Suppliers should provide the following information to Departement of Health/ Abu Dhabi Public Health Centre to enable them in raising an ‘Entity-Request’, Please ensure the completed form is addressed to DOH Procurement procurement@doh.gov.ae

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| --- | --- |
| Company Name in English as per Commercial Registration OR License |  |
| Contact Person Details |  |
| First Name |  |
| Last Name |  |
| Office Number: +(Country Code)(Area Code)(Office Telephone Number)(space)(Extension) |  |
| Mobile Number: +(Country Code)(Mobile Number) |  |
| Contact Email Address |  |
| License and Tax Information |  |
| Commercial/Industrial License Number |  |
| Tax Registration Number |  |