



KHYBER PAKHTUNKHWA OIL & GAS COMPANY LIMITED (KPOGCL)

3rd Floor Ali Tower Opp. Custom House University Road, Peshawar, Pakistan

Tel: +92 91-9216283, +92 91-9216029 Fax: +92 91-9216295

E-mail: info@kpogcl.com.pk Web: www.kpogcl.com.pk

Form No. _____/2017-18

VENDOR REGISTRATION FORM

I / We seek to register with KPOGCL as a supplier of:

GOODS

WORKS & SERVICES

Please complete in full – Type or print in ink

SECTION 1: FIRM DETAILS AND GENERAL INFORMATION		
1	Name of Firm	
2	Address	
3	Telephone Number	
4	Fax Numbers	
5	Email	
6	Website	
7	Firm Registration Certificate (Attach Copy)	Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/>
8	NTN Certificate (Attach Copy)	Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/>
9	GST Certificate (Attach Copy)	Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/>
10	KPST Certificate (Attach Copy)	Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/>
11	Date Firm was established. (Min 3 Years Required)	

12	Gross Annual Sales for Last 3 years	1. Year _____ Sales _____ (PKR) 2. Year _____ Sales _____ (PKR) 3. Year _____ Sales _____ (PKR)
13	Previous experience	1. _____ 2. _____ 3. _____
14	Firm Legal Structure	Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Concern <input type="checkbox"/>
15	Type of Business	Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Franchise / authorize agent <input type="checkbox"/> Works/ Construction <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____
16	Details of Goods & Services offered by your Firm	1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____

SECTION 2 : DETAILS OF FIRM REPRESENTATIVE (Direct Contact)

1	Name	
2	Designation	
3	Address	
4	Land Line Number	
5	Mobile Number	
6	Email Address	

7	CNIC (Attach Copy)	
8	Other details if any	

SECTION 3 : DETAILS OF FIRM REPRESENTATIVE (Alternative)		
1	Name	
2	Designation	
3	Address	
4	Land Line Number	
5	Mobile Number	
6	Email Address	
7	CNIC (Attach Copy)	
8	Other details if any	

SECTION 4: BANKING INFORMATION		
1	Bank Name	
2	Branch Address	
3	Beneficiary Name	
4	Account Currency	

5	Branch Code	
6	Account Number	
<i>As per KPOGCL policy, above banking details will be kept highly secret</i>		

SECTION 5: CERTIFICATION	
<p>I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:</p>	
Name: _____	Designation: _____
Signature: _____	Date: _____