

Registration Form for Goods in Exporters Data Bank

1- Registration in Exporters Data Bank: (This part will be filled out & completed by related Industry, Mine and Trade Organization)

Exporters <input type="checkbox"/>	Borders Marketplace & Frontiers <input type="checkbox"/>
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2- Real Entities of Managing Director's ID:

3- Legal Entities:

First Name & Surname:	Company Name:
Father's Name:	Managing Director's Name:
Date of Birth:	Chairman's Name:
Identity No:	Company's Registration No:
Place of Issue:	Date of Company Registration:
National code:	Establishment Date :

4- Information Pertaining to Business Card:

Business Card's No:	Place of Issue of B.C.:	Validity Date:
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5- Education:

Manager director Education					
High school <input type="checkbox"/>	Diploma <input type="checkbox"/>	Associate of art <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Ph.D <input type="checkbox"/>
Managing Director's field of study <input type="text"/>					
Foreign language : English <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> German <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="text"/>					
Foreign language knowledge: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> little <input type="checkbox"/> a little <input type="checkbox"/>					

Employed Persons in Company Who Have Sufficient knowledge to Foreign Language: (To be completed only by Companies)

No.	First Name & Surname	Indicate Foreign Language						No.	First Name & Surname	Indicate Foreign Language					
		English	French	Arabic	German	Russian	Spanish			English	French	Arabic	German	Russian	Spanish
1							5								
2							6								
3							7								
4							8								

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6- Type of Ownership and Possession:

Governmental <input type="checkbox"/>	Cooperative <input type="checkbox"/>	Private <input type="checkbox"/>
Other <input type="checkbox"/>		

7- Specifications of Working Location:

Company Office: Area (Square Meter)	
Owner <input type="checkbox"/>	Rental <input type="checkbox"/>

8- Company's Capital:

Fixed Capital:	Registered Capital:
Circulating Capital:	Value of Assets:

9- Contacts:

Central Office	Province:	City:	District:	Zip Code:
	Full Address: 1-			
	2-			
	Phone No. & City Code:		Fax No. & City Code:	
	Mobile Managing Director:		Mobile Commercial Manager:	
	E-mail:			
Web Site:				

Manufacturing Co.	Province:	City:	District:	Zip Code:
	Full Address:			
	Phone No. & City Code:		Fax No. & City Code:	
	Mobile Managing Director:		Mobile Commercial Manage:	
	E-mail:			
	Web Site:			

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10- Situation of the Company from the Viewpoint of Trading and Production:

Manufacturing <input type="checkbox"/>	Trading <input type="checkbox"/>	Mfg & Trading <input type="checkbox"/>
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No. of Exploitation License:

Date of Exploitation License:

11- Employment Situation in the Unit:

No.	Educational Level	No. of Women	No. of Men
1	High School		
2	Diploma		
3	Bachelor		
4	Master		
5	Ph.D		
Total			

12- Production Capacity (To be completed only by Manufacturers)**12/1- Nominal Capacity (As Per Production License):****12/2- The Quantity of the Present Production:****12/3- Changes on Type and Quantity of Production in Industrial License:****13- Membership in Manufacturing & Exporting Associations:**Membership in Manufacturing & Exporting Associations: Yes No

Name of Union / Association Membership: Membership No.:

Validity Date:

Place of Issue:

Activity field of union / Association:

Manufacturing Mfg & Exporting Exporting

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14- Foreign Shareholder (To be completed only by Companies)

1. Is the Manufacturing Unit Engaged in a Joint Venture with Foreigners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Name of Foreign Shareholder:		
3. Name of Shareholder's Country:		
4. Quantity of Foreign Shares	Percent	
5. Is the manufacturing unit under license of foreign company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

15- Situation of Production Lines: (To be completed only by Manufacturers)

Foreign Machineries <input type="checkbox"/>	Domestic Machineries <input type="checkbox"/>
Partial Foreign and Domestic <input type="checkbox"/>	
Name of the Supplier's of Machineries:	

Types of Consuming Raw Materials (To be completed only by Manufacturers)**In Manufacturing Units**

No.	Domestic	No.	Foreign
1		5	
2		6	
3		7	
4		8	

16- Standard and International Certificates: (To be completed only by Companies)

1- Are the manufacturing products according with standard:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2- Situation of standard of products	Compulsory <input type="checkbox"/>	Encouragement <input type="checkbox"/>
	Managerial <input type="checkbox"/>	Quality <input type="checkbox"/>
3- Type of Standard	National <input type="checkbox"/>	International <input type="checkbox"/>
4. Mention the most important international standards, which your country.		

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17- Product Section:

Agriculture <input type="checkbox"/>	Industries & Mines: <input type="checkbox"/>
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18- Product Group:**18/1. Agricultural**

Fruit, Vegetable & Flower <input type="checkbox"/>	Vegetables, Herbs & Medical Plants <input type="checkbox"/>
Nuts <input type="checkbox"/>	Skin, Leather & Pickled Skin <input type="checkbox"/>
Animal Foods <input type="checkbox"/>	Sea Food <input type="checkbox"/>

18/2. Industries & Mines

Food Stuffs <input type="checkbox"/>	Constructional Materials <input type="checkbox"/>
Nuts <input type="checkbox"/>	Home Appliances <input type="checkbox"/>
Mineral Products <input type="checkbox"/>	Leather (Natural & Synthetic) Vehicles, Spares, <input type="checkbox"/> Spare Parts
Machine Manufacturing and Making the <input type="checkbox"/> Equipments	Oil, Gas, Petrochemical and Chemical Products <input type="checkbox"/>
Products Made of Gold, Silver and Precious <input type="checkbox"/> Stones	Metals, Metal Industries, Forging, Casting and <input type="checkbox"/> Metallurgy
Medicine, Cosmetics, Sanitary and Medical <input type="checkbox"/> Equipments	Hand-Knotted Carpet <input type="checkbox"/>
Textile & Clothes <input type="checkbox"/>	Handicrafts <input type="checkbox"/> Other <input type="checkbox"/>

19- Type of Exporting Goods:

Indicate type of goods based the high value

No.	Description of Goods	H.S. Code	No.	Description of Goods	H.S Code
1			7		
2			8		
3			9		
4			10		
5			11		

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20-Buyer Countries:

No.	Name of Countries	No.	Name of Countries
1		5	
2		6	
3		7	
4		8	

21- Exit Customs:

No.	Name of Customs	No.	Name of Customs
1		5	
2		6	
3		7	
4		8	

22- Exportation of all goods during three recent years.

Year ...		Year ...		Year ...	
Value (\$)	Weight (kg.)	Value (\$)	Weight (kg.)	Value (\$)	Weight (kg.)

This Company / I..... Undertake and Confess that do and will do directly the export of goods for my benefit and in case, the offence to be proved, deserved to be deprived from all advantages and export facilities.

Accepting all responsibilities about indicating true or false information which has been indicated on these forms.

Undertaking to inform in written the Industry, Mine and Trade Organization of Province of any changes which may happen concerning the aforesaid information (in above mentioned forms) promptly.

Company Manager or Exporters:

Name & Surname:

Signature:

Confirmation by

The Province Industry, Mine and Trade Organization

Commercial Affairs & Trade Development Deputy

Industry, Mine and Trade

Organization Director:

Name & Surname

Name & Surname

Signature:

Seal & Signature