



## **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@kdogcl.com.pk](mailto:info@kdogcl.com.pk) Web: [www.kdogcl.com.pk](http://www.kdogcl.com.pk)

Form No. \_\_\_\_\_ /2019-2020

### **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<br>(Attach Copy)       | Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/> |
| 8   | NTN Certificate<br>(Attach Copy)                     | Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/> |
| 9   | GST Certificate<br>(Attach Copy)                     | Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/> |
| 10  | KPST Certificate<br>(Attach Copy)                    | Yes <input type="checkbox"/> Number: _____, No <input type="checkbox"/> |
| 11  | Date Firm was established.<br>(Min 3 Years Required) |   |

|    |  |   |
|----|--|---|
| 12 | Gross Annual Sales for Last 3 years              | 1. Year _____ Sales _____ (PKR)<br>2. Year _____ Sales _____ (PKR)<br>3. Year _____ Sales _____ (PKR)   |
| 13 | Previous experience                              | 1. _____<br>2. _____<br>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"/><br>Franchise / authorize agent <input type="checkbox"/> Works/ Construction <input type="checkbox"/><br>Other (please specify) <input type="checkbox"/> _____ |
| 16 | Details of Goods & Services offered by your Firm | 1. _____ 5. _____<br>2. _____ 6. _____<br>3. _____ 7. _____<br>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: _____        |