



PDOC VENDOR REGISTRATION FORM

FULL REGISTERED NAME OF COMPANY	
REGISTERED BUSINESS ADDRESS	
COMPANY REGISTRATION NUMBER (TO ATTACH CERTIFICATE OF COMPANY INCORPORATION)	
SUDAN BRANCH/ REPRESENTATIVE ADDRESS (IF ANY)	
CONTACT PERSON / TITLE	
CONTACT TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL	
COMPANY WEBSITE (IF ANY)	

TAXATION REGISTRATION NUMBER IN SUDAN, OR OUTSIDE SUDAN WHICHEVER APPLICABLE (TO ATTACH TAX CERTIFICATE)	
IMPORT & EXPORT REGISTRATION (IF ANY)	

MAJOR SHAREHOLDERS OF COMPANY or Joint Venture Holdings	NAME..... EQUITY SHARE.....% NAME..... EQUITY SHARE.....% NAME..... EQUITY SHARE.....% NAME..... EQUITY SHARE.....%
COMPANY DIRECTORS	NAME..... TITLE..... NAME..... TITLE..... NAME..... TITLE..... NAME..... TITLE.....
COMPANY ORGANISATION CHART	<i>(enclose company's organisation chart showing the functional set-up and key positions)</i>

COMPANY AUTHORISED/PAID-UP CAPITAL	AUTHORISED..... PAID-UP.....
NAME AND ADDRESS OF COMPANY BANKER	

Attach company's audited accounts for past 2 Financial Years or latest management accounts.

HEALTH, SAFETY AND ENVIRONMENTAL (HSE) SYSTEM & ACCREDITATION

[HSE] DESCRIBE: (i) IF COMPANY HAS ESTABLISHED HSE POLICY / MANAGEMENT SYSTEM / PROCEDURE? (ii) ANY HSE AWARD/CERTIFICATION?	
[INTERNATIONAL STANDARD ACCREDITATION] DESCRIBE IF COMPANY OBTAINED ANY ACCEREDITATION? <i>(e.g. ISO, API, etc.)</i>	

Attach copies of policy/award/accreditation, as applicable.



PRODUCT/ SERVICE CATEGORY REGISTRATION APPLICATION FORM

- (i) The enclosed STANDARD WORK AND EQUIPMENT CATEGORIES (SWEC) is to be used as a guide. You are to specify which particular sub-category(ies) your company request to be registered under.
- (ii) If the category/sub-category is not listed in the enclosed PRODUCT/ SERVICE CATEGORIES, you may proposed a new category/sub-category (*MUST be specific*).
- (iii) For each sub-category, one form is to be used.
- (iv) You may use additional pages or attach supplementary information to support your application.

CATEGORY	
SUB-CATEGORY	

PRODUCTS/ SERVICES TO BE PROVIDED BY YOUR COMPANY or PARENT COMPANY or AFFILIATES or PRINCIPAL ? STATE NAME AND ADDRESS OF PARENT COMPANY/AFFILIATE/PRINCIPAL, AS APPLICABLE (TO SUBMIT EXCLUSIVE LETTER OF AGENCY)	
--	--

STATE YOUR EQUIPMENT RESOURCES AVAILABLE FOR THE PROVISION OF THE SERVICES.	
---	--

STATE YOUR PERSONNEL RESOURCES AVAILABLE FOR THE PROVISION OF THE SERVICES.	
---	--

PAST EXPERIENCE IN PERFORMING OR SUPPLYING THE PRODUCTS/ SERVICES

CONTRACT DESCRIPTION	NAME OF CLIENT AND LOCATION	CONTRACT PERIOD / DATES	VALUE OF CONTRACT