



# REGISTRATION FORM

## Instructions

1. Use Capital Letters
2. Cross  the applicable boxes
3. Use extra sheet, where necessary
4. Attach photocopies of all relevant testimonials

Application For the Category: \_\_\_\_\_

## I. Business information

<b>Title of the Vendor</b>	<input type="checkbox"/> M/s	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms	<input type="checkbox"/> Company	<input type="checkbox"/> Dr.	<input type="checkbox"/> Advocate
<b>Name of the Firm (Max 40 digits)</b>							

<b>Company Address (Max 125 digits)</b>			
<b>City, Province</b>		<b>Country</b>	
<b>PO Box</b>		<b>Postal Code</b>	
<b>Telephone Number(s)</b>		<b>Fax Number</b>	
<b>Office Premises</b>	<input type="checkbox"/> Commercial Area <input type="checkbox"/> Residential Area		
<b>Country in which company is registered</b>			

<b>Date &amp; Year of Company Establishment</b>						
<b>Business Type</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Broker</b>	<b>Manufacturer</b>	<b>Supplier</b>	<b>Contractor</b>	<b>Consultant</b>	<b>Distributor</b>
<b>National Tax ID Number (NTN)</b>			<b>Sales Tax (GST Number)</b>			
<b>Business Registration / PEC Registration</b>	<b>PEC Number</b>	<b>Year of Registration</b>		<b>Category</b>		

<b>Status of the Firm</b>	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Limited
<b>Name(s) of Proprietor, Partners OR Directors</b>			

## II. Contact Person Information

<b>CONTACT NAME Mr./Mrs./Miss</b>	
<b>Contact Telephone (Ext.) Number/Cell No.</b>	
<b>Contact Email Address</b>	
<b>Contact CNIC Number</b>	



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## III. Other Information (For Producers)

Address of Factory (If Any)							
City		Country		PO Box		Postal Code	
Telephone Number		Fax		Cell #		Contact Person	

## IV. Product/Service Information

What is Principal Product(s)?			
Is Your Company ISO 9000 Certified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do Test Certifications accompany your Products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What form of Payment Method do you accept?		<input type="checkbox"/> DD	<input type="checkbox"/> Cheque
Name and address of bankers:			
Biggest amount of Order			
Annual Buss. Turnover for Last 03 Years (Rs.)	Year 1	Year 2	Year 3

**NOTE:** Please provide relevant documents in proof of the above figures.

## V. E-Business Readiness

Type of Internet Connection:		<input type="checkbox"/> Dialup	<input type="checkbox"/> Broadband	<input type="checkbox"/> ISDN
Power Backup Facility		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Computer Equipment used in office		No. of Computer Literate Employees		
Do you currently have a web site?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you sell your Products/Services Online?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## VI. Customer References



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## Reference No. 1

<b>Name of Company</b>			
<b>Company Address</b>			
<b>Contact Name</b>		<b>Email Address</b>	
<b>Telephone Number(s)</b>		<b>Fax Number</b>	
<b>No. Of Years</b>		<b>Amount of Business</b>	

## Reference No. 2

<b>Name of Company</b>			
<b>Company Address</b>			
<b>Contact Name</b>		<b>Email Address</b>	
<b>Telephone Number(s)</b>		<b>Fax Number</b>	
<b>No. Of Years</b>		<b>Amount of Business</b>	

## Reference No. 3

<b>Name of Company</b>			
<b>Company Address</b>			
<b>Contact Name</b>		<b>Email Address</b>	
<b>Telephone Number(s)</b>		<b>Fax Number</b>	
<b>No. Of Years</b>		<b>Amount of Business</b>	

**NOTE:**

*This is not a Credit Reference*



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## VII. Declaration

I/We hereby confirm that all the information given in this form and in attached document are true and correct to the best of my/our knowledge. Any false information shall result in immediate disqualification.

If pre-qualified by PSO I/we shall strictly adhere to all the rules, regulations, terms and conditions as laid down by PSO.

**Signature(s) of Proprietor / Partners/Directors**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Designation**

\_\_\_\_\_

**NIC No.**

\_\_\_\_\_

**Specimen Signature of Contact Person**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Designation**

\_\_\_\_\_

**NIC No.**

\_\_\_\_\_

<b>Rubber Stamp of Vendor</b>

### IMPORTANT NOTE:

- *Submission of this Application does not guarantee that the applicant shall be registered with Chemicals Department of PSO.*
- *PSO may ask for any further details or may physically inspect the applicant's organizational set-up / factory at any time without prior notice.*
- *Please ensure to provide complete information asked for in the absence of which your application will not be considered.*

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## VIII. TESTIMONIALS

**Please attach following documents and check  the applicable box**

- Company Profile along with the Letterhead of Company containing full details regarding Branch Office(s), Tel #, Cell#, Fax # and Email etc.
- Photograph(s) of Proprietor/ Partners/ Directors.
- Photocopies of National ID Cards of the above.
- In case of partnership, attested copy of partnership deed.
- Attested copy of National Tax Registration Certificate.
- Attested copy of Sales Tax Registration Certificate.
- Audited financial report for last three (03) years. (In case of Petty Contractors, copy of Bank Statement).
- In case of Printers, copy of Declaration.
- In case of Manufacturers / Stockist / Printers, copies of relevant documents to prove that the factory / godown area is owned / leased by you and also that the machinery is owned by you.
- Pakistan Engineering Council Registered Licence.
- An undertaking on Non Judicial Stamp paper that you are not defaulters from any bank / any other institute / Company and that you are not blacklisted with any Govt. / Semi Govt. or any Firm / Organization / Company.
- Copies of Orders** from major clients to reflect the volume of business you have done with them.
- Names, designation, telephone numbers of persons of your major clients who could be contacted for reference.
- Any Other Details, Please Specify:

\_\_\_\_\_  
**VENDOR Signature**

### **FOR OFFICE USE ONLY**

\_\_\_\_\_  
**FILLED BY**

Name \_\_\_\_\_

Extension \_\_\_\_\_

\_\_\_\_\_  
**CHECKED BY MANAGER (P&S)**

\_\_\_\_\_  
**APPROVED BY DGM (P&S)**