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(for office use)

Registration of Supplies and Contractors - 2019

01. Name of the institution:

02. Address:

03. Telephone Number: 04. Fax Number:

05. E Mail Address:

06. Service provided / Goods / Works:

(Please indicate only the code number)

07. CIDA Registration Number / Business Registration Number:

(Photocopies of the certificates should be submitted.)

08. CIDA the date of registration will be cancel:

(Only for contractors.)

09. Office Desired for Registration:

(Only for contractors.)

10. Money Order Number:

11. The post office where the money order was received:

I will certify the information given in this application and know that it is true and accurate to me. If the information provided by me is contrary to the information provided, I know that my right to such registration, which I have applied for, may be neglected and that I will be able to take disciplinary action against me. Further, I declare that I agree with the conditions specified in the registration.

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Date

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Supplier signature and seal