



**INAYAH TPA (L.L.C)**

**Provider Details**

Name of Provider: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Address: \_\_\_\_\_  
P.O. Box No.: \_\_\_\_\_  
Street: \_\_\_\_\_  
Building: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Discount Offered: \_\_\_\_\_

**Bank Details:**

Account Holder name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Bank/Branch name: \_\_\_\_\_

**Doctor's Speciality**

Name: \_\_\_\_\_  
Qualification & Speciality: \_\_\_\_\_  
MOH/DOH: \_\_\_\_\_  
Classification: \_\_\_\_\_  
\_\_\_\_\_

**Documents to be Enclosed:**

Copy of Trade License, Pharmacist License, MOH License, Price/rate List. Please ensure the name of the Bank Account Holder is the same as the name listed under "Name of Provider".

\_\_\_\_\_  
Provider's Signature with Date & Stamp: