

Company Registration Form



Company Registration Tender

WATER SUPPLY AGREEMENT 2018-2028

Project Ref: WCA-WSA001 2017

Water Corporation of Anguilla

Email to: watercorporation.anguilla@gmail.com

A. GENERAL INFORMATION HEAD OFFICE

1. Name of Firm/Company:

Chamber Registration Number: _____

2. Address:

Number: _____

Street Name: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

3. Communication Information

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

4. Persons Managing the Affairs of the Firm/Company:

First Names:

Last Names:

Position:

Signature


Date:

Company Registration Form

4. Persons Managing the Affairs of the Firm/Company:

First Names: _____ Last Names: _____ Position: _____	<u>Signature</u> <u>Date:</u>
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5. Short Description of the Companies Mission, Goal and Business Activities

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Project Ref: WCA-WSA001 2017

Water Corporation of Anguilla

Email to: watercorporation.anguilla@gmail.com

A. GENERAL INFORMATION REGIONAL OFFICE

1. Name of Firm/Company:

Chamber Registration Number: _____

2. Address:

Number: _____

Street Name: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

3. Communication Information

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

4. Persons Managing the Affairs of the Firm/Company:

First Names:

Last Names:

Position:

Signature

Date:

Company Registration Form

4. Persons Managing the Affairs of the Firm/Company:

First Names: _____ Last Names: _____ Position: _____	<u>Signature</u> <u>Date:</u>
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5. Short Description of the Companies Mission, Goal and Business Activities

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Company's Logo

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Project Ref: WCA-WSA001 2017

Water Corporation of Anguilla

Email to: watercorporation.anguilla@gmail.com

A. GENERAL INFORMATION **ANGUILLA OFFICE**

1. Name of Firm/Company:

Chamber Registration Number: _____

2. Address:

Number: _____

Street Name: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

3. Communication Information

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

4. Persons Managing the Affairs of the Firm/Company:

First Names:

Last Names:

Position:

Signature

Date:

Company Registration Form

4. Persons Managing the Affairs of the Firm/Company:

First Names: _____ Last Names: _____ Position: _____	<u>Signature</u> <u>Date:</u>
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5. Short Description of the Companies Mission, Goal and Business Activities

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Company's Logo