

Supplier Registration Form



Date: _____

Company Name: _____

License No. _____ Issue Date: _____ Expiry Date: _____

Bank Account No. _____ IBAN No. _____

Bank Name: _____ TRN No. _____

Office Address:

Street Name: _____ Building Name/No. _____ Office No. _____

Area Name: _____ City: _____ P.O. Box: _____

Warehouse/Factory Location:

Street Name: _____ Building Name/No. _____ Office No. _____

Area Name: _____ City: _____ P.O. Box: _____

Contact Person (1) Name: _____ Position: _____

Email: _____ Contact Number: _____

Contact Person (2) Name: _____ Position: _____

Email: _____ Contact Number: _____

Required Copy of the following Documents

Trade License / manufacturing license	Owner/s passport and emirates ID.
Authorized person Passport and Emirates ID.	Company profile.
Bank Information letter & TRN certificate.	Dubai SME, Khalifa fund Registration
Any quality assurance Certificates such as but not limited (ISO, Haccp)	

Types of Supplier:

SME Khalifa Foundation None of these

Nature of Business:

Manufacturer Distribution Other

No. of employees: _____: No. of Vehicles: _____ No. of warehouses _____: Rented _____ Owned _____

Activities:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Unlisted activities in the trade license will not be accepted.

Dealing with other retailers in UAE:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Is any of the company partners or any of his/her 1st and/or 2nd Degree relatives an employee of Union Coop?

Yes <input type="checkbox"/>	No: <input type="checkbox"/>
<ul style="list-style-type: none">- First-degree: Parents, sons and daughters, husband and wife, or Parents of one or both spouses.- Second-degree: Grandparents, brothers and sisters, grandchildren.	
(If Yes Please Specify): Relationship _____ Name/s: _____ Designation: _____	

We undertake to inform Union Coop Management If the above information changed within one week of such changes.

IF your company or any of your affiliates conducted business with union coop, please enter their name and supplier number with Union Coop: _____

Company Authorized Name, signatory & Stamp _____

For Union, coop internal use only:

Trade License (issue, Expiry, Number, Main license number)	Copy of the owner/s passport and emirates ID & relationship declaration.
Authorized person Emirates ID & Passport.	Activities
Company profile	Bank Information letter & TRN certificate
Previous relation with Union Coop.	Visited the company location, factory, and the warehouse

Moreover, I Recommend to:

Approve Reject

For the Following reason: _____

Recommended registration in the following categories:

Category	<input type="checkbox"/> / <input type="checkbox"/>

The above has been verified By Employee Name: _____ Employee Number _____

Division / Department Director / Manager Remarks: _____

Signature: _____

Admin Affairs Director Remarks: _____

Signature: _____

NOTE:

- Complete the form and forward it to Admin Affairs Department to complete registration process.
- Union Coop has right to accept or decline any Registration Request.
- Unlisted Activities and Products in the Trade License will not be accept.
- Submit and attach copy of complete licenses and certificates.