

# Application Form

Please fill out all the questions below and provide supporting documents when requested.

**1. Company Name:**

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**2. Company Address:**

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**3. Details of Contact Person:**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Type of Business:**

*Please provide a description of the nature of business activities undertaken by your enterprise*

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**5. Date of Registration and NIPT (please attach related documentation):**

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**6. Does your company have pay taxes and social insurance liabilities regularly?**  Yes  No

*If yes, please provide proof of such payments made in the past 3 months:*

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