

SUPPLIER REGISTRATION FORM

PART A: COMPANY PROFILE

Name of Company: _____

Commercial Registration No _____ Tax Card Number _____ Tax card validity _____

- Type of Business: Sole Proprietorship
 (Please tick ✓) Partnership
 LLC
 SAOG / SAOC

Others:(Please state): _____

Registered Address line 1: _____

Registered Address line 2: _____

Country : _____ City: _____ Billing currency: _____

Contact Person: _____ Position: _____

Mobile: _____

Tel No.: _____ Fax No.: _____

Email address: _____

Nature of Business (Please tick ✓)

VATIN [Oman VAT Identification Number] _____

- Academic collaboration
- Telecommunication / video / audio conferencing
- Vehicle/Automobile
- Utility Services
- Courier service
- Waste disposal
- Uninterrupted Power Supply (UPS)
- Travel service agency
- Transportation services
- Telephone system
- Plumbing
- Tailoring
- Supply of electrical and lighting items
- Studio & lighting / camera equipment
- Sports supplies
- Sports and gymnasium equipment
- Signage
- Sanitary bin
- ICT Software products
- ICT maintenance and support services

- Recruitment services
- Professional services
- Printing / publishing services
- Landscaping
- Photography services
- Pest control
- Online social media services
- Office stationery
- Office equipment
- Network / firewall / wireless
- Motor vehicles maintenance
- Medical/first aid supplies & equipment
- Medical/first aid services
- Media agency
- Lodging services
- LCD projector / speaker
- Corporate souvenirs
- Insurance services
- CCTV
- Cleaning services

- ICT Hardware products
- ICT Consumables and accessories
- Hostel Rental
- Gardening services
- Furniture and fittings
- Fire fighting system
- Facilities Renovation works
- Facilities maintenance
- Exhibition organizing services
- Exhibition booths
- Elevator maintenance
- E- learning platforms
- Door access
- Online plagiarism services
- Air-conditioning system
- Online books and journals
- Books and journals
- Catering Service

Authorized Capital: _____

Paid-up Capital: _____

No. of Employees: _____

Annual Sales: _____ Home page address :http:// _____

Current / Past business relationship with Majan Yes State past period if yes: _____
(Please tick ✓)

No

Are you a related party to Majan Yes state relation type if yes: _____
(Please tick ✓)

No

PART B: Bank details

Account name: _____

Bank Name _____

Branch: _____

Bank account No. _____

Bank swift code: _____

IBAN/BIC no. _____

Bank address _____

PART C: Credit days/ limit

Credit days : 15 Days (Please tick ✓)

30 Days

Credit limit in billing currency: _____

PART D: Existing Customers

Name & Address	Contact Person / Position	Tel No.

Company authorized signatures:- _____

Company stamp:- _____

Note: Please return back this form fully signed together with your commercial registration, authorized signatories, Tax card number certificate and VAT Registration certificate:
facilities@majancollege.edu.om; finance@majancollege.edu.om