

 GreenSol Ltd	International Supplier Registration Form	
	Document No.	GSL-QMS-F-14B
	Revision No:	0
	Release Date:	24-JAN-2024

Instructions:

- Please complete this form electronically and email it to Jessica Mohammed at jmohammed@greensolltd.com
- Ensure all applicable required fields are filled out to avoid processing delays.
- Please fill out the form in BLOCK LETTERS.

CONFIDENTIALITY NOTE: The information provided in this form will be used solely for supplier approval and evaluation and will be kept strictly confidential. It will not be shared with third parties without prior consent.

SECTION 1: COMPANY INFORMATION

- 1 Company Name: _____
- 2 Registered Business Address: _____
- 3 Country of Registration: _____
- 4 Mailing Address (if different): _____
- 5 Company Website: _____
- 6 Year Established: _____
- 7 Business Structure: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability
- 8 Date of Incorporation: _____

SECTION 2: (A) PRIMARY CONTACT INFORMATION

- 1 Primary Contact Name: _____
- 2 Job Title: _____
- 3 Phone Number: _____
- 4 Email Address: _____
- 1 Secondary Contact Name: _____
- 2 Job Title: _____
- 3 Phone Number: _____
- 4 Email Address: _____

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SECTION 3: BUSINESS OPERATIONS

- Type of Business (Manufacturer,
1 Distributor, Service Provider, Other): _____
- Description of Products/Services
2 Provided: _____
- Industry Certifications (ISO, OSHA,
3 etc.): _____
- Safety and Environmental
4 Compliance Certifications: _____

SECTION 4: QUALITY & SAFETY COMPLIANCE

- 1 Do you have a Quality Management System? (Yes/No): _____
If yes, please provide certification details: _____
- 2 Do you have an Environmental Management System? (Yes/No): _____
If yes, please provide certification details: _____
- 3 Do you have a Health, Safety, Environment, and Quality Policy? (Yes/No) _____
If yes, please provide a copy. _____

SECTION 5: REFERENCES Please provide at least three business references:

- 1 Company Name: _____
Contact Person: _____
Phone Number: _____
Email Address: _____
- 2 Company Name: _____
Contact Person: _____
Phone Number: _____
Email Address: _____
- 3 Company Name: _____
Contact Person: _____
Phone Number: _____
Email Address: _____

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SECTION 6: DECLARATION & AUTHORIZATION I/We hereby certify that the information provided in this Supplier Registration Form is accurate and complete to the best of our knowledge. We understand that any misrepresentation may lead to disqualification from the supplier registration process.

Authorized Representative:

- 1 Name: _____
- 2 Job Title: _____

- 3 Signature: _____
- 4 Date: _____

- 5 Company Stamp: _____

