UNIDO – ARCEIT

Entrepreneur’s Network

EDIP Services Provider Application Form

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| **Company Name:**  |  |
| **CR Number / License Number** |  |
| **Line of Business** |  |
| **Company Address** |  |
| **Company Office Number** |  |
| **Contact Person** |  |
| **Designation** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Details of special offers if any****(discounts, package deals or installment plans)** |  |