

NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED

NIPDEC Pharmaceutical Division
Registration Form

A. General Background and Organisation of Firm

(Complete in BLOCK LETTERS)

1. Name of Company

.....

Registered Address of Main Office (if any)

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.....
.....

Telephone No.:

Telex No.:

Fax No.:

E-mail:

Website:

Postal Address (if different from above)

.....
.....
.....
.....

NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED

Value of Procurement work which the Company is interested in undertaking: [*Tick appropriate box(es)*]

- | | |
|---|---|
| <input type="checkbox"/> Under \$1 million | <input type="checkbox"/> \$5 million to \$10 million |
| <input type="checkbox"/> \$1 million to \$2.5 million | <input type="checkbox"/> \$10 million to \$20 million |
| <input type="checkbox"/> \$2.5 million to \$5 million | <input type="checkbox"/> \$20 million and over |

2. Establishment of Firm:

Year: Country:..... State:
 (if relevant)

3. Type of Organisation:
 (*Tick appropriate box*)

- Sole Proprietor
- Partnership
- Limited Company
- Private Company
- Joint Venture
- Consortium
- Other (specify)

Please attach certificate of incorporation of firm and/or other documentary evidence certifying the existence of your organisation.

4. Principals and Key Personnel of Firm:

Name	Nationality	Qualification/Specification	Years of Experience/Country

5. Number of Years Experience as a Supplier:

NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED

Justice of the Peace

SWORN AFFIDAVIT

The undersigned hereby certifies that the information submitted in this application and questionnaire is complete and true in all respects and that he is authorised to execute and submit this form of pre-qualification.

.....
Signature

.....
Name of Personnel (BLOCK LETTERS)

.....
Date

.....
Position in the Company

.....
Company's Seal or Stamp

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