

VALIDATION SHEET

SUPPLIER DETAILS:			
Company Name :			
Registration Number :			
Legal Representative :			
Designation :			
Office Address :			
City:			
Skype:			
Business Phone :			
E-mail Address :			
Website:			
Corporate Fax No			
Annual Turnover			
Manufacturer or trader?			
If is a manufacturer factory's address			
Foundation year and license			
Number of employees			
License			
Quality Certifications	if the answer is positive annexing document	Yes	No
Product Certifications	if the answer is positive annexing document	Yes	
Froduct Certifications	ii the answer is positive affilexing document	162	INU
Others		Yes	No