMP** | | | | | | | | |  |
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| *The application must be signed by either Business Owner, Managing Director, Chief Executive Officer or*  *General Manager who is duly authorised to sign on behalf of the company.* | | | | | | | | | | |
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|  | Name: |  | | |  | **Company Stamp:** | | |  |  |
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|  | Position: |  | | |  |  |  |  |  |  |
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|  | Signature: |  | | |  |  |  |  |  |  |
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| Upon completion of this form, please fax or email or post this form together with other relevant documents to :  **Brunei Engineering, Logistics and Training Solutions**  **(Ref : Supplier Registration Form)**  **6th Floor, Setia Kenangan Office Complex,**  **Kampong Kiulap, Bandar Seri Begawan BE1518**  **Negara Brunei Darussalam**  **Telephone : +673 2 242700**  **Facsimile : +673 2 243767**  **E-mail :** [**src@belts.com**](mailto:src@belts.com)**.bn** |