


Coding			Format			
10-10.1-F-014-v.2			FORMAT BASIC DATA FROM SUPPLIERS			
Date of issue						
31	05	2016				

Date	Day	Month	Year	Company ID :	Personal ID:	
Business Name/Trade Name						
Address <small>(Fill all the relevant information)</small>	Street			Town		City
	State/Province		Country		ZIP Code	P.O. Box
Contact Information <small>(Fill all the relevant information)</small>	Contact Person N° 1			Title		e-mail address
	Contact Person N° 2			Title		e-mail address
	Telephone N° 1	Telephone N° 2	Mobile N° 1	Mobile N° 2	Fax N° 1	Fax N° 2
Management System	Has your company a Management System ?				Which one ? Please specify	
Payment Data <small>(Fill all the relevant information)</small>	Bank		SWIFT	ABBA	Account Number	
	Type of Account Checking <input type="checkbox"/> Savings <input type="checkbox"/>				Bank Address (specify Country)	

COMPANY'S LEGAL REPRESENTATIVE SIGNATURE	
Name:	
Title:	

• The supplier is responsible for all the information included in this format.
 • The information included in this format is valid only if it's send with the legal representative signature.
 • Please, attach the certificate of the company's legal representative; this document must be issued recently (maximum 30 days)

NOTE: IT IS IMPORTANT TO FILL ALL THE INFORMATION REQUIRED IN THIS FORMAT. THIS INFORMATION MUST BE REVIEWED BY ETB SUPPLIER'S MANAGEMENT GROUP; OTHERWISE THE INCLUSION OF YOUR COMPANY IN ETB SUPPLIER'S DATABASE WILL NOT BE POSSIBLE.

HABEAS DATA: Hereby I declare that by signing this form, acting within my behalf and / or as the legal representative of the company, I authorize to ETB SA ESP , expressly, voluntarily and irrevocably, that all the information provided here and any additional information generate in the future as a result of trade and / or contractual relationship with ETB or its affiliates, that is registered in its database of suppliers, can be used, managed, captured, processed, verified and consulted in accordance with the current regulations.