SUPPLIER REGISTRATION FORM -2026

LHL/GSC/P2P/FORM 013
Issue 02 23.10.2025

1. Items intended to offer

Item Code	
Description	

2. Supplier Type

Foreign		**Local**	

3. Classification

Proprietor		**Company**		**Other (Specify)**	
Partnership		**Corporation**			

4. Type of Business

Agent		**Distribution**		**Services**	
Construction		**Dealer**		**Trading**	
Consultancy		**Manufacturing**		**Other (Specify)**	

5. Supplier Details

5.1. Supplier Name and contact details (Local Supplier/Local Agent)

Registered Name	
Trading Name	
Address	#
Street Name	
City	
Country	
Years in Business	
Major Clients	
Annual Turnover (Last FY)	
Email	
Website	
Contact Nos	

5.2. Supplier Name and contact details (Foreign Supplier/Principal) *

Registered Name	
Trading Name	
Address	#
Street Name	
City	
Country	
Years in Business	
Major Clients	
Annual Turnover (Last FY)	
Email	
Website	
Contact Nos	

LAUGFS HOLDINGS	**SUPPLIER REGISTRATION FORM -2026** **LHL/GSC/P2P/FORM 013** **Issue 02 23.10.2025**

*** Should be filled only by foreign suppliers or local agents of the foreign suppliers**

5.3. Details of the contact personnel (One Contact Person should be COO/CEO/MD/Owner)

Description	Contact Person 1	Contact Person 2
First Name		
Last name		
Designation/Title		
Email address		
Contact # (Fixed)		
Contact # (Mobile)		
Fax #		

6. Certificates/Accreditations (Please tick the items attached)

BRC #			(Attach a copy)	
Form 20			(Attach a copy)	
VAT #			(Attach a copy)	
Accreditations	SLS/ISO/Others		(Attach a copy)	
	Memberships/Dealerships/Distributorships		(Attach a copy)	

7. Payment Details

7.1. Payment Method

CEFTS		LC		Cheque collection from Office	
SLIPS		TT		DA/DP	

7.2. Payment Details

Currency	
Credit Term	
Payee*	
	*(If different from point 5.1 or 5.2 fill with relevant details and attach a request letter)
Contact Person	
Designation	
Contact #	
Email	

7.3. Bank Details (A certified copy of a recent bank statement should be attached)

Account Name			
Account Type			
Bank			
Branch		Code	
Bank Address			
Account Number			
Bank SWIFT Code			
Bank SLIPS Code			

8. Declaration

"I/We hereby declare that the details furnished above are true and accurate to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

	Authorized Signature & Designation			
	Name			
	Date			

(Corporate Seal)

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For LAUGFS use only

Request Type

New Request		**Application #**	
Change Request		**Supplier code**	

Authorization

Requested by	**Name**		**Date**
Authorized by	**Name**		**Date**
Authorized Signature & Designation			
Entered by	**Name**		**Date**
Supplier Code			