

Packages Group

Vendor Evaluation and Registration Form

The following section asks for general details about your organisation, its people, products and services, and procedures. Please complete each section as fully as possible and attach any additional material you consider relevant.

All information will be treated by Packages Group and its member companies' staff as given in strict confidence.

Placement on the Packages Group list of approved suppliers means that while your organisation will be considered as a possible supplier of the products or services you offer, it does not imply that you will be asked to quote or tender on every occasion.

Company Details and General Information																							
Name of Supplier: (Cheque will be issued on same name)												NTN										-	
												STRN											
												SECP											
Correspondence Address:																							
Phone No.:												Fax No.:						Website:					
Contact Person :												Designation :						Cell No.:					
E-mail Address: (for quote invitation and order confirmation)																		Payment Terms:					
Date of Establishment / Registration:																							
Nature of Business : <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader/Authorized Dealer <input type="checkbox"/> Construction Firm <input type="checkbox"/> Others(Please Specify)																							
Corporate Status : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public/Private Company <input type="checkbox"/> Joint Ventures (JV) <input type="checkbox"/> Partnership <input type="checkbox"/> Any Other																							
Names of parent/sister/subsidiary organisations (if any):																							
Qualification: (Please attach authorization Letter)																							
1) Are you Agent / Authorized dealer?																							
<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the product name and principal _____																							
2) Any Licenses / Certificates obtained? _____																							
Relationship with Packages Group and any of its member Companies:																							
Disclosure of Interest																							
<input type="checkbox"/> I hereby confirm that none of the shareholders, directors or staff members of the Company is a family member of any existing or ex-employees of Packages Group or any of its member companies																							
<input type="checkbox"/> I hereby confirm that the following person of the Company is (are) connected to existing or ex-employees of Packages Group and / or its member companies																							
Name and Position in the Company: _____ (Shareholders/ Directors/ Staff)																							
Connected Person at Packages Group and / or its member companies : _____																							
Relationship: _____																							
Category / list of products / services offered																							
List below your core Goods/Services offered:																							
Top current customer references:																							
Job Reference						Reference - 1						Reference - 2						Reference - 3					
Company Name																							
Job Nature																							
Business Volume in PKR																							
Contact Person Name (for Verification)																							
Contact Number (for Verification)																							

Financial Information (last 3 years)				
<u>Year End</u>	<u>Gross Turnover</u>	<u>Net Profit Before Tax</u>	<u>Current Assets</u>	<u>Current Liabilities</u>
Name of Bankers		Branch		Account Number
Technical Capability And Information			Environmental and Ethical factors	
Goods/Services Offered for Supply Conform to National / International Quality Standards? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are materials used obtained, so far as possible, from sustainable sources?	
Quality Assurance Certification (e.g. ISO 9000 or equivalent). If yes, please provide copy of certificate Yes <input type="checkbox"/> No <input type="checkbox"/>			Is packaging and other material used capable of environmental safe disposal or recycling?	
Does Your company offer after sale warranty on offered products? Yes <input type="checkbox"/> No <input type="checkbox"/>			Has your organisation an ethical policy relating to marketing and sales? (Please give details)	
Does Your company offer after sale Support on offered products? Yes <input type="checkbox"/> No <input type="checkbox"/>			Information Technology	
Do you have any previous / current business dealing with companies under Packages Group? If yes, please attach evidences Yes <input type="checkbox"/> No <input type="checkbox"/>			In what way(s) does your organisation use IT to:	
			a) Reduce or eliminate paper transactions and shorten order cycles	
Production capacity				
Maximum current production capacity in respect of the products/services you wish to supply? And the current utilization of this capacity (expressed as %)			b) Provide real-time information on product availability and inventory?	
How might your production capacity/service provision be expanded?			c) Provide facilities for inter-organisation collaboration?	
Production facilities			Human resources	
Date and duration of annual shutdown			Number of full time employees?	
How are maintenance activities planned and controlled?			Normal working hours/number of shifts	
<p>Signature : _____ Company Stamp : _____</p> <p>Name & Title : _____ Date : _____</p> <p>I/We declare that the information provided in this form is true, correct and complete.</p>				
Documents to be provided along with this form: <ul style="list-style-type: none"> • Copy of NTN Certificate. • Copy of Sales Tax Registration Certificate. • Three (3) month latest bank statement • Certified Audit and Financial Report of last fiscal year. • Attested copy of CNIC (in case of sole proprietors and partnerships) • Client List along with evidence (such as Purchase Orders & Contracts) • Copies of monthly Withholding Tax and Sales Tax Return for last 3 months (If Applicable) 			For Office Use Only <p>Reviewed by: _____ Approved by: _____</p> <p>Procurement Officer / Team Lead Procurement Commercial Manager / Supply Chain Manager</p>	