



Allied Insurance Company

Vendor Registration Form

Type of Business

<input type="checkbox"/> Public Listed Company	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Local Investment / Cooperative
<input type="checkbox"/> Private Company	<input type="checkbox"/> Individual	<input type="checkbox"/> NGO / NPO / Charity Club / Association

Details

Individual / Business Name: _____

GST Tin Number: _____ ID No: _____

Trading Name:
(if different from above) _____

Parent Company
(where applicable) _____

Address: _____

Contact Person: _____ Contact No: _____ Fax No: _____

Email: _____ ID Card No. / Registration No. _____

It is mandatory to declare;

All conflict(s) of interests to any Allied employee / Allied Board of Directors.

The disclosure must be made as per below table *(leave blank if none exists)*

Employee/ Director Name	NID No	Designation & Branch	Relation

<i>Documents required with the Application:</i>	Individual - CV / Portfolio / Reference letters	Company profile information sheet provided by ministry of economic development
	Supply / work completion letters or certificates	

Type of Supply / Service (Repair, maintenance and other services)

Repair & Maintenance <input type="checkbox"/>	Electrical Works / Wiring <input type="checkbox"/>	Office Stationaries <input type="checkbox"/>
AC Maintenance & services <input type="checkbox"/>	Carpentry Works <input type="checkbox"/>	Supermart items (Food items / Cleaning items, etc.) <input type="checkbox"/>
Computer Network <input type="checkbox"/>	Painting Works <input type="checkbox"/>	Catering / Baking <input type="checkbox"/>
Office Interior Works <input type="checkbox"/>	Supply of furniture <input type="checkbox"/>	Supply of fixtures / fittings <input type="checkbox"/>
Supply of customized items (Plaques / awards / medals, etc.) <input type="checkbox"/>		
Other (Please specify) _____		

Type of Supply / Service (IT equipments and software)

Computers and Computer Accessories <input type="checkbox"/>	Software Licenses <input type="checkbox"/>	Networking Equipment <input type="checkbox"/>
Electronics (TVs, speakers, Digital Cameras etc) <input type="checkbox"/>	Mobile Devices / Tablets and Accessories <input type="checkbox"/>	Server Equipment <input type="checkbox"/>
Door Access / Surveillance Systems <input type="checkbox"/>	Repair of Equipment <input type="checkbox"/>	Printers <input type="checkbox"/>
Other (Please specify) _____		

Type of Supply / Service (Photography, Videography, Printing and other services)

Digital print media (Canvas, Wall sticker, Sun board etc.) <input type="checkbox"/>	Hire of videography / photography equipments <input type="checkbox"/>	Hire of designers <input type="checkbox"/>
Printing (Brochures / leaflets / posters / flyers / calendars etc.) <input type="checkbox"/>	Event Management <input type="checkbox"/>	Photography / Videography <input type="checkbox"/>
Supply of marketing materials (such as key tags, pens etc) <input type="checkbox"/>	Sound & Lights <input type="checkbox"/>	Large Format Prints <input type="checkbox"/>
Other (Please specify) _____		

Are you a customer of Allied Insurance? Yes No

I, _____ (name of the authorized signatory of the vendor), ID number _____, being the authorized representative of _____ (vendor name), hereby declare that;

- The vendor and its directors (if any), officers and employees are in compliance with all applicable laws, statutes, and regulations relating to business operation, anti-bribery and corruption matters.
- As a vendor, to declare all conflict(s) of interests to any Allied Insurance Board Director(s), employee(s), and to avoid situation where Vendor's interests conflict with the business interests of Allied Insurance.
- Any changes to the information provided in the registration process will be submitted to Allied Insurance along with all relevant supporting documents.

I / we hereby agree that the information provided in this form are true and correct to the best of my/our knowledge and understand that if any information provided through this form is found to be false, Allied Insurance has the right to cancel this form without any penalty what so ever. I/we agree that I/we have no objection to Allied Insurance verifying the information provided in this form via the relevant government authorities and any other reliable sources.

Signature: _____ Date: _____

For Admin use only
 Recieved by: _____ Date: _____ Signature: _____