

Libyan Ports Company



Date :

Section1 : General Info

Company Info :

Address :

Postal Address:

City:

P.O.B #:

Country :

Phone :

Fax :

Email :

Website :

Authorized Contact Person :

Nature of Business :

Local

Overseas

Type Shareholding Rep. of Foreign Comp. Commercial Agent:

Free Zone Reg. Comp. Oil Services: Limited: Other

:Type of Activity : Industrial : Commercial: Auth. distributor

Consultant : Construction

Date of Establishment:

No. Of Employees :

.Licence No :

Tax ID :

Work Language Arabic English Other:



Section 2 : Experience

Recent contracts and assignments Local or International:			
Entity Name	Contract value	Year	Product Description

What are the entities in which the company has implemented projects?

Section 3 : Other Info

Does the company have safety and environmental health?
 Yes No

Any disputes in which the company was a party:
 Yes No

I, the undersigned, declare that the information listed is correct and I commit to updating it if it changes

Name:
 Job:
 Date:
 Signature: