|  |  |
| --- | --- |
| Application mode : | Activate  Modification  Inactive |

**To be filled by vendor**

|  |  |
| --- | --- |
| Company’s Name: |  |
| Tax Payer ID Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Address: | |  | | |
| 2 | Mail Box: | |  | | |
| 3 | Telephone(s): | |  | Fax: |  |
| 4 | Country: | |  | City: |  |
| 5 | Legal representative e-mail: | |  | | |
| 6 | Sales contact e-mail Services contact e-mail: | |  | | |
| 7 | Vendor activity: | |  | | |
| 8 | Contact/Representative: | |  | | |
| 9 | Additional information: | |  | | |
|  | |  |  | | |

**Experience according to areas**

|  |  |  |
| --- | --- | --- |
| **N°** | **Service Category** | **Years of experience** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |

|  |  |  |
| --- | --- | --- |
| **N°** | **Material Category** | **Years of experience** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |

I declare that the communications issued from the emails registered in this form and the information uploaded in the SAP system under the code assigned by YPFB TRANSPORTE S.A. represent the will of the company I represent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Applicant | Revised | Approved | Registered |
| Signature: |  |  |  |  |
| Full Name: |  |  |  |  |
| Position: |  | Suppliers Data Base Analyst | Head of Supplier Management | System Administrator |
| Date: |  |  |  |  |