**Section 1: Company General Information**

1. **Name of Company:**

2. **Nature of Business:**
   - Manufacturer
   - Authorised Agent
   - Trader
   - Consulting Company
   - *Re-seller
   - *Authorized Dealer
   - *Specify Companies: ___________________________________________________________________

3. **Type of Business:**
   - Listed Company
   - Non-listed Company
   - Partnership
   - Sole proprietorship
   - Others *(Please Specify):_______________________________

4. **Year of Establishment**

5. **Number of Full-time Employees**

6. **City where registered**

7a. **Sales Tax No**

7b. **National Tax No**

8. **PEC Registration No:**

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:** _______________________  
     **Designation:** _______________________  
     **Contact Number:** _______________________
   - b. **Name:** _______________________  
     **Designation:** _______________________  
     **Contact Number:** _______________________

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

17. **Bank Name:**

18. **Bank Account Number:**
    - Account title:

19. Please provide a copy of the company's most recent Annual or Audited Financial Report. *(If available)*:
20. Quality Assurance Certification (e.g. ISO 9000 or Equivalent) (please provide a Copy of your latest Certificate if any):

   Yes [ ] No [ ]

22. List below your core Goods/Services offered:

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

Deputy Director Finance (P&C)
Directorate of Finance
Virtual University of Pakistan
M.A. Jinnah Campus, Defence Road,
Off Raiwind Road,
Lahore,
Pakistan.
Ph: +92 (42) 111 880 880
Ext: 231, 234, 333

Note:
- This form is only for registration with Virtual University of Pakistan for future business.
- It must not be considered as prequalification.