



NTPC SUPPLIER REGISTRATION FORM

Section 1: Company Details and General Information

Name of Company: _____

New Supplier Existing Supplier

Legal entities and organizations:

Local Please specify: Local Investment (Over 50% Lao shares/capital) Foreign Investment (Under 50% Lao shares/capital)

Oversea

Type of Business (Mark one only):

Representative office Branch office Sole Trader Partnership Limited Company

Public Company Private-State Mixed Enterprise: Other (specify): _____

Business Categories:

Air Conditioning Supplies Cleaning /Pest Control Supplies Electrical Equipment Household Electrical Appliance

Electronic IT & Computer Furniture Supplies Lab Consume & Equipment Printing & Publishing

Safety Equipment Sound System/ Music Instrument Spare parts & Tools Trading

Other (specify): _____

Office Address:

House No & Street Name: _____

Village: _____ District/ City: _____

Province/State: _____ Country: _____

Post code: _____

Tel: _____ Fax: _____

Email: _____

Website: _____

Sale/ Contact Person: _____

Sale/ Contact No: _____

Name of Company Representative

Authorized Person

1. _____ Tel: _____

2. _____ Tel: _____

3. _____ Tel: _____

Section 2: Financial Information

Payment Method: Cheque Bank transfer Cash L/C

BANK ACC # 1 (Currency.....)

Bank Name: _____ Swift / BIC Address: _____

Bank Address: _____

Bank Account Number: _____ Account Name: _____

IBAN: _____ Bank Key: _____

Email for payment informing: _____

BANK ACC # 2 (Currency.....)

Bank Name: _____ Swift / BIC Address: _____

Bank Address: _____

Bank Account Number: _____ Account Name: _____

IBAN: _____ Bank Key: _____

Email for payment informing: _____

BANK ACC # 3 (Currency.....)

Bank Name: _____ Swift / BIC Address: _____

Bank Address: _____

Bank Account Number: _____ Account Name: _____

IBAN: _____ Bank Key: _____

Email for payment informing: _____

TAX / VAT ID Number: _____

Business License: Yes, please enclose No

Import/Export License: Yes, please enclose No

IMPORTANT

1. YOUR FORM WILL BE ACCEPTED ONLY IF:

1.1. All blanks are filled

1.2. You attach to this form (Enterprise/Company)

- a copy of the Company Registration Certificate **or** your company's affidavit
- a copy of Articles of Association (if applicable)
- a proof to identify the authorized signatory of your company **if** the signatory is not the person whose name appears on the Company Registration Certificate or in the Company's affidavit (**Power of Attorney**)
- a copy of tax license

- a copy of Import/Export License
- a copy of bank account book on the page which indicates the details of the account holder (The bank account should be under the Company name)
- a list of currency accounts (if any)

1.3. You attach to this form (Individual)

- a copy of ID or Passport
- a copy of bank account book on the page which indicates the details of the account holder (The bank account should be under the supplier's name)

1.4. The signed and/or stamped supplier registration form with all required documents above must be submitted by Email: Procurement@namtheun2.com

2. NOTES

- To maintain your registration with NTPC, you are to provide a copy of the documents enclosed to this form **every year**.
- Any attempt to offer any benefit to our employee or agent will cause your business, or any business in which you are involved, to be blacklisted by NTPC
- NTPC pays its suppliers 30 days after the **due** receipt of goods or/and **due** completion of the services or/and due completion of works (upon NTPC's acceptance) against certify invoice received date by Document control (DCC).

• **Payment procedure to follow:**

The following documents shall be sent in a sealed envelop to the attention of the **Accounting Manager** through the **DCC** (Document Control Center):

- Delivery Note
- A copy of duly approved Purchase Order
- Tax Invoice with NTPC's reference such as the contract or the Purchase Order number

Nam Theun 2 Power Company Ltd.
DCC (Document Control Center)
Accounting Manager
5th&6th Floor, House No. 249, Unit 15, Lao-Thai Road
Vatnak Village, Sisattanak District, PO Box 5862
Tel: (856-21) 263 900, Fax: (856-21) 263 901

I certify that the information provided in this form is correct and, in the event of any change thereof, I will inform you accordingly.

Name: _____

Company seal

Title: _____

Signature: _____

Date: _____

NTPC section

Submitted by: Name: _____

Signature: _____ (Optional) Date: _____

Approved by: Name: _____

Signature: _____ Date: _____

Registered by: Name: _____

Signature: _____ Date: _____

Supplier ID: _____