

# PRODUCT LIST [FORM C]

Sheet 1/3

Date:	
Vendor Reference Number (If Provided):	
Vendor Company name:	
Company Address:	
City:	
Postal Code:	
State:	
Country:	
Company Product Type:	<input type="checkbox"/> Machinery <input type="checkbox"/> Food Packaging <input type="checkbox"/> Paper Packaging <input type="checkbox"/> Equipments <input type="checkbox"/> Others
Company Type:	Manufacturer/ Distributor/ contract/ others (mention)
Contact Person:	
Contact Number:	
Email Address:	