



KINNAIRD COLLEGE FOR WOMEN

VENDOR REGISTRATION FORM

Section 1: Company General Information

1. Name of Company:																						
2. Nature of Business: Manufacturer <input type="checkbox"/> *Authorized Agent <input type="checkbox"/> Trader <input type="checkbox"/> Consulting Company <input type="checkbox"/> *Re-seller <input type="checkbox"/> *Authorized Dealer <input type="checkbox"/> *Specify Companies: _____																						
3. Type of Business: Listed Company <input type="checkbox"/> Non-listed Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Others (Please Specify): _____																						
4. Year of Establishment	5. Number of Full-time Employees																					
6. City where registered																						
7a. Sales Tax No <table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					-					-												
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7b. National Tax No <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
8. PEC Registration No: (If applicable)	9. PEC Category:																					
10. Others _____																						

11. Postal Address:	P.O. Box:	(if any)
Postal Code:	City:	
Country:		

12. Tel:	13. Fax:
14. Email:	15. Web Address:

16. Contact Details:	
a. Name: _____	b. Name: _____
Designation: _____	Designation: _____
Contact Number: _____	Contact Number: _____

Section 2: Financial Information Technical Capability and Information (for limited Companies and Partnership)

17. Bank Name: Branch Address:	
18. Bank Account Number:	Account title:
19. Please provide a copy of the company's most recent Annual or Audited Financial Report. (If available):	



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20. Quality Assurance Certification (e.g. ISO 9000 or Equivalent) (please provide a Copy of your latest Certificate if any):

21. Goods offered for Supply conform to National/International Quality Standards?

Yes

No

22. List below your core Goods/Services offered:

Sr No.	Description (one Line for each Item)	National/International Quality Standard to which Item conform (if any)

Section 3: Other

23. List National or International clients. (Detail to be enclosed with the form)

24. Certificate:

I certify that the information provided in this form is correct and in the event of changes, details will be provided as soon as possible:

Name

Functional Title

Signature

Date

Please send this form to following address through registered post or courier service:

The Principal
Kinnaird College for Women
93 Jail Road, GOR I,
Lahore, Punjab
54000 Pakistan.
Ph: 042-99203781

Note:

- This form is only for registration with Kinnaird College for Women for future business.
- It must not be considered as prequalification.