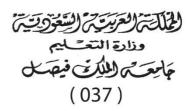
KINGDOM OF SAUDI ARABIA

Ministry of Education
KING FAISAL UNIVERSITY
(037)





NUPCO E-Marketplace Account Opening Form

For Medical Supplies Only

| Transaction Number: () | | | |
|---|--|-------------------|--|
| 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: | | | |