

CPCO

Comité des Pêches pour le Centre Ouest
du Golfe de Guinée



FCWC

Fisheries Committee for the West Central
Gulf of Guinea

Supplier Registration Form

Company Information

Company Name: _____

Physical Address: _____

City: _____

Digital Address: _____

Postal Code: _____

Country: _____

Website: _____

Email: _____

Phone Number: _____

Contact Person Information

Contact Person Name: _____

Position/Title: _____

Email: _____

Phone Number: _____

Business Information

Year Founded: _____

Nature of Business: _____

Products/Services Offered: _____

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References:

Legal Information

Tax ID Number: _____

Business Registration Number: _____

VAT Registration Number (if applicable): _____

Bank Information: _____

Declaration and Authorization

I, _____, certify that the information provided on this registration form is accurate and complete. I authorize the FCWC to verify the information provided and to conduct any necessary background checks.

Signature: _____

Date: _____