

VENDOR REGISTRATION FORM

Vendor's Category
(to be mentioned by Vendor)

Note: *Please see Annexure for Vendor's Registration Category*

Procurement Department	
Date Received by Procurement Department	
Name/Designation of Receiver	
Registration Intimated on	
Rejection Intimated on	

General Instructions

Vendors interested in becoming registered with SZABIST shall pre-register with the Procurement Department. This registration process is mandatory for all suppliers, contractors and consultants. This registration shall be valid for 2 years, unless revoked earlier, therefore, it is the vendor's responsibility to renew their registration in a timely manner at least a month prior of expiry. All new and existing vendors are required to register by completing this form and submit along with it the documents mentioned in the following checklist. If any of the documents are not include with the form, the reason for the same shall be mentioned in the remarks section.

S. No:	Documents	Incl.	Excl.	N/A	Remarks
1.	Firm registration and incorporation				
2.	Valid NTN and GST Certificate				
3.	Any Professional Registration e.g. Printing Press Reg etc.				
4.	Bankers Certificate				
5.	Affidavit that the Company has never been black listed				
6.	Copies of valid foreign Agency Agreement/Dealership/Distributorship, if applicable				
7.	Past experience: enlistment with different organizations with proof of enlistment.				
8.	Any other document that add value to vendor's profile and relevant for evaluation committee				
9.	All pages of this registration form & related documents must be signed and stamped by the authorized signatory.				

All parts of the registration form must be completed, and all above requirements must be carefully complied with.

Registration with SZABIST, if accepted, does not constitute any obligation by SZABIST to guarantee and tender invitation, contractual awards or any order for conduct or service.

Incomplete application and/or missing information shall not be dealt with; all queries regarding registration should be directed to procurement department through email.

SZABIST University
Vendor Registration Form

All parts of this registration form must be completed, incomplete forms will not be processed. Please see Annexure I, II & III for declaration affidavit, vendor registration category and evaluation criteria.

Part1 Purpose – Please tick the appropriate.

NEW REGISTRATION

CHANGE OF NAME/ADDRESS

ADD PRODUCT OR SERVICE

CATEGORIES DELETE PRODUCT OR SERVICE CATEGORIES

RENEWAL OF REGSITRATION

ANY OTHER _____

Part 2- Official Name/Address/Contact Details (Legally Binding)

NAME OF VENDOR _____
(LEGAL NAME AS IN INCORPORATION /NTN/GST)

ADDRESS: _____

SECTOR: _____ STREET: _____

CITY/TOWN : _____ POSTAL: _____

COUNTRY: _____

TELEPHONE NO: _____ EMAIL: _____

TELEPHONE Nos. FOR URGENT CONTACT: _____

MOBILE NO: _____ FAX NO: _____

NTN: _____ GST NO: _____

Part 3 – Type of Organization

<input type="checkbox"/>	CORPORATION -----
<input type="checkbox"/>	LIMITED LIABILITY CO. -----
<input type="checkbox"/>	PARTNERSHIP -----
<input type="checkbox"/>	SOLE PROPRIETORSHIP -----
<input type="checkbox"/>	OTHER (SPECIFY) -----

Part4 – Ownership

Mr.	-----
Mr.	-----
Mr.	-----
Mr.	-----
Mr.	-----

5- Technical Support Staff

S.NO:	DESIGNATION/POSITION	NO. OF STAFF
1	-----	-----
2	-----	-----
3	-----	-----
4	-----	-----
5	-----	-----

Part 6 – Details of your Bankers (For Payment Purpose)

1. NAME OF BANK: -----

ADDRESS: -----

BANK ACCOUNT NO. -----

2. NAME OF BANK: -----

ADDRESS: -----

BANK ACCOUNT NO. -----

3. NAME OF BANK: -----

ADDRESS: -----

BANK ACCOUNT NO. -----

Part 7 – Relatives/Employees of SZABIST

PLEASE TICK, IF YOU ARE AN EX-SZABIST EMPLOYEE

LIST THE OFFICER WHO ARE SZABIST EMPLOYEES OR RELATED TO SZABIST EMPLOYEES

PLEASE TICK IF APPLICABLE

1. NAME: -----

DEPARTEMENT: ----- RELATION SHIP: -----

2. NAME: -----

DEPARTEMENT: ----- RELATION SHIP: -----

DECLARATION

(Please submit on company letter head)

I, the undersigned, Mr. ----- authorized on the behalf of
Messrs. ----- declare and confirm that
the information provided herein is true, accurate and correct. I agree that this registration, if
accepted, shall be valid for two (02) years form the date of approval and it does not constitute
an assumed obligation whatsoever by SZABIST. I also confirm that in the event of any changes
of status or changes in the elements of the aforementioned information, details shall be
provided as and when changes take place.

Signature: -----

Name: -----

Designation: -----

Date: -----