

Supplier Basic Data Form

 SAF - Annex 2 rev. 0 of 30.10.2009
 NIC Q 740 - rev. 5 of 30.10.2009

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Supplier: (Full name)							
Address: (Street, Square, Avenue..)		No.:		ZIP Code:		City/Town:	
Province:				Country:			
Phone No.:		Fax No.:		Mobile Phone No.:			
E-mail address:							
VAT Identification No.:							
Company Registration No.: (Chamber of Commerce)							
Company founded in: (Year)							
Number of Employees:							
Industry Sector:				Latest Turnover:			
Certifications:	<input type="checkbox"/> UNI EN ISO 9001	<input type="checkbox"/> UNI EN ISO 149001	<input type="checkbox"/> OHSAS 18001	<input type="checkbox"/> None			
Support Bank:							
IBAN Code:							
Reference:							
Contact Person:					Function:		
Phone No.:					Fax No.:		
Mobile Phone No.:					E-mail address:		
Notes:							