



VAT INFORMATION COLLECTION FORM

Date

Legal Name of the Entity _____

Nature of Business: _____

Commercial Registration Number _____

Expiry Date: _____

VAT Registration Number: _____

Complete Address: _____

Contact Person's Name _____

Telephone # _____ Fax # _____

E-Mail: _____

Mobile # _____

Note: Please complete the form in English and attach along with the Form the Company's Trade License and Tax Registration Number Certificate.

Please send the complete form along with the certificates to account@alphaartuae.com;