

Know Your Supplier (KYS)

Supplier Information

Full Name

(if individual supplier)

as per official ID :

First Name

Father's Name

Last Name

Legal Name

(if company): _____

Select One:

☐ registered in the Lebanese Ministry of Finance – registration number

☐ NOT registered in the Lebanese Ministry of Finance

Select One:

☐ registered in Lebanese VAT – registration number

☐ NOT registered in Lebanese VAT

Business Address:

State	محافظة	Caza	قضاء	Area	منطقة/بلدة	District	الحي
Street	الشارع	Building	المبنى	Floor	الطابق		

Phone number (landline): _____

Phone number (mobile): _____

Email address: _____

web site address (if any): _____

Kindly indicate your specified Line of Business: _____

Kindly indicate any regional or international affiliations and its locations: _____

Kindly indicate the beneficial owner(s) of the company as declared to the Commercial Registrar) _____

List of documents required from Supplier and deemed appropriate by LAU, including but not limited to, the following:

- Copy of IDs of Nationality(ies) or Passports for individual suppliers
- Certificate of Registration from the Ministry of Finance
- Recent Commercial circular of the company
- Minutes of recent Annual Shareholders' General Meeting / Attendance sheet showing the shareholders' names
- Certificate of Registration and/or Certificate of Incumbency Apostilled (for the foreign companies)

☐ I, the authorized signatory of the company, hereby confirm that:

1-I am fully aware of all domestic and international sanctions and restrictions that prohibit the provision of resources and support to individuals and organizations.

2-I will notify the Hospitals of any change in the Company's ownership.

3-The above information is true and accurate.

For and on behalf of the Company

Name: _____

Title: _____

Date: _____

Signature: _____

Company Seal (if company): _____