



VIRTUAL UNIVERSITY OF PAKISTAN

VENDOR REGISTRATION FORM

Section 1: Company General Information

1. Name of Company:

2. Nature of Business:

Manufacturer *Authorized 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:
(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):

