(NCPF) NEW COMMERCIAL PARTNER FORM

COMPANY INFORMATION:

Company Name:	
Trading Name (if different):	
Registered Company Address:	
Operational Address (if different):	
Country of Registration:	
Company Registration Number:	
Business Type: (please tick):	[ ] Sole Trader [ ] Limited Company [ ] Partnership
VAT/Tax Number:	
Website:	

CONTACT DETAILS

Primary Contact Name:	
Job Title:	
Contact Telephone Number:	
Email Address:	
Alternative Contact Name:	
Job Title:	
Contact Telephone Number:	
Email Address:	

PRODUCTS: (Please complete only if there is no list/catalog available).

Product Category: (e.g, Poultry, Seafood, Frozen Vegetables):	
Product Names & Specifications:	
Packaging Formats Available:	
Minimum Order Quantities (MOQ):	
Shelf Life:	
Certifications: (e.g, Halal, BRC, ISO, Organic)	

PRICING & TERMS:

Currency:	
Standard Payment Terms (e.g, 30 Days, Letter of Credit, Upfront Payment)	
Pricing Model / Incoterms: (e.g, EXW, CIF, FOB, DDP)	
Volume Discounts Available? (Yes/No, if yes, please provide details):	
Other Commercial Terms:	

LOGISTICS & DELIVERY

Production/Warehouse Location(s):	
Regions You Can Supply To:	
Delivery Terms (e.g, EXW, FOB, CIF, DAP):	
Average Lead Time for Orders:	
Prefered Shipping Methods (Road, Air, Sea):	
Cold Chain Logistics Available? (Yes/No)	

QUALITY ASSURANCE & COMPLIANCE:

Do you have a Quality Control system in place? (Yes/No, If Yes, please describe):	
Lists of Certifications & Accreditations:	
Traceability System in Place? (Yes/No, If Yes, please describe):	
Recall/Returns procedure in place? (Yes/No, if Yes, please describe):	
Sustainability Practices (if applicable)	

ADDITIONAL INFORMATION:

Please provide any other relevant information about your company or products:	

COMPLETED BY

Name:	
Position:	
Date	
Signature:	