

JICA PAKISTAN OFFICE SUPPLIER REGISTRATION FORM

01. General Information

Name of Company / Individual	
Status (It must be same as National Tax Number (NTN) Certificate. Copy of NTN Certificate must be attached)	<input type="checkbox"/> Business Individual <input type="checkbox"/> Association of Persons (AOP) <input type="checkbox"/> Firm <input type="checkbox"/> Company
Please fill in below in the case of status as Assosiation of Persons/Firm/Company	
Name of Representative	
Year Founded	
Capital	
Number of Permanent Employees	
Name of Mother Company (if any)	

02. Contact Information

Contact Person / Position	
Address	
Telephone/Mobile Number	
Fax Number	
E-mail	
Website	

03. Field of Services

<input type="checkbox"/> Equipment for Agriculture / Livestock	<input type="checkbox"/> Equipment for Construction
<input type="checkbox"/> Water Treatment/Equipment/Products	<input type="checkbox"/> Equipment for Energy
<input type="checkbox"/> Equipment for Health/Medical Supplies	<input type="checkbox"/> Equipment for Geological
<input type="checkbox"/> Equipment for Meteorological	<input type="checkbox"/> Disaster Relief Goods (such as Tent, Pills, etc.)
<input type="checkbox"/> Equipment for Technical & Vocational Training	<input type="checkbox"/> Office Supply (such as Stationery, etc.)
<input type="checkbox"/> Computer Hardware	<input type="checkbox"/> Computer Software
<input type="checkbox"/> IT Equipment	<input type="checkbox"/> Electronics
<input type="checkbox"/> Bullet Proof Vehicles/Parts/Accessories	<input type="checkbox"/> General Vehicles/Parts/Accessories
<input type="checkbox"/> Equipment for Security/Fire Fighting	<input type="checkbox"/> Transport & Storage
<input type="checkbox"/> Clearing Agents	
<input type="checkbox"/> Others ()

04. More than 1 Million PKR Business Experience as Supplier of Goods (Recent 10)

Name of Project	Counterpart	Year	Cost	Field

05. Financial Information (If available)

	Most Recent Financial Year (e.g. 20XX)	Prior Financial Year (e.g. 20XX)
Net Worth		
Net Sales		

I do hereby certify that I have the authority to prepare and submit this registration form and at the information provided is true and correct.

Signature	
Name	
Designation	
Date	

Attached Document

- Copy of National Tax Number Certificate (Necessary)

(For Internal Use)

Confirmed Date: