



<input type="checkbox"/>	Individual
<input type="checkbox"/>	Firm/Organization/Company
<input type="checkbox"/>	Employee

Vendor Registration Form

Initiating Wing: _____

A. General Information

Name:(As on CNIC) _____
Business Name (in case of firm) _____
CNIC No. _____
Designation: (in case of employee) _____
Taxpayer ID (NTN): _____
GST Registration No. _____
Purchase Order/Supply Order No. _____
Contract Number _____
Business Legal Status(Cooperate/Sole/AOP): _____

B. Contact Information

Address: _____
Region/Province: _____
Country: _____
Telephone Number: _____
Cell Number: _____
Email: _____

C. Banking Information

Bank Name: _____
Bank Branch Name: _____
Branch Code: _____
Bank Account Number _____

Information Verified By Director/Deputy Director of
the Wing _____

D. For Office Use Only (F&A Wing)

Vendor Number: _____
Vendor Category: _____
Date Of Vendor Registration in System: _____
Valid till: _____

Created By: _____

Checked By: _____