

Suppliers Confidential Business Questionnaire

1. COMPANY NAME:

2. POSTAL ADDRESS OF HEAD OFFICE:

3. PHYSICAL ADDRESS OF HEAD OFFICE:

4. TELEPHONE NO. OF HEAD OFFICE:

5. FAX NO. OF HEAD OFFICE:

6. EMAIL ADDRESS OF HEAD OFFICE:

7. PLACE AND DATE OF INCORPORATION:

Please attach Certificate of Incorporation/Registration

8. CUSTOMS AGENT'S LICENCE NUMBER:

9. DATE LICENCE EXPIRES:

10. DATE OF COMMENCEMENT OF BUSINESS ACTIVITY:

Please provide legal documentation for verification

11. PAID UP CAPITAL AS OF 31st DECEMBER 2002:

Please provide legal documentation for verification

12. DETAILS OF PRINCIPAL SHAREHOLDERS AS OF 31 DEC 2002:

	Name	Occupation*	Nationality**	% of holdings
1				
2				
3				
4				
5				

Please provide legal documentation for verification.

* IF COMPANY, STATE TYPE OF BUSINESS

** IF COMPANY STATE PLACE OF INCORPORATION

13. TOTAL TURNOVER: 2001: _____ 2002: _____ (specify currency)

Please attach copies of the company's financial statements for these years.

14. NAMES AND DESIGNATION OF PRINCIPAL EXECUTIVE OF COMPANY

Please attach an organisation structure.

15. PRINCIPAL ACTIVITIES OF COMPANY:

16. COMPANIES FOR WHOM YOU ARE AUTHORISED DISTRIBUTORS: _____

17. NAME AND ADDRESS OF YOUR PRINCIPAL BANKERS

(Please provide a letter of support from your bank(s) indicating the financial status and credibility of your company)

18. NUMBER OF FULL-TIME STAFF IN HEAD OFFICE:

19. NUMBER OF QUALIFIED STAFF:

20. NETWORK: OTHER OFFICES:

	<i>Country and City</i>	<i>Name of Company</i>	<i>State wholly or partially owned or agent</i>	<i>Fax No</i>	<i>Nº of full- time staff (if own offices)</i>
A					
B					
C					
D					
E	Others, please specify				

21. STATE AVERAGE MONTHLY TURNOVER BY ACTIVITY TYPE:

<i>Activity Type</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>

22. LIST FIVE MAJOR CLIENTS IN 2000 AND 2001:

	<i>Company Name</i>	<i>Contact Name</i>	<i>Phone No.</i>	<i>Nature of Service Supplied *</i>
1				
2				
3				
4				
5				

23. ARE YOU CURRENTLY INVOLVED, OR HAVE BEEN GIVEN NOTICE OF INVOLVEMENT IN ANY LITIGATION INVOLVING A SUM IN EXCESS OF USD 10,000.00? YES/ NO

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I AGREE THAT FURTHER DOCUMENTARY PROOF WILL BE PROVIDED. IF REQUIRED.

SIGNATURE:

NAME IN FULL:

DESIGNATION:

DATE:

SPECIMEN