

**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. : | |

COMPANY STAMP

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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 : | |

COMPANY STAMP