REGISTRATION FORM

1. Name of the Company : ....................................................................................................................

2. Name of the Proprietor : .................................................................... Sex : ....................................

3. Trade License Number : ........................................... 4. Date of License Issue : .............................

5. Postal Address : ................................................................................................................................

6. Telephone Number (s) : ......................................................... 7. Fax Number (s) : .........................

8. Mobile # : .........................................................................................................................................

9. E-Mail Address (s) : ........................................................................................................................

...............................................................................................................................................................

10. Website : .........................................................................................................................................

11. Additional Information : .................................................................................................................
 (Location of office, etc.)

 Authorised Signatory :
 Name :

 Designation :

 Date :

Kindly please contact ABTO office in case of any changes in the above information.