

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
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Street	الشارع	Building	المبنى	Floor	الطابق
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Phone Number (Landline): _____ Phone Number (Mobile): _____

Email Address: _____ Website 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 and Title: _____

Company Seal (if company): _____

Date: _____

Signature: _____