



GS PARTNER / VENDOR REGISTRATION FORM

A) General Information

Company Name in (Full) :

Company Activities (As per licence) :

Company Website :

Year of Establishment :

Office Number :

Number of Project Executed :

Total Employees (Size) :

Geographical Coverage :
Of project Executed
(please Tick the regions)

- | | | | | |
|-------------------------------|----------------------------------|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> U.A. | <input type="checkbox"/> Qata | <input type="checkbox"/> Yemen | <input type="checkbox"/> Jordon | <input type="checkbox"/> Pakistan |
| <input type="checkbox"/> K.S. | <input type="checkbox"/> Bahrain | <input type="checkbox"/> Iraq | <input type="checkbox"/> Lebonon | <input type="checkbox"/> Indi |
| <input type="checkbox"/> Oma | <input type="checkbox"/> Kuwait | <input type="checkbox"/> Egyp | <input type="checkbox"/> Morocco | <input type="checkbox"/> Others |

2) **What services do you offer ?**

Product Test Research	<input type="checkbox"/>
Advertising Research	<input type="checkbox"/>
Demand Estimation	<input type="checkbox"/>
Parking Research	<input type="checkbox"/>
Channel Research	<input type="checkbox"/>
Advertising and Media Habits	<input type="checkbox"/>
Customer Satisfaction Research	<input type="checkbox"/>
Usage and Attitude Studies	<input type="checkbox"/>
Market Segmentation Research	<input type="checkbox"/>

B) **Field and Tab Experince In The Market**

Type of project executed

Face to Face	<input type="checkbox"/>
Business to Business	<input type="checkbox"/>
Car Clinic	<input type="checkbox"/>
Mystery Shopping	<input type="checkbox"/>
Focus Group	<input type="checkbox"/>
In Home Visits	<input type="checkbox"/>
Central Location	<input type="checkbox"/>
Others	<input type="checkbox"/>

Others (Please Specify)

3) Quality Standards

Please list all professional market research associations with which your agency is affiliated.

1	
2	
3	
4	
5	
6	
7	

4) Contact Information :

1st Contact :

Name :		Title :	
Email Address :		Responsibility :	
Telephone Number :			

2nd Contact :

Name :		Title :	
Email Address :		Responsibility :	
Telephone Number :			

3rd Contact :

Name :		Title :	
Email Address :		Responsibility :	
Telephone Number :			

5)

Financial Details :

Please provide your financial details for payment purposes :

Bank Name :

Bank Address :

Account Name :

Account No./BAND:

Sort code/Bic Code:

5)

Acceptance Of Vendorship / GS Partner

Authorised Signature :

Company Stamp :

Date : ____/____/____