

**GUIDELINES TO COMPLETE THE FORM**

This is a single standardized form of Tatweer Petroleum - Bahrain Field Development Company WLL. ("Tatweer") applicable to suppliers that are registered in Tatweer's supplier system.

FORM

1. Complete the Registered Supplier Information Modification Form by completing only the necessary sections, indicating the action to be executed.

- **Add:** Complete only the **New Data** column
- **Remove:** Complete only the **Old Data** column.
- **Modify:** Complete both **Old Data** and **New Data** columns.

2. Have a duly authorized person in your company sign and stamp on each page.

- If more than one change is required in the same section, please complete and submit as many forms as necessary.

ATTACHMENT

Scan and email or mail the signed form and the suitable supporting documents to the address listed below.

If the form and supporting documents are sent via email, the original documents shall not be required.

Email Address:
isupplierhelpdesk@tatweerpetroleum.com

Mail Address: Tatweer Petroleum - Bahrain Field Development Company W.L.L, P.O Box 25888, Awali, Kingdom of Bahrain

NEXT STEP

Tatweer personnel will review and validate the information. Additional information and documentation may be requested to support the modification(s).

- If applicable, Tatweer personnel will modify the information and send an email when the modification has been completed.

- Suppliers that have access to the iSupplier Portal ("Portal") will be able to see the modified changes in the Portal.

Note: Additional information is available in Tatweer's supplier web pages <http://tatweerpetroleum.com/supplier-overview/>

MODIFICATION REQUEST DATA

Tax Payer ID and/or Tatweer Supplier Number:

CONTACT PERSON TO VERIFY THE REQUESTED CHANGES

Full Name:

Phone Number:

Job Title:

Email:

SECTION 1 - UPDATE THE ISUPPLIER PORTAL SUPPLIER SECURITY ADMINISTRATOR

Action Required:

Remove

Add

Modify

Note: If your company is currently doing business with Tatweer but does not have access to the iSupplier Portal, please complete this section and submit this form along with the Confidentiality and Release Agreement available on:

<http://tatweerpetroleum.com/supplier-overview/>

	Old Data	New Data
Country		
First Name		
Last Name		
Job Title		
Phone Number		
Email Address		
Change Effective Date		
Comments		

**SECTION 2 - UPDATE COMPANY STRUCTURE**

Change Type:	<input type="checkbox"/> Close Out	<input type="checkbox"/> Legal Name Change
	<input type="checkbox"/> Acquisition/Merger	<input type="checkbox"/> Legal Structure Change
Requirements:		
<ul style="list-style-type: none"> • Attach documentation to demonstrate new legal structure changes. • For United States based Supplier, signed W-9 Tax ID form is required. 		
	Old Data	New Data
Parent Company		
Legal Name		
Registration ID		
Taxpayer/VAT ID		
Legal Structure		
Have you acquired the Accounts payable liability of the previous Corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you provided all purchasing documents (e.g. contracts, purchase order, etc.) in place for the previous Corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change Effective Date		
Comments		

SECTION 3 - UPDATE ADDRESS

Action Required:	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Modify
	Old Data		New Data
Address			
City			
State			
Country			
Postal Code/Zip Code			
Contact			
Phone			
Fax			
Email (*)			
Payment Address (***)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchasing Address (**)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change Effective Date			
Comments			

Notes:

(*) **Email address:** Required. Tatweer will electronically communicate applicable transactions.

(**) **Purchasing Address:** Address where your company will eventually receive sourcing and/or purchasing documents.

(***) **Payment Address:** Address where your company will eventually receive payments. However, Tatweer's preferred method of payment is electronic. Please provide banking information if your Company is receiving checks.

**SECTION 4 - UPDATE BANKING INFORMATION (ACCOUNT/BANK)**

Action Required:	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Modify			
	Old Data		New Data			
Supplier's Account Number						
Account Type (*)	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving		
Electronic payment types allowed for this account	<input type="checkbox"/> ACH	<input type="checkbox"/> Wire	<input type="checkbox"/> Both	<input type="checkbox"/> ACH	<input type="checkbox"/> Wire	<input type="checkbox"/> Both
Supplier's Account Name						
Bank Name						
Bank Branch Name						
Bank Branch Address						
Bank Type	<input type="checkbox"/> ABA	<input type="checkbox"/> CBU	<input type="checkbox"/> ABA	<input type="checkbox"/> CBU		
	<input type="checkbox"/> CHIPS	<input type="checkbox"/> SWIFT	<input type="checkbox"/> CHIPS	<input type="checkbox"/> SWIFT		
	<input type="checkbox"/> other, specify:		<input type="checkbox"/> other, specify:			
Branch Type Number (**)						
IBAN						
Sort Code (UK Banks)						
Country						
Account Currency						
E-mail for remittance advice						
Change Effective Date						
Comments						

Notes:

(*) Supplier is required to provide an authorization letter identifying the person who will be collecting the check from Tatweer.

(**) Populate the Branch Type Number (ABA 9 digits, CBU 22 digits, etc.)

SECTION 5 – OTHERS

Action Required:	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Modify	
	Old Data		New Data	
Explain requested changes not included in above sections.				

I, as an authorised person of the Supplier identified above hereby certify that all of the information provided to Tatweer in this Form (and any attachments hereto) is true and accurate.

Full Name

Job Title

Email Address

Phone Number

Signature

Date

Importance Note: This form MUST be signed & stamped by a duly authorized officer or employee of the Supplier (EVIDENCE MUST BE ATTACHED)