



Supplier Registration Form

Supplier No

EXTERNAL SUPPLIER

SUPPLIER INFORMATION

General Information			Payment Information	
Company Type				
Supplier Name			Bank Name	Account No.
Authorized Person	Contact Person		Payment Term	<input type="checkbox"/> 15 days
				<input type="checkbox"/> 30 days
				<input type="checkbox"/> Others :
			Payment Method	<input type="checkbox"/> FT
				<input type="checkbox"/> Cheque
				<input type="checkbox"/> Others :
Address				
Registered Address			Billing Address	
Phone/Fax No				
Website/Email				

DOCUMENT CHECKLIST

Required Documents		Remarks
<input type="checkbox"/>	Company Register Number	
<input type="checkbox"/>	Tax Registration Number	
<input type="checkbox"/>	ID Card of Authorized Person	
<input type="checkbox"/>	Bank Information	

SUPPLIER	USER	
The undersigned hereby stated that the information provided herein is true, valid and correct on the date of submission.	Requested by,	Approved by,
Name:	Name:	Name:
Date:	Date:	Date:
Signature:	Signature:	Signature: