

PARIA FUEL TRADING COMPANY LIMITED



VENDOR DATA FORM

MICRO PROCUREMENT REGISTRATION

For the Provision of Materials/Services up to \$75,000 only

Rev.1 06/24

REF. NO.

Name Of Business:*			
Business Address:*			
Postal Address: (if different from business address)			
Telephone:*		Cell Contact:	
Fax:		E Mail:	
Type of Business:* <input type="checkbox"/> Sole Proprietor or Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Please state)			
Description of Goods and Services:*			
Statutory Registrations:		BIR Reg. No.:	
(Provide copies of Certificate of Registration / Incorporation, Continuance and Memorandum of Association where applicable. Also, BIR, NIB & VAT Registration Certificates and Identification Cards for Individuals where applicable)		VAT Reg. No.:	
		NIB Reg. No.:	
		Company Registration:	
		Certificate Number:	
Any affiliation, relationship or association with other Vendors registered or applying for registration in Paria Fuel Trading Company Limited? <input type="checkbox"/> Yes: <input type="checkbox"/> No :			
<i>If yes, please indicate names of Vendor Businesses:</i>			
Trade References:		Value of Contract:	
1)			
2)			
Payment Terms:*			
(Standard payment terms are Net 30 Days on receipt of invoice)			

VENDOR'S BANK INFORMATION*(Account must be in the above Company's name)*

BANKER'S NAME					
BANKER'S ADDRESS (Postal Address)	Street 1 Street 2				
	City District/Zip Code Country				
ACCOUNT No.		SWIFT ADDRESS		ABA#	
CHIPS No.		IBAN No.		SORT CODE	
Canadian Payment Association No.		TRANSIT No. For Canadian Payment			
FIRST INTERMEDIARY BANK NAME <i>(If applicable)</i>					
Account No.		SWIFT ADDRESS		ABA#	
CHIPS No.		IBAN No.			
Canadian Payment Association No.		TRANSIT No. For Canadian Payment			
SECOND INTERMEDIARY BANK NAME <i>(If applicable)</i>					
Account No.		SWIFT ADDRESS		ABA#	
CHIPS No.		IBAN No.		SORT CODE	
Canadian Payment Association No.		TRANSIT No. For Canadian Payment			

COMPANY OFFICIALS AUTHORISED

(Names of Company Officials with authority to transact business with Paria and / or to notify Paria of changes)

(1)			
	Print Full Name	Signature	Position In Company
(2)			
	Print Full Name	Signature	Position In Company
COMPANY STAMP			

Submitted By: Duly Authorized Managing Director / Partner / Owner**DECLARATION:**

I hereby certify that the data provided herein is true and correct to the best of my judgement and belief. It is expressly understood that, if any of the data provided herein is found to be false or misleading, it may result in termination or suspension of any business with Paria Fuel Trading Company Limited.

Name of Official_____
Signature_____
Position_____
Identification No.*_____
Date

* Mandatory Field