

## Registration Form

### Instructions

- Please complete the form as comprehensively as possible ensuring that your writing is clear and legible.
- All fields must be filled applicable.
- If you require any assistance in completing the form the contact:
  - **Al Sharq, Lusail and The Peninsula Advertising Manager:**
  - Tel: +974 4455 7800 / 847
  - Fax: +974 4455 7898

### 1. Profile:

#### ➤ **Main Office / Headquarters:**

Company Name: .....

Telephone: ..... Telephone (2): .....

Fax: ..... Fax (2): .....

P.O.Box No.: .....

Location: .....

City: .....

Country: .....

Email: .....

Web: .....

Please enclose a copy of:

- The Commercial Registration Documents.
- The Membership Certificate.

#### ➤ **Commercial Contact:**

Contact Name: .....

Title: .....

Telephone: .....

Mobile: .....

Fax: .....

Email: .....

➤ **Finance Contact:**

Contact Name: .....

Title: .....

Telephone: .....

Mobile: .....

Fax: .....

Email: .....

Receive Invoices by E-mail: Yes  / No

**2. Ownership:**

➤ **Please list the names of any Partners/Co-owners of the business.**

	<b>Name</b>	<b>Direct No.</b>	<b>Mob. No.</b>

Authorized Capital (QAR): .....

➤ **Please list the Names and Titles of your Senior Management:**

	<b>Name</b>	<b>Direct No.</b>	<b>Mob. No.</b>

**3. Declaration:**

We hereby certify that the above particulars are true and correct and accept that **Al Sharq, Lusail and The Peninsula** newspapers has the right to verify as and when required all documents and details given as part of the submission.

**Name:** ..... **Title:** .....

**Signature:** ..... **Date:** .....

**Official Company Stamp:**