

ALBO SUPPLIERS 'SHEET (Professionals) FOR COVERED INDIVIDUAL PROFESSIONALS

Customer Registry

Surname	Name
Date of Bith	Place of Birth:
Sex:	Country of Residence:
City of Residence:	ID Number:
Expiration (dd/mm/yyyy):	Citizenship:
e mail adress:	Phone:
Mobile:	

Bank Details

Bank Name:	State:
Ciry:	Branch:
c/c:	Swift Code:
IBAN n:	

Enrolment in the professional register

YES	NO
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Qualifications:

Educational Institution	Qualification
Attendance	From: to:

Language

English	level:
Arabic	level:
Italian	level:
Other language:	level:

Information Relevant to Your Professional Practice.

Has there been any change in your professional title?	
If yes, please indicate and attach proof.	
Current Title:	
Previous title:	
Specialty :	
Have you ever been accredited / registered by the commission before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Company name	
Position	
No Year	

Other Information:

Works carried out previously for the Italian Trader Commission or other Public Administration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If Yes Specify)	
works carried outside Jordan	
(if Yes specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you freelancer	<input type="checkbox"/> Yes <input type="checkbox"/> No

Macrosectors / Sectors / Categories / Sub-categories for the registration in the Suppliers Register

macrosector:	
Sector:	
Category:	
Subcategory:	

I declare that I have read and accepted the "Regulations for the Registration of the ICE Supplier List".

Date:

Signature:

I certify that, to the best of my knowledge and belief, all of the information on to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for termination/dismissal after I begin the project, and may be punishable by fine or imprisonment. I understand that any information I voluntarily give on or attached to this application may be investigated.

Date:

Signature: