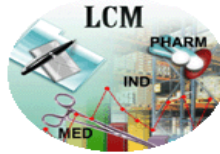


Kingdom of Saudi Arabia
National Guard Health Affairs
King Abdul Aziz Medical City
Logistics & Contracts Management
Vendor's Registration Form (foreign)



المملكة العربية السعودية
الشؤون الصحية بالحرس الوطني
مدينة الملك عبد العزيز الطبية
إدارة التمويين والعقود
نموذج تسجيل الشركات الأجنبية

Company Name in English

<u>Company's Website</u>	<u>Fax No.</u>	<u>Telephone No</u>	<u>P.O. Box</u>	<u>Postal Code</u>
.....

<u>Complete Address:</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Company's Email Address</u>

<u>(IBAN) International Bank Account No</u>
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Vendor/Company Representative:

<u>First name:</u>
<u>Last name:</u>
<u>Mobile no:</u>

Required Documents:

- Copy of Commercial Registration
- Copy of IBAN
- Company Profile

I-SUPPLIER PORTAL (ISP) REGISTRATION

<u>Responsible Employee</u>	<u>Department Email</u>	<u>Department Name</u>	<u>Contact Number</u>

<u>Stamp</u>	<u>This Form was filled by (Name and Signature)</u>

Note: Please fill-out the form completely and typewritten (legibly).. For inquiries, please feel free to contact Ms. Eman Al Enizi with direct line no. +966 -1-8043698 and email add is registration2@ngha.med.sa