



FORM ID: ETC3346

COMPANY INFORMATION	
Company Name:	
Full Address:	
P.O. Box:	
City:	
Country:	
Telephone :	
Facsimile :	
Email :	
Website:	
Trade license number:	
Chamber of commerce registration:	
CONTACT DETAILS	
Name of contact person	
Designation	
Telephone Number	
Fax Number	
Mobile	
E-mail	
DETAILS OF TOP MANAGEMENT (GM/CEO/DIRECTOR) *POWER OF ATTORNEY PROOF REQUIRED UPON REQUEST	
Name of contact person	
Designation	
Telephone Number	
Fax Number	
Mobile	
E-mail	
BANK DETAILS	
Bank Name:	
Branch & Address:	
IBAN Number	
Account Name	
Account Number	
Swift Code	

This form must be stamped and signed by authorized representative on all pages. All fields must be filled and accurate to the best available information



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GIVE BRIEF OUTLINE OF THE COMPANY

PRODUCTS & SERVICES OFFERED * FILL FIELDS WITH YES OR NO

TELECOMMUNICATION (4H)

INSIDE PLANT (ISP)	<YES/NO>
OUTSIDE PLANT (OSP)	<YES/NO>
SERVICE PROVISIONING (SP)	<YES/NO>

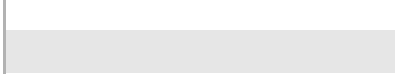
HOME AUTOMATION SYSTEM (3H)

HOME AUTOMATION SYSTEM	<YES/NO>
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ELV SYSTEM (10H)

IP CCTV	<YES/NO>
ACCESS CONTROL SYSTEM	<YES/NO>
GATE BARRIER	<YES/NO>
DIGITAL SIGNAGE	<YES/NO>

PROVIDE DETAILS OF SERVICES AND PRODUCTS



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LIST THREE CUSTOMERS

Customer Name:	
Contact Person:	
Telephone Number:	
Mobile Number:	
E-Mail:	
Contract Value:	
Product/Services provided	
Customer Name:	
Contact Person:	
Telephone Number:	
Mobile Number:	
E-Mail:	
Contract Value:	
Product/Services provided	
Customer Name:	
Contact Person:	
Telephone Number:	
Mobile Number:	
E-Mail:	
Contract Value:	
Product/Services provided	
FINANCIALS (NOT APPLICABLE FOR GOVERNMENT ORGANIZATIONS)	
YEAR	TURNOVER (SPECIFY IN AED)
PRESENT YEAR TURNOVER:	

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LIST IN HOUSE SKILLS AND EXPERTISE

NUMBER OF EMPLOYEES

YEAR	MANAGEMENT	ENGINEERS	TECHNITIANS	LABOURERS
CURRENT YEAR				
PREVIOUS YEAR				
PREVIOUS TO PREVIOUS YEAR				

IS YOUR ORGANIZATION CERTIFIED FOR ANY OF THE MANAGEMENT SYSTEM CERTIFICATIONS (i.e. ISO9001)
(if yes, attach copy of the certificate)

CUSTOMER SERVICE - EXPLAIN HOW COMPLAINTS ARE DEALT WITH

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DOCUMENTS ATTACHED

- TRADE LICENSE
- COMMERCIAL LICENSE
- CHAMBER OF COMMERCE
- COMPANY PROFILE
- PROJECT REFERENCE LIST
- ORGANIZATIONAL CHART OF COMPANY
- ISO CERTIFICATES (IF ANY)
- VALID QUALIFICATION CERTIFICATE MCC

LIST ANY OTHER ATTACHED DOCUMENTS (OPTIONAL)

DECLARATION BY SUPPLIER

I, the undersigned, declare that the information provided in this form is correct and complete. In the event of changes, details will be provided as soon as possible

NAME: _____

DESIGNATION _____

DATE _____

SIGNATURE & SEAL

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