



COMPANY INFORMATION FOR COOPERATION

Doc. Code: KTP-MDS-QFI-703¹
Rev.: 0
Date of Revision: Aug 2021

COMPANY INFORMATION FOR COOPERATION

Name of company:	Date of establishment:
Field Of Activity: (Activity, Product, Brands, ...)	Request Type: <input type="checkbox"/> Selling products <input type="checkbox"/> Representation <input type="checkbox"/> Cooperation <input type="checkbox"/>

Address:	
Tel No.:	Fax. No.:
Email:	Website:

Name of Board Members:			
Position	Name & Surname	Tel No.	Email
Managing Director			

Products list/ Services (as attached)

No.	Product	Specification	Details

In case of being exclusive produce

Name of Product	Customer	Manual contract amount

Name Of The Person Completing The Form

Name and Position:	
Tel. No.:	WhatsApp No.:

Pls. do attach required Doc (Like Following Items) for Checking:

Catalogue / Presentation File

Reference list

Other