



To: Companhia de Electricidade de Macau – CEM, S.A.

SUPPLIER REGISTRATION FORM

COMPANY PARTICULARS		
Name of Company: _____ (Registered Name)		
Postal Address: _____		
City _____	Country _____	
Phone _____	Fax _____	
Contact Person _____	Position / Title _____	
Phone (Dir.) _____	Mobile Phone _____	
e-mail address _____	Web site _____	
Business Registration No. _____ Valid Until _____		
Certificate of Incorporation No. _____ Date of Incorp. _____		
No. of years of service _____ No. of Employees _____		
Company Structure (e.g. listed co., limited co., partnership, sole proprietorship, etc.) _____		
Business Nature (e.g. trading, manufacturer, agent,...etc) _____		
For Limited Company: _____		
For Sole Proprietorship/ Partnership: _____		
Authorized Share Capital: _____		Name of Proprietor/Partners _____
Paid Up Capital: _____		_____
Name(s) of Director(s): _____		_____
_____		_____
Quality Systems Adopted (e.g. ISO, BS, DIN, JIS...etc.):		
<u>Qualifications Obtained:</u>	<u>Name of Issuing Authority</u>	<u>Date Obtained</u>



SUPPLIER BUSINESS INFORMATION

Please provide the major types or supplies/products or services that you are expected to trade with CEM as below:

SUPPLIER DECLARATION

I/ We certify that all information provided in this Supplier Registration Form is true and correct. I/ we undertake to inform CEM immediately if a member of our Directors in the company will have a conflict of interest in handling CEM tenders, purchases and contracts.

Authorized Signature: _____ Name (in Block Letter): _____

Position / Title _____

Date : ____/____/____ Company Chop: _____