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**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) :** |  |
| **Mobile No. :** |  |
| **E-mail** |  |
| **\*E-mail *(Must be a group or department email, i.e. not personal email address – and this email ID shall be the Username on KOTC Portal)*** |  |
| **Website:** |  |

**CONTACT DETAILS OF THE AUTHORISED PERSON HANDLING**

**CONTRACTUAL ISSUES & NEGOTIATION**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Phone No. :**  **(Extension) :** |  |
| **Mobile No. :** |  |
| **Email :** |  |

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**CONTACT DETAILS OF PERSON HANDLING THE INVOICES AND**

**FINANCIAL MATTERS.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Phone No. :**  **(Extension) :** |  |
| **Mobile No. :** |  |
| **Email :** |  |

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**AUTHORIZED SIGNATORY- *This text to be removed prior to printing***