

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

**SUPPLIER INFORMATION REQUIRED BY FINANCE**

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

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

<b>Name:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Phone No. : (Extension) :</b>	
<b>Fax No. :</b>	
<b>Mobile No. :</b>	
<b>Email :</b>	

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

<b>Name:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Phone No. : (Extension) :</b>	
<b>Fax No.:</b>	
<b>Mobile No. :</b>	
<b>Email :</b>	

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

<b>Name:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Phone No. : (Extension) :</b>	
<b>Fax No.:</b>	
<b>Mobile No. :</b>	
<b>Email :</b>	

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