



# APPLICATION FOR REGISTRATION

APPLICATION FOR THE FIELD OF

### INSTRUCTIONS

1. Use Capital Letters
2. Cross  the applicable boxes
3. Use extra sheet, where necessary
4. Elaborate the entries, if marked "OTHER"
5. Attach photocopies of all relevant testimonials

FIELD OF SPECIALIZATION

## 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>Date &amp; Year of Company Establishment</b>						
<b>Business Type</b>	<input type="checkbox"/> Broker	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Supplier	<input type="checkbox"/> Contractor	<input type="checkbox"/> Consultant	<input type="checkbox"/> Distributor
<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</b> Mr./Mrs./Miss	
<b>Contact Telephone (Ext.)</b> Number/Cell No.	
<b>Contact Email Address</b>	
<b>Contact NIC Number</b>	



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## III. OTHER INFORMATION

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

Number of Employees		Permanent	Temporary	OTHER
	Technicians			
	Skilled			
	Unskilled			
	OTHER			

**NOTE:** Please attach Separate Sheet to indicate their Qualification and Experience.

Details of Machinery & Equipment(s) owned by your Company	
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**NOTE:** Please attach Separate Sheet to indicate MAKE, MODEL, and COUNTRY OF ORIGIN etc.

## IV. PRODUCT/SERVICE INFORMATION

What is Principal Product(s) / Service(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 are your Company's Warranty and Repair Procedures?		
Do You have Engineering, Testing or Repair Service Facilities available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Please Provide Location:		
Do You have an after hours/Holiday Standby Program for Customer emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Please give After Hours/Emergency Phone Number/Cell No.:		
How often Do you pay your employees their wage(s):		
What is your process in notifying customers of Back Orders?		
What form of Payment Method do you accept?	<input type="checkbox"/> DD	<input type="checkbox"/> Cheque
<b>BANKER:</b>		
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.

Are you/your partners/Managers/Supervisors employed by or have been employed at any time by PSO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**NOTE:** If YES, Please give Details.



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## V. E-BUSINESS READINESS

Do you have Internet Facility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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

### Reference No. 1

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

### Reference No. 2

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

### Reference No. 3

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

**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 Procurement & Services 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)**