

**Filled on your Company's Letterhead & signed by the
authorized signatory & attested.**

SUPPLIER INFORMATION REQUIRED BY FINANCE

Supplier Name :	
Supplier Address :	
Beneficiary Name :	
Beneficiary Address :	
Beneficiary Telephone No.:	
Beneficiary Fax No.:	
Beneficiary Account No.:	
Sort Code:	
Swift Code :	
IBAN:	
Beneficiary Bank Name:	
Bank Branch Name:	
Bank Address:	
Bank Telephone No. :	
Bank Fax No. :	

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**CONTACT DETAILS OF PERSON RESPONSIBLE FOR THE ENQUIRY &
QUOTE RECEIVED FROM KOTC.**

Name:	
Job Title:	
Department:	
Phone No. : (Extension) :	
Fax No. :	
Mobile No. :	
Email :	

**CONTACT DETAILS OF THE AUTHORISED PERSON HANDLING
CONTRACTUAL ISSUES & NEGOTIATION**

Name:	
Job Title:	
Department:	
Phone No. : (Extension) :	
Fax No.:	
Mobile No. :	
Email :	

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**CONTACT DETAILS OF PERSON HANDLING THE INVOICES AND
FINANCIAL MATTERS.**

Name:	
Job Title:	
Department:	
Phone No. : (Extension) :	
Fax No.:	
Mobile No. :	
Email :	