

IMM Department

Application for Registration as Approved Supplier (Foreign Suppliers)

Ref:
(Office Use Only)

1	Name of the Firm	
2	Parent Company	
3	Address	
	City	
	State & Zip Code	
	Country	
4	Contact Name	
5	Phone	
6	Fax	
7	E-mail	
8	Web site	
9	Category	<input type="checkbox"/> Original Equipment Manufacturer (OEM) <input type="checkbox"/> Stockist / Distributor <input type="checkbox"/> Sub- Contractor <input type="checkbox"/> Consortiums/ State/ Govt. Agencies <input type="checkbox"/> Others
10	Company Type	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Educational or Research Institute <input type="checkbox"/> Trust
11	Capital Employed	
12	Annual Sales	
13	Equipment	
14	Facilities (sq. mtr)	

15	Quality Certifications /Accreditation	
16	Employees (Total)	
17	Key Sector	
18	Products / Services	
19	Major Customers	

20. Company's Catalogue/ Brochure enclosed. Yes No

Date.....

Name.....

Position.....

Company's Seal.....