



NUPCO E-Marketplace Account Opening Form

For Medical Supplies Only

Transaction Number: (.....)

Date: (.....)

Account Holder Information			
Entity/Department:			
Full Name:			
Employee Number:		Mobile Number:	
University Email:		Extension Number:	
Specialization:			
Based on the above information, I hereby affirm that the details provided are accurate and non-editable. I accept full responsibility for this account and confirm that no other account exists for the same entity (college) on the NUPCO E-Marketplace platform			
Signature:			

Note: The account holder's specialization must be in the medical field only.

Requesting Entity Head	
Name:	Stamp:
Signature:	

Director of Medical Supply Administration	
There is no objection to creating an account for the above-mentioned employee	
Name: Ahmed bin Mohammed Al-Bakri	Stamp:
Signature:	