



Metro Express Ltd

3rd Floor, SICOM Tower, Wall Street, Cybercity, Ebene 72201, Tel: 4600460

SUPPLIER'S REGISTRATION FORM

Legal Name of the Company /Supplier:	
Full Name of Signatory:	
Capacity in which signatory is signing:	
Address:	
Nature of Main Business: (Copy of Trading License/s to be enclosed)	
Number of Years of Experience:	
List and details of previous clients for which supplier has worked for:	
Catalogue /Brochure :(<i>if any</i>)	
VAT Registration Number (if applicable):	
Tel No:	
Contact Person:	
Email:	
Fax No:	
Website:	
Signature:	Date: