



HADID

SUPPLIER REGISTRATION FORM

Ground Support

HADID, which is committed to conducting its business lawfully and ethically, requires the following information for HADID Compliance processes.

The omission of information in one or more sections of this form may lead to a delay or failure to register your company as a HADID partner.

Please be assured any information provided is kept in the strictest confidence.

Please complete the form below and send it to procurement@hadid.aero

General Information

Registered Company Name	<input type="text"/>		
Full Trading Name <i>(if different from above)</i>	<input type="text"/>		
Trading Address <i>(street, suburb, city, country)</i>	<input type="text"/>		
Registered Address <i>(if different from above)</i>	<input type="text"/>		
P.O. Box	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Email Address	<input type="text"/>
Mobile	<input type="text"/>	Website	<input type="text"/>
Fax	<input type="text"/>	SITA <i>(if applicable)</i>	<input type="text"/>

COMPANY STATUS

Please provide the following information

Senior Management

1. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
2. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
3. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

General Manager

Name	<input type="text"/>	Direct Telephone	<input type="text"/>
Email	<input type="text"/>	Mobile	<input type="text"/>

Finance Manager

Name	<input type="text"/>	Direct Telephone	<input type="text"/>
Email	<input type="text"/>	Mobile	<input type="text"/>

Accounts Manager

Name	<input type="text"/>	Direct Telephone	<input type="text"/>
Email	<input type="text"/>	Mobile	<input type="text"/>

Operations Manager

Name	<input type="text"/>	Direct Telephone	<input type="text"/>
Email	<input type="text"/>	Mobile	<input type="text"/>

Operations Department

Email	<input type="text"/>	Direct Telephone	<input type="text"/>
AFTN	<input type="text"/>	SITA	<input type="text"/>

LICENSES, INSURANCE AND SAFETY CERTIFICATES

Please provide the following information and submit all trade, registration, insurance and airport operations licenses to procurement@hadid.aero

Trade License Number	<input type="text"/>		
Commercial Registration Number	<input type="text"/>		
Date of Registration	<input type="text"/>	Number of Operational Years	<input type="text"/>
Third Party Liability Insurance Certificate Number	<input type="text"/>		
Does your company have Product Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Amount of Liability Insurance	<input type="text"/>		
Are your Ground Staff trained in Ramp Services and Safety Procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach a list providing the names of certified staff including copies of their certificates			
Does your company have the latest Quality Assurance certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach this certification			

LOCATION

HADID Company Policy strictly prohibits any operations or provision of services involving sanctioned countries.

HADID complies with all economic sanctions established by the United Nations, European Union, United States and all other jurisdictions where it operates.

ICAO Code	<input type="text"/>	IATA Code	<input type="text"/>
Airport Name	<input type="text"/>	City	<input type="text"/>
Slot Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airport of Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Hours	<input type="text"/>	VHF Frequency	<input type="text"/>
Tower	<input type="text"/>	ATIS	<input type="text"/>

AIRPORT FACILITIES

- | | | |
|--|--|--|
| <input type="checkbox"/> General Aviation Terminal | <input type="checkbox"/> Crew Lounge | <input type="checkbox"/> VIP Lounge |
| <input type="checkbox"/> Hangarage | <input type="checkbox"/> Maintenance Hangar | <input type="checkbox"/> Long-Stay Parking |
| <input type="checkbox"/> Cargo Handling Equipment | <input type="checkbox"/> Customs and Immigration | <input type="checkbox"/> Other |

If Other, please specify

SERVICES

Please tick whichever is applicable

	Your Own	Third Party		Your Own	Third Party
Aircraft Ramp Handling	<input type="checkbox"/>	<input type="checkbox"/>	Ground Support Equipment		
Aircraft Towing	<input type="checkbox"/>	<input type="checkbox"/>	Ground Power Unit	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning Unit	<input type="checkbox"/>	<input type="checkbox"/>
Baggage Handling	<input type="checkbox"/>	<input type="checkbox"/>	Air Starter Unit	<input type="checkbox"/>	<input type="checkbox"/>
Catering	<input type="checkbox"/>	<input type="checkbox"/>	Lavatory Service	<input type="checkbox"/>	<input type="checkbox"/>
Cargo Handling	<input type="checkbox"/>	<input type="checkbox"/>	Water Service	<input type="checkbox"/>	<input type="checkbox"/>
Customs and Immigration Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Pushback/Tow Tractor	<input type="checkbox"/>	<input type="checkbox"/>
Follow-Me Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Tow Bar	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Belt Loader	<input type="checkbox"/>	<input type="checkbox"/>
Slot/PPR Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	Conveyor Belt	<input type="checkbox"/>	<input type="checkbox"/>
Overflight Permit Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	High Loader	<input type="checkbox"/>	<input type="checkbox"/>
Landing Permit Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	Medium Loader	<input type="checkbox"/>	<input type="checkbox"/>
ATC Flight Plan Filing	<input type="checkbox"/>	<input type="checkbox"/>	Low Loader	<input type="checkbox"/>	<input type="checkbox"/>
Weather Forecast NOTAMs	<input type="checkbox"/>	<input type="checkbox"/>	Passenger Steps	<input type="checkbox"/>	<input type="checkbox"/>
FBO	<input type="checkbox"/>	<input type="checkbox"/>	De-icing Unit	<input type="checkbox"/>	<input type="checkbox"/>
Crew Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Forklift	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Catering Loader	<input type="checkbox"/>	<input type="checkbox"/>
Visa Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Baggage Trolley	<input type="checkbox"/>	<input type="checkbox"/>
Concierge Services	<input type="checkbox"/>	<input type="checkbox"/>	Baggage Tractor	<input type="checkbox"/>	<input type="checkbox"/>
Meet and Greet Services	<input type="checkbox"/>	<input type="checkbox"/>	Pallet Trailer	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	Container Trailer	<input type="checkbox"/>	<input type="checkbox"/>
Security Services	<input type="checkbox"/>	<input type="checkbox"/>	Ballets	<input type="checkbox"/>	<input type="checkbox"/>
Ramp Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Ramp Passenger Bus	<input type="checkbox"/>	<input type="checkbox"/>
Check-In Counter (<i>Commercial Flights</i>)	<input type="checkbox"/>	<input type="checkbox"/>	Ramp Crew Bus	<input type="checkbox"/>	<input type="checkbox"/>
Assist Passengers (<i>Commercial Flights</i>)	<input type="checkbox"/>	<input type="checkbox"/>		YES	NO
			Do you have your own aircraft fueling?	<input type="checkbox"/>	<input type="checkbox"/>
			Do fuel trucks have access to aircraft parking stands?	<input type="checkbox"/>	<input type="checkbox"/>
			If not, will the aircraft have to be towed to fuel pads?	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT METHOD

Do you provide a credit facility for Handling Services? YES NO

If yes, please specify credit facility terms:

If not, please specify a payment method:

CASH CREDIT CARD WIRE TRANSFER

Do you provide a credit facility for Airport Fees? YES NO

If yes, please specify credit facility terms:

If not, please specify a payment method:

CASH CREDIT CARD WIRE TRANSFER

Do you provide a credit facility for Fuelling Services? YES NO

If yes, please specify credit facility terms:

If not, please specify a payment method:

CASH CREDIT CARD WIRE TRANSFER

SUPPLIER BANKING DETAILS

Account Name	<input type="text"/>		
Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		
Account Number	<input type="text"/>	Branch Number	<input type="text"/>
SWIFT Code	<input type="text"/>	IBAN Number	<input type="text"/>

DECLARATION

I hereby declare, represent and warrant that the company and none of the company's directors or ultimate beneficiary owners or shareholders or group companies, affiliates, or subsidiaries are the subject or target of any trade or economic sanction law or regulation.

Our company does not act with or on behalf of any person that is on a Specially Designated Nationals List from OFAC, the European Union (EU) and the United Nations (UN).

The supplier will declare to HADID if any senior manager, shareholder or owner of the company is a Politically Exposed Person (PEP).

Name	Position	Company Stamp	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HADID