

JICA PAKISTAN OFFICE CONSULTANT 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"/> Agriculture <input type="checkbox"/> Livestock <input type="checkbox"/> Economy / Finance <input type="checkbox"/> Energy <input type="checkbox"/> Health <input type="checkbox"/> Water/Sanitation <input type="checkbox"/> Waste Management <input type="checkbox"/> Border Area Stabilization <input type="checkbox"/> Rural Development <input type="checkbox"/> Community Development <input type="checkbox"/> Technical and Vocational Training <input type="checkbox"/> Software Maintenance <input type="checkbox"/> Insurance <input type="checkbox"/> Others ()	<input type="checkbox"/> Irrigation <input type="checkbox"/> Trade / Investment <input type="checkbox"/> Road Construction / Transportation <input type="checkbox"/> Education <input type="checkbox"/> Social Welfare (including Support for Disabilities) <input type="checkbox"/> Environment <input type="checkbox"/> Disaster Management <input type="checkbox"/> Counter Terrorism / Security <input type="checkbox"/> Urban Development <input type="checkbox"/> Governance <input type="checkbox"/> Gender <input type="checkbox"/> Media (Newspaper, TV, Radio, Internet) Advertisement <input type="checkbox"/> Audit Matters
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04. More Than 1 Million PKR Business Experience as Consulting Service Provider (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: